

## **Medical Diplomacy: North-South Korea's Diplomatic Rivalry and Medical Cooperation with Third World in the 1960~70s\***

*Junho Jung\*\**

### **Introduction**

In 1975, at least 4,000 doctors, a quarter of South Korea's approximately 16,000 licensed physicians, were practicing abroad. The majority of these were practicing in the United States, but Korean medical personnel were also present around the world in Europe, Japan, and even Africa and the Middle East.<sup>1</sup> Thus, Korean medicine after liberation was transnational in terms of both knowledge and human resources. However, analyses of the transnational nature of Korean medicine have largely focused on as a recipient, particularly from the United States. This dominant narrative on development and changes of Korean medicine during the reconstruction era after the war, aligns with understanding on influence to foreign aid to development of Korean society in general. Yet, there was continuous flow of outbound cooperation initiated by Korean government from 1960s, even in the field of

---

\* This work was supported by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea (NRF2021S1A5C2A02086985).

\*\* Researcher, Korean Institute of Science, Technology and Civilization, Jeonbuk National University. Email: parasite@jbnu.ac.kr

1 Lee Chu Kul, "Ŭiryoin haeoep'agyōnūi munjejōm [Problem in Sending Abroad Physicians]," *Taehan ūihak hyōp'oeji* 18, no. 2 (1975): 5-7.

medicine where impact of Americanization felt most dominant.<sup>2</sup>

Previous studies on the transnational activities of Korean physicians have focused on the inflow of overseas - predominantly U.S. - medical knowledge and education system into Korea, or the outflow of Korean physicians to overseas, particularly the United States in the form of brain drain.<sup>3</sup> Recent studies examine the process of Korean physicians gaining new experiences, such as tropical medicine, as they practiced outside the geographic boundary of Korea-United States, with the Vietnam War.<sup>4</sup> Yet, the existing analyses focused on international perspective, showing exchanges within the narrowly defined boundaries of the United States and Korea, rather than from a transnationality perspective, where Korean medicine exists within more layered and porous boundaries.

This study focuses on the medical diplomacy<sup>5</sup> with newly in-

- 
- 2 See DiMoia's paper, in this issue of IJKH.
  - 3 For the studies of U.S. influence on Korean medicine in general, and migration of physicians, see Lee Wangjun, "Minesot'a p'urojekt'uga han'gung üihakkyoyuge mich'in yonghyang [The Influence of Minnesota Project on the Korean Medical Education]" (PhD diss., Seoul National University, 2006); Park Ji-Young and Hwang Kyo-Ryen, "Migugüihak toibüi sajök kyöngno: migunjönggi sabi yuhaksaeng Sö Sökchoüi saryerül chungshimüro [Another Route to Introduce the American Medicine: A Korean Doctor's Privately Funded Study Abroad under the US Military Government in Korea]," *Üiryö sahoesa yön'gu* 8 (2021): 67-98; Choi Jechang, *Hanmi üihaksa* [A History of Korean-American Medicine] (Seoul: Yöngnim K'adinöl, 1996). Also, there are growing literature on migration of doctors across the borders, with perspectives of transnationality and geopolitical background. See Greta Jones, *Doctors for Export': Medical Migration from Ireland c. 1860 to 1960* (Boston: Brill, 2021); Laurence Monnais, and David Wright, eds., *Doctors beyond borders: The transnational migration of physicians in the twentieth century* (Toronto: University of Toronto Press, 2016).
  - 4 John P. DiMoia, "The Nearest Faraway Place': South Korean Medical Outreach and Southeast Asia as Its Research Context, 1954-1973," *The Korean Journal for the History of Science* 38, no. 2 (2016): 303-319; Mark Harrison and Sung Vin Yim, "War on Two Fronts: The Fight against Parasites in Korea and Vietnam," *Medical History* 61, no. 3 (2017): 401-423.
  - 5 The science diplomacy can be categorized as "diplomacy for science" to promote

dependent ‘Third-world’ nations represented by the Non-Aligned Movement in the 1960s, particularly in Africa and the Middle East. It is important to note that South Korea's transnational activities during the Cold War were largely set against a backdrop of diplomatic competition with North Korea. In the 1960s, North Korea undertook massive aid programmes to Third-world, and the South Korean government responded with a range of aid programmes of its own.<sup>6</sup> One of

---

scientific cooperation at the international level, "science in diplomacy" to provide scientific support for policies with diplomatic objectives, and "science for diplomacy" to improve international relations. There are limited analyses of medical diplomacy, but they are mainly concerned with 'medicine for diplomacy', which is the use of medicine as a tool to achieve diplomatic objectives, such as Cuba. Yet, there are criticism that no clear division could be made on these classifications. For example, use of medicine as diplomatic resource as the medicine represents political, diplomatic 'neutrality'. Thereby, this paper will use the term medical diplomacy as in broadest sense, where medicine was utilized by governmental actors, distinct from other cooperation made by non-governmental actors. See Cha Jungmi, "Mijung chölyakkyöngjaenggwa kwahakkisuroegyöüi pusang [The US-China Strategic Competition and the Rise of Science Diplomacy]," *Kukche jöngch'I nonch'ong* 62, no. 4 (2022): 57-86; Lee Jongmin, "Kukkyöngül nömnün chönmun'gar naengjön mal hallö kongdong chawönt'amsawa kwahak-chawön oegyo ["Experts Crossing Borders during Late Cold War: Natural Resources-Science Diplomacy of the Korea-Russia Joint Mineral Resources Research]," *Han'guk kwahaksa hak'oeji* 45, no. 1 (2023): 105-134; The Royal Society and the American Association for the Advancement of Science, *New Frontiers in Science Diplomacy: Navigating the Changing Balance of Power* (London, The Royal Society, 2010); Julie M. Feinsilver, "Fifty Years of Cuba's Medical Diplomacy: From Idealism to Pragmatism," *Cuban Studies* 41 (2010): 85-104. Lee Kyu Won and Choi Eun Kyung, "Taehanjökshipchabyöngwön(1905-1907): söllip mit unyöng, kürgo p'yejiröl chungshimüro [Korean Red Cross Hospital (1905-1907): Focused on its Establishment, Management and Abolition]," *Üisahak* 27, no. 2 (2018): 151-184; Jung Junho and Kim Ock-Joo, "Modün kösün kisaengch'ungesö shijaktöeötta ["It All Started from Worms": Korea-Japan Parasite Control Cooperation and Asian Network, 1960s - 1980s]," *Üisahak* 27, no. 1 (2018): 49-88.

- 6 Benjamin R. Young, *Guns, Guerillas, and the Great Leader: North Korea and the Third World* (Stanford: Stanford University Press, 2021), 11-16.

the most active types of the aid was the dispatch of medical personnel, named Government Dispatched Doctors(정부파견의사). This demonstrates that the geographic coverage of Korean medicine was not just confined to United States, Japan – as the form of the brain-drain – but to far greater regions as early as 1960s. However, research on the dispatch and expansion of Korean medical personnel, represented by government dispatched doctors, is currently limited and has mostly focused on the dispatched doctors of the Korea International Cooperation Agency since the 1990s, when Korea's international cooperation projects became visible.<sup>7</sup>

This study attempts to understand the formation of Korean medicine in a new geographical space, beyond the established dichotomy of donor and recipient countries. It examines the diplomatic competition between North and South Korea in the geopolitical context of the Cold War and how medicine was mobilized to achieve its goals. Furthermore, this will show that the South Korean government's dispatch of medical personnel was not only a tool for international cooperation, but also became a business model for foreign currency.

### **Non-aligned movements and North-South diplomatic rivalry**

In 1955, at the height of Cold War, the first Asian-Africa Conference was held in Bandung, Indonesia. Attended by 29 newly independent Asian and African states after World War II, the conference formed a new international political grouping that rejected the dichotomies of the Cold War, marked by slogans of anti-colonialism, peace, and neutrality. These new 'neutrals' nations formed the 'Third-world',

---

7 Shim Ui-sup and Kim Ho-Gyun, "Han'gugŭi Ap'ŭrik'a chŏngbup'agyŏnŭisajŏngch'aegŭi sŏnggwae taehan koch'al [Review for the Korean Medical Doctors Dispatched by Government in Africa]," *Han'guk ap'ŭrik'a hak'oeji* 34, no.1 (2011): 3-23; Kim Kiung. "Ŭiryodanwŏnp'agyŏn saŏpŭi ōjewa onŭl [Yesterday and today of the medical mission programme]." *Kukchehyŏmnyŏk* 7 (1993): 12-16.

had to forge new diplomatic ties with North and South Korea, which had been under the influence of the United States and the Soviet Union.<sup>8</sup>

The key issue was of voting in the United Nations General Assembly that drew North and South Korea's attention to diplomacy with the Third World. Following the failure of political talks in Geneva in April 1954 to reach a peaceful settlement of the Korean War following the armistice, the 'Question of Korea' was placed on the agenda of the UN General Assembly. Since, the General Assembly debated the Question of Korea annually, along with the whether to grant the annual report of the United Nations Commission for the Reunification of Korea (UNCURK), which was tasked with establishing an independent and democratic government on the unified Korean Peninsula. The Eastern Bloc, which had opposed the creation of UNCURK from the beginning, submitted a resolution calling for the withdrawal of foreign troops from the Korean Peninsula and the dissolution of UNCURK. At the same time, the invitation of representatives from both North and South Korea to debate the Korean Peninsula at the UN General Assembly was also up for a vote, with the Western Bloc submitting a resolution to invite the South Korean representative alone, and the Eastern Bloc submitting a resolution to invite the North Korean representative alone or to invite both North and South Korean representatives simultaneously.<sup>9</sup>

Throughout the 1950s, every vote in the UN General Assembly favored the resolutions from the West, and every resolution in favor of the North Korea was voted down. However, after the Bandung Conference in 1955, the Third World that espoused anti-imperialism,

---

8 Kim Minsoo, "Naengjŏn'gi pidongmaeng kukchejŏngch'iüi üimiwa han'gye [The Meaning and Limitations of International Politics in the Non-Alignment Movement during the Cold War]," *Inmun gwahak yŏn'gu* 42 (2020): 54-62.

9 Hong Seuk-ryule, *1970nyŏndae UN esŏüi UNCURK haech'e munje* [The Dissolution of UNCURK in the UN in the 1970s] (Paju: Kyŏnginmunhwasa, 2020), 28-29.

anti-colonialism, and nationalism did not give the former colonial powers unconditional cooperation in the UN General Assembly. The impact of this was seen in the January 1957 vote of the UN Special Political Committee on South Korea's accession to the UN. Throughout 1956, the South Korean government had conducted a nationwide petition drive to join the UN, collecting 10 million petitions from its people and submitting them to the UN, with the expectation that the vote would be overwhelmingly in favor.

In the end, the vote was 45 in favor, 8 against, and 22 abstentions, with a large number of abstentions from the Third World in Asia and Africa. The voting result showed marked shift in global geopolitics. Beginning in 1957, the South Korean government attempted to shift its policy away from factional diplomacy, in which diplomatic efforts were focused on countries friendly to the West, and toward improving relations with the Third World.<sup>10</sup>

In 1957, North Korea also began to actively engage in diplomatic activities with the Third World. The domestic political turmoil following the August Sectarian Incident in late 1956 had been partially resolved, and North Korea's improved relations with China and the withdrawal of the Chinese People's Liberation Army had increased the autonomy of the North Korean leadership. At the same time, the North Korean government needed to secure economic and political autonomy from its almost total dependence on the Soviet Union and China. Accordingly, in early 1957 it began to seek economic co-operation with other countries in advance of the implementation of the Five-Year Development Plan. North Korea sent delegations from the International Trade Promotion Committee to sign trade agreements with Indonesia, India, Burma, and Egypt. The the Third World that were part of the

---

10 Kim Domin, "1950nyōndae chunghuban nam·puk'anūi 'chungnipkuk' oegyoüi chōn'gaewa sōnggyōk: tongnamashia·chungdong·ap'ūrik'a chiyōkūl chungshimūro [Diplomacy of South and North Korea towards 'Neutral Countries' during the 1950's]," *Ashia ribyu* 10, no. 1 (2020): 162-168.

Non-Aligned Movement later strengthened their ties with North Korea, sharing a worldview of anti-imperialism and national self-determination.<sup>11</sup>

South Korean foreign policy, on the other hand, was less pragmatic in terms of active economic incentives and more passive in terms of trying to secure votes in the face of a crisis in the UN General Assembly. In March 1957, for the first time since the establishment of the government, the South Korean government sent goodwill missions to the Third World in Asia, the Middle East, and Africa. Despite this practical implementation of the Third World diplomacy, Syngman Rhee adhered to a policy of factional diplomacy, believing that the Third World were unaware of communism and needed to be persuaded to join the Western Bloc. Because of this, South Korea's Third World diplomacy did not result in substantial foreign relations as North Korea's.<sup>12</sup>

It was in 1961 that the foreign policy of the Republic of Korea began to change dramatically. Internally, the change in power in South Korea after the 1961 military coup led to a change in foreign policy, and externally, the entry of newly independent African countries into the United Nations in 1960, often referred to as the "Year of Africa," led to a stronger anti-Western stance and a dramatic shift in the debate on Question of Korea at the UN.<sup>13</sup> The emergence of new anti-Western Third Worlds made it difficult at the UN General Assembly to vote on the issue of inviting representatives from North and South Korea, often referred to as a "procedural vote". In 1961, U.S. representative to the UN, proposed an amendment to invite representatives from North and South Korea simultaneously and conditionally. This would allow the North Korean representatives to participate in discussions without the right to vote, but would require the North, like the South, to accept that the UN had the power and authority to take

---

11 Young, *Guns, Guerillas, and the Great Leader*, 29-30.

12 Kim Domin, "1950nyönda," 167-171.

13 Hong Seuk-ryule, "1970nyönda," 30-31.

action on Korean affairs. This was voted on and passed by the UN, but North Korea refused to participate, declaring that it would not recognize any resolution adopted without the participation and consent of its representatives.<sup>14</sup> Regardless of North Korea's refusal, this amendment made by U.S. shock the South Korean government and society. It demonstrated that the U.S. would no longer be a one-sided advocate for the South Korea's position, let alone the UN, and that a new diplomatic approach was needed to deal with the newly emerging the Third Worlds in the General Assembly, as all countries had one vote each.<sup>15</sup>

The South Korean military government criticized Syngman Rhee's one-sided diplomacy with the United States and vowed to normalize diplomatic relations with the Third Worlds. Just two months after the coup, in July 1961, South Korean government dispatched the largest goodwill diplomatic missions in South Korean diplomatic history to a total of 76 friendly and the Third World.<sup>16</sup> In a new year's policy speech in January 1962, it was announced that strengthening diplomacy with the Third World, with particular emphasis on Africa, became one of the primary targets in diplomatic policy, countering the infiltration of the North Korean influence to Third World.<sup>17</sup> Goodwill missions were sent to Southeast Asia, Latin America, and Africa in 1962, and Korea also invited leading figures from African countries such as Cameroon and Niger to visit Korea.

---

14 Ministry of Foreign Affairs and Trade, *Han'gugoeogyo 60nyŏn* [60 Years of Korean Diplomacy] (Seoul: Ministry of Foreign Affairs and Trade, 2009), 172-173.

15 Kim Domin, "1961~1963nyŏn kunsajŏngbuüi chungnipkung oegyöüi chŏn'gaewa sŏnggyŏk [A Study on the Diplomacy of South Korea towards Neutral Countries from 1961 to 1963]," *Yöksabip'yŏng* 135 (2021): 23-29.

16 Yang Joonseok, "1961nyŏn han'gugüi ch'insŏnsajŏltan p'agyŏn'gwa chiyŏgin-shigüi hwakchang [Dispatch of the ROK's Goodwill Mission in 1961 and Expansion of the Cognition of the Region]," *Han'guk chŏngch'ioegyosa non-ch'ong* 37, no. 2 (2016): 182-187.

17 "Pakchŏnghüi üjjang shinch'undaedam Kim p'yŏnjipkukchang [Pak Chŏnghüi's New Year's Address]," *Tongailbo*, January 1, 1962.



African delegations to South Korea requested “technical assistance,” such as sending technicians in agriculture or fisheries, or training African technicians in South Korea.<sup>18</sup> The problem was that the South Korean military government at the time did not have the financial resources, especially foreign loans, to provide large scale aid abroad.<sup>19</sup> At this heightened moment of diplomatic rivalry, with limited resources and expertise in hand Korean government turned their attention to medicine. This was the field where interest of Third World nations and Korean government met, at the same time, readily mobilizable experts existed in the given time and resources.

### **Medical cooperation to Africa: Doctors as a diplomatic resource**

South Korea knew that diplomatic competition with the North in the Third Worlds for votes in the UN General Assembly was inevitable. But with limited resources, both economically and technologically, it was difficult to be proactive. Ahead of the South, North Korea was actively engaged in aid to make formal diplomatic ties with newly independent nations. North Korea's aid to Africa in the first half of the 1960s is not fully documented, but in 1961 it provided 200 military instructors, 200 guerrilla instructors, and 100 athletic trainers, and donated 68 tractors and 30 bulldozers to Somalia. This was backed by expanding aid of Soviet Union and China in eastern Africa. In contrast, South Korean aid to Africa in the first half of the 1960s was virtually non-existent.<sup>20</sup>

---

18 “Pagūijangūl yebang Nijerū sajōldan[Chairman Park greeted Niger Mission],” *Tongailbo*, November 3, 1962.

19 Kim Domin, “1961~1963nyōn,” 26-32.

20 “North and South Korea’s Aid Contributions to Africa (December 9, 1975),” Middle East and Africa Division, Ministry of Foreign Affairs, The National

In order to strengthen its diplomacy in Africa, the South Korean government recognized that simply sending goodwill missions without tangible benefits, such as aid, to the other side would not garner enough support from the Third World. Therefore, the ROK government sought ways to leverage U.S. aid funding. In a meeting with the U.S. State Department, the ROK Embassy asked for support for South Korea's diplomatic outreach to the Third Worlds, noting that North Korea and the Soviet Union had recently pursued aggressive foreign policies in Africa. Specifically, the request was for a portion of U.S. aid to Africa, or if unavailable, a portion of U.S. aid to Korea, approximately \$800,000, to be diverted so that South Korea could use it directly for African aid.<sup>21</sup> The U.S. State Department believed that, given the increasing communist diplomatic presence in the Third World African countries, it would be more appropriate for South Korea to help contain the North Korean presence than for the U.S. to intervene directly, but also argued that each country's diplomatic activities reflect its own interests and that the U.S. could not provide any assistance. U.S. aid officials also expressed doubts that South Korea's diversion of existing funds would disrupt established aid policy priorities and that South Korea would be able to make appropriate use of these resources.<sup>22</sup>

In January of 1963, the ROK Ministry of Foreign Affairs has sent another goodwill mission to Africa, visiting Libya, Somalia, Ethiopia, Ghana, Nigeria, Uganda, Togo, Rwanda, and Burundi.<sup>23</sup> In the preliminary report, the mission stated that the aim of the mission will be establishing diplomatic ties with newly independent nations from British

---

Archives of Korea (Accession number: DA0095105), 17-19.

21 "Korean diplomatic efforts in Africa (February 2, 1963)," POL Political Affairs & REL. Korea-A / Department of State, E.1613, Box 3964, RG 59, NARA. (Source: National Library of Korea Overseas Collection), 1-2.

22 *Ibid.*, 3-4.

23 "Diplomatic policy for Africa 1968," Middle East and Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive, (Accession number: 2509), 414-416.

empire, as it is highly likely these nations will for another Bloc within Africa. Another aim was to enhance the diplomatic relation with Ethiopia, which had history of dispatching troops as UN forces during the Korean War. Yet during the 1963 mission, its main attention shifted to Uganda, made independence in March 1961 and acknowledged by South Korean government as sovereign nation in October 1962. The mission found that the Ugandan government recognized North Korea as a sovereign nation, and seek to establish official diplomatic ties to both North and South Korea. As eastern coast of African nations – Somalia and Tanzania – strengthened diplomatic relationship with North Korea, this seems as a trend of expanding diplomatic dominance of Eastern Bloc towards western part of the Africa. South Korean government recognized Uganda as a key competing ground of diplomacy with North, urging Ugandan government to decline the agrément from North Korea. In the final report, the mission recommendation the stronger technical cooperation with Africa is required, especially in the medical aspect.<sup>24</sup>

In return, the Ugandan government was requested technical assistant, especially the doctors to be sent from Korea because it was unable to secure specialized technical personnel. In an October 1963 meeting between Uganda's Minister of Health and Korea's acting ambassador to Uganda, Kim Chonghan, the minister asked if Korea could send doctors. He requested that the Ugandan government pay for the doctor's travel and stay in Uganda, as well as the remuneration.<sup>25</sup> Upon receiving the request, the South Korean Ministry of Foreign Affairs asked the Ministry of Health and Social Affairs to recruit doctors for deployment to Uganda. In effect, it was an opportunity for the Korean

---

24 "Establishing diplomatic ties - Uganda (March 26, 1963)," Middle East and Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive, (Accession number: 657), 866-868.

25 "Korean assistance to Africa (May 25, 1965)," AID-10 Grants, Technical Assistance, Korea 1965, E. 5224, Box 2. RG 59, NARA. (Source: National Library of Korea Overseas Collection)

government to showcase its 'medical cooperation' at almost no cost.

The recruitment of doctors progressed rapidly and by February 1964, all selection procedures had been completed and a total of six doctors were awaiting dispatch.<sup>26</sup> However, their departure was delayed by two months and did not take place until 1 April. This was because the Ugandan side said that 39 specialists were needed, but the decision on where to place the Korean doctors, their accommodation, and how to pay for utilities, in addition to their \$450 monthly salary had not been resolved. The confusion was also caused by a sudden request from the Ugandan side that the dispatched Korean doctors be stationed near the president's home village, expressing that the president himself has made "personal interest" in the matter of the placement of the Korean doctors.<sup>27</sup> There was concern from Korean government and doctors that the village was relatively remote and had limited infrastructure, so the dispatched doctors will not be utilized effectively. However, as the dispatch was made in political basis, the placement of doctors was made on the request of Ugandan government in the end.

The dispatched doctors from South Korea to Uganda received great attention in both countries. The Korean press reported that the export of Insul (仁術) demonstrated the development of Korean medicine and the new status of the South in the world community.<sup>28</sup> The Ugandan side also requested more Korean doctors, saying that they were being well received in the country. In response, nine more doctors were sent in December 1964.<sup>29</sup> From 1963 to 1968, total of 37 doctors were sent

---

26 "Ugandae üryosajöl ch'och'ongbadün ch'ilmyöng iwöl hasun ch'ulbal [Seven invited medical mission to Uganda to depart in late February]," *Tongailbo*, February 11, 1964.

27 "Exchange of Memoranda for Medical Cooperation with African nations," *Medical Cooperation with African Empires 1968-69, Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea.* (Accession number: DA0095427).

28 "Ugandae insul such'ul [Export of Insul to Uganda], *Tongailbo*, April 2, 1964.

29 "Insul wönjöng [Insul expedition]," *Kyönghyangshinmun*, December 17, 1964.

to Uganda, and 2 were placed in Malawi (in 1967).<sup>30</sup>

By 1975, a total of 61 Korean doctors were employed by the Ugandan government in Uganda.<sup>31</sup> However, this was not so much an aid as it was, as the Korean media correctly pointed out, an “export of human resources” as a form of guestworkers.<sup>32</sup> All of their salaries and expenses were paid by Uganda, and the South Korean government was simply mediating this export of doctors. Nevertheless, through the experience from Uganda, the South Korean government recognized that sending medical personnel could be an important tool for diplomacy.

In March 1965, South Korean Ambassador to the United States Kim Hyōnch'ōl met with officials in charge of African affairs at the U.S. State Department and praised the success of South Korea's the Third World diplomacy in Africa, citing the dispatch of medical personnel as a major achievement. He emphasized that South Korea already had a surplus of medical personnel and that sending them to Africa would be a significant diplomatic achievement, and urged the need to expand the deployment of South Korean medical personnel with US financial support.<sup>33</sup> In an internal State Department memorandum, Marshall Green, Assistant Secretary of State for East Asian Affairs,<sup>34</sup> noted that while many white-collar professionals, including doctors, are being trained through U.S. aid, South Korea's current economic capacity does not have the market or workplaces to absorb these professionals, which these frustration could result in them turning communist, and argued

---

30 “Diplomatic policy for Africa 1968,” 426.

31 “North and South Korea’s Aid Contributions to Africa.” 41.

32 “Ugandaëi ūryo panjinch'urūl pogo [Reflection on medical dispatch to Uganda]”, *Chosunilbo*, April 3, 1964.

33 “Korean technical assistance in Africa (March 24, 1965),” AID-8 Grants Technical Assistance, Korea 1965, E. 5224, Box 2, RG 59, NARA. (Source: National Library of Korea Overseas Collection), 4-6.

34 Marshall Greene (1916-1998) was an American diplomat in charge of Asia, serving at the U.S. Embassy in Seoul from 1960 to 1964 and as ambassador to Indonesia from 1964.

that it is necessary to actively promote them to go abroad.<sup>35</sup>

Finding it difficult to send large numbers of medical personnel without the active support of the U.S., South Korea expand its medical co-operation program to any other African country except Uganda and Malawi. However, between 1964 and 1966, coups in the Congo (now the Democratic Republic of the Congo), Uganda, and the Republic of Dahomey (now Benin) overthrew democratically elected presidents and established dictatorships, and strengthening diplomatic ties with North Korea, which advocated national self-determination, began to grow closer. At the same time, large-scale aid flows from the United States and the Soviet Union, as well as simple diplomatic meeting and technical agreements without substantial handouts, became less influential in changing scenery of African "realpolitik" diplomacy.<sup>36</sup>

During the same period, North Korea's aid policy became highly aggressive, in contrast to South Korea's short-term, small-scale diplomacy. North Korea rapidly expanded its list of diplomatic partners by first establishing technical or economic exchanges, then sending inspection missions and promising large-scale grants worth hundreds of thousands of dollars, regardless of whether they were carried out.<sup>37</sup> In 1964, North Korea used this strategy to establish new diplomatic relations with Mauritania and the Congo, which already had diplomatic relations with South Korea. The South responded with the Hallstein Doctrine<sup>38</sup>

---

35 "US support for ROK technical assistance programme in Africa (March 25, 1965)," AID-8 Grants Technical Assistance, Korea 1965, E.5 224, Box 2, RG 59, NARA. (Source: National Library of Korea Overseas Collection Records), 1-3.

36 "Reflections on a New African Foreign Policy (December 12, 1972)," Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0095105), 67-69.

37 "North and South Korea's Aid Contributions to Africa," 33-38.

38 The Hallstein Doctrine was a foreign policy advocated by West Germany in 1955 that stated that West Germany was the sole legitimate government of Germany and would not establish diplomatic relations with any country that recognized or had formal diplomatic relations with East Germany. South Korea also

by severing diplomatic relations with Mauritania and withdrawing its diplomats from the Congo. However, such a rhetorical response could backfire, causing the South to lose votes in the UN General Assembly.

In January 1965, Foreign Minister Lee Dong-won announced that to counter North Korea's diplomatic offensive, South Korea would consider increasing the number of permanent and temporary missions in Africa, inviting influential political leaders to Korea, and finally establishing a hospital jointly built and operated by the U.S., West Germany, and South Korea.<sup>39</sup>

The Ministry of Foreign Affairs emphasized that the aid was essential for the expansion of the ROK's foreign policy, yet, pressing need to implement economic development plans made severe budget cut in foreign affairs.<sup>40</sup> In November 1967, the Party Council agreed that the dispatch of doctors as it had been done in the past was an export of guestworkers and could not be considered aid, and announced that the South Korean government would provide \$100,000 for medical aid.<sup>41</sup> There was also an economical reason for dispatching doctors in the form of an aid, as this was more cost effective ways of making diplomatic ties and make permanent Korean foreign affairs resident in African continent. In 1968, Ministry of Foreign Affairs submitted new budget plan for establishing 5 embassies in Africa, with a cost of

---

adopted the same doctrine in the 1950s and responded by cutting ties with countries that recognized North Korea. Do Jein, "1960nyöndae han'gugüi chungnipkung min kongsan'gwön chöngch'aeng sujöngae taehan nonüi [South Korean Debates on Policy Alterations towards Neutral and Communist Countries in the 1960s]," *Han'guk kwa kukchejöngch'i* 33, no. 4 (2017): 62-63.

39 Kim Domin, "1964~1968nyön Pak Chönghüi chöngbuüi chungnipkung oegyowa yuenesö han'gungmunjeüi 'chadongsangiöng' munje [A Study on the Diplomacy of South Korea towards Neutral Countries from 1964 to 1968]," *Tongilgwa p'yöngghwa* 14, no. 2 (2022): 217-222.

40 "Ajue üiryowönjodan p'agyön [Dispatch of medical aid to African continent]," *Tongailbo*, December 30, 1967.

41 "Kukpiro ajue üisa p'agyön [Doctors dispatched to Africa at government expense]," *Chosumilbo*, November 24, 1967.

\$457,893. The government finally granted establishment of 1 consul and 1 embassy with a budget of \$136,596.<sup>42</sup> Whereas, sending a doctor could cost far less, as the Korean doctors in Uganda was placed with monthly salary of just \$380.<sup>43</sup>

Accordingly, in March 1968, a first official Korea medical aid mission of the government dispatched doctors was made to six African countries, including Dahomey and the Gambia.<sup>44</sup> First, a medical cooperation agreement was signed with the Republic of Dahomey on 10 March 1968, followed by cooperation with the Gambia, Ivory Coast, Ethiopia, and Niger.<sup>45</sup> This led to the first recruitment of government doctors through the Korean Overseas Development Corporation. Starting with 3 doctors from Niger, 3 from Liberia, and 2 from Dahomey in 1968, as of 1972, there were 25 government doctors (salaries paid by Korean government) and 51 locally employed doctors (salaries paid by local government), totaling 76 Korean doctors stationed in Africa.<sup>46</sup> (Fig. 1)

---

42 “Diplomatic policy for Africa 1968,” 436.

43 *Ibid*, 439.

44 “Shibil chosadanül p'agyön [Dispatching a 10-day survey team],” *Kyöngnyangshinmun*, March 8, 1968.

45 Between 1968 and 1970, a total of 14 countries signed medical and technical cooperation agreements. “Reflections on a New African Foreign Policy (December 12, 1972).”

46 A total of 104 government doctors were sent to Africa before the transfer of duties to the Korea International Cooperation Agency (KOICA) in 1991. But this figure only includes those who were hired and paid by the Korean government, not those who were employed by the local government, as was the case in Uganda. In 1960s to 1970s, a large number of medical personnel – not just doctors but nurses and technicians - have been sent to Uganda, Libya, and the Middle East in the form of guestworkers. So, it would be safe to assume that more than 200 doctors have been sent for the purpose of medical diplomacy from Korea to abroad during this period. Kim Kiung. “Üiryodanwönp'agyön,” 14-15.



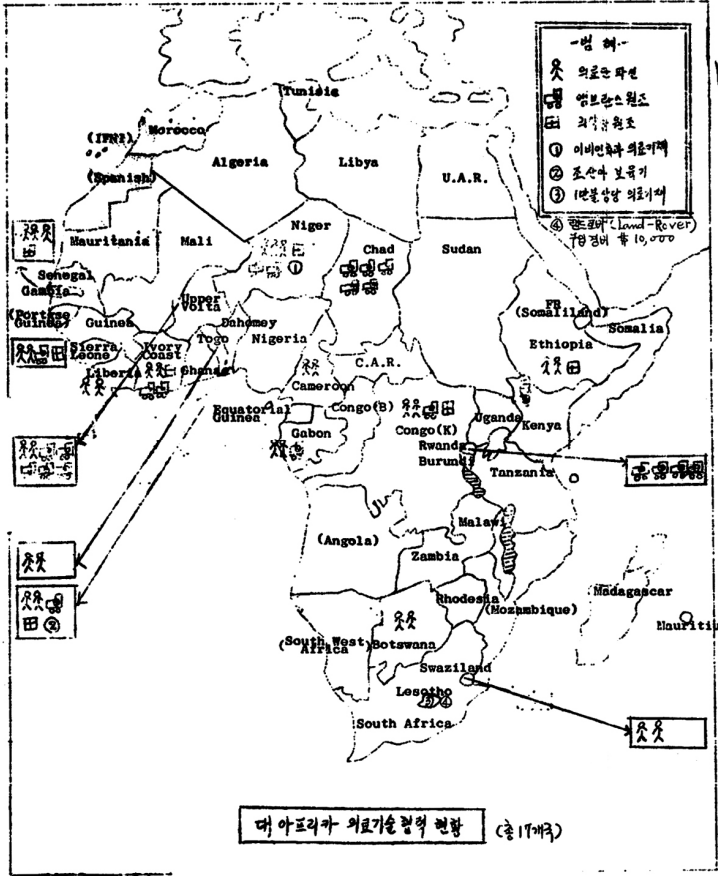


Fig. 1. Map of the medical cooperation between South Korea and 17 African countries in 1971. ("Africa, 1971-1974," Morocco and Africa Dispatches 1971-1974, Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0095031)).

Dispatched doctors were highly effective in diplomacy for relatively small amounts of aid. This was due to the fact that it was relatively

free from internal and external political conflicts, as medicine often portrait as politically neutral. It was easy to organize friendly groups within the locality through the provision of medical services,<sup>47</sup> and, most importantly, that it allowed close and frequent contact with high-ranking members of the host government.<sup>48</sup>

The Korean medical staff in the Congo exemplified these characteristics. Mobutu Sese Seko, who came to power in a military coup in Congo in 1965, strongly demanded that the doctors sent under a medical cooperation with South Korea in 1969 in his home province of Risala. The relatively remote town in northwestern Congo was far from the capital and had poor medical facilities.<sup>49</sup> It was considered inappropriate to send medical personnel to such a remote area, where they would not be able to reach their full capacity and have a presence in the community. Nevertheless, the symbolism of the President's hometown and the strong suggestion of the Congolese Minister of Foreign Affairs eventually led to the final deployment to the Risala region. Recognizing that diplomatic competition between North and South Korea could be a key tool in obtaining aid, the Congolese government used it to its advantage during the *détente* with North Korea in 1964.<sup>50</sup>

The recognition of doctors as a key diplomatic resource is also reflected in the Ministry of Foreign Affairs' expenditure records. Salaries and other subsidies for government doctors were paid from the "Special Diplomatic and Intelligence Expenses (Neutral Countries Counter

---

47 Uganda in the 1960s, despite several regime changes through military coups, medical personnel from Korea were not withdrawn or replaced, and medical missions continued regardless of the political disturbances.

48 "Reflections on a New African Foreign Policy (December 12, 1972)."

49 "Medical Assistance to Zaire," Korea's assistance to Kisangani Hospital in Zaire 1975-1980, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: CA0330764).

50 "Relating to South Korea's assistance to Kisangani Hospital," Korea's assistance to Kisangani Hospital in Zaire 1975-1980, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: CA0330764).

Intelligence)" account.<sup>51</sup> This marks that government doctors were not just placed for spread of goodwill of South Korea, but as an essential intelligence asset.<sup>52</sup>

The case of collision of North and South medical cooperation in Dahomey vividly showed how government doctors were recognized by Korean government. Dahomey was one of the first African nation to receive Korean government doctors since 1968. However, in 1971, North Korea offered medical assistant to Dahomey, and the Dahomey government decided to station North Korean doctors in the same hospital where South Korean doctors were operating without prior notice to the South. This resulted in emergency withdrawal of South Korean medical personnel and relocation to neighboring countries. Ministry of Foreign Affairs criticized not only the diplomats but the doctors as well for not detecting early signs of North Korean infiltration. Ministry stated that doctors were assets hired and operating under the Ministry of Foreign Affairs and had duty of gathering such information.<sup>53</sup>

### **Commercialization of medical cooperation**

The increasing number of medical personnel sent to Africa also raised awareness of tropical medicine within the Korean medical

---

51 "Dispatch of Doctors to Malta (November 21, 1978)," Dispatch of Doctors to Malta 1978-79, Southern Hemisphere Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 13628).

52 One doctor documented in his memoir that sometimes his paycheck was signed by Central Intelligence Agency of Korea. Shin Janggon and Song P'iryŏn, *Shinggira Shinggira Takt'ŏ Shin* [Singira Singira, Doctor Shin] (Seoul: Tongailbosa, 1994), 63.

53 "Report on the decision of four doctors and one interpreter sent from the North to work in the OUIDAH Hospital, staffed by the Our Medical Corps," Diplomatic Severance-Benin (formerly Dahomey, October 6, 1975), Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea, (Accession number: DA0095097), 163-192.

community. With the dispatch of non-combatants, including medical personnel, to the Vietnam War in September 1964, the need to study diseases and health problems in the tropics arose, but the environment and diseases of Africa were different. In addition, African countries with medical cooperation agreement specifically requested the dispatch of people specialized in tropical medicine, rather than general practitioners.<sup>54</sup>

In 1966, Institute of Tropical Medicine was founded in Seoul National University. While Korea is not exactly in tropical climate, at the statutes, the institution explains the reason for the establishment to educate medical personnel who will be dispatched to tropical nations.<sup>55</sup> The government doctors sent in the first year of 1968 were sent directly to the field without much training other than language training such as French. However, the doctors were baffled by the healthcare situation in Africa, which was completely different from Korea.<sup>56</sup> Since 1969, the government has required doctors to undergo three weeks of tropical medicine training at the Seoul National University Institute of Tropical Medicine before deployment, but most of the training was theoretical and often did not match the actual clinical cases encountered in the field.<sup>57</sup> During the early years of the institute, only handful of trainers had firsthand experience with tropical diseases, and virtually no one had been to Africa.

First textbook on tropical medicine was published in 1968, with collaboration of parasitologist and epidemiologist, primarily from those who have been dispatched to Vietnam War since 1966.<sup>58</sup> The original text

---

54 "Exchange of Memoranda for Medical Cooperation with African nations"

55 "Statutes of Institute of Tropical Medicine," Seoul National University Internal Regulations, Seoul National University, The National Archives of Korea. (Accession number: BA0529730).

56 Ahn Soonkoo, *Kömün taeryung üsa ch'ujangnim* [Doctor Chieftain in the Black Continent] (Seoul: Munhaksasangsa, 2001), 73-74.

57 Shin and Song, *Shinggira Shinggira Takt'ö Shin*, 28-29.

58 Yöldaetihagyön'guso, *Yöldaetihak* [Tropical Medicine] (Seoul: Taehanüihakhyöphoe, 1968).

was first published in special issue of Journal of the Korean Medical Association.<sup>59</sup> These articles cover epidemiological characteristics of tropical disease, tropics and hygiene, pathogens, differential diagnosis, and nutrition. Although primary focus was on Vietnam, there were some topics, such as Trypanosomiasis (sleeping sickness) and Onchocerciasis (river blindness) that were endemic primarily in African region.

Considering the relatively low wage of just \$380, economical motives was not the primary reasons for these doctors to go to Africa. While some Korean doctors were motivated by the humanitarian purpose of spreading the "art of medicine (仁術)" to other countries,<sup>60</sup> others saw it as an opportunity of new career path. In order to practice medicine in Africa, government dispatched doctors were required to obtain a medical license from their country of origin, which they could use in their former colonial home countries such as Britain and France.<sup>61</sup> As a result, there were some who did not return to Korea after the two-year period of regular dispatch ended and moved to Europe.<sup>62</sup> At the same time, such tropical experience opened the new avenue in international organizations. Out of 15 doctors dispatched in 1964 to Uganda, 1 found permanent position in government hospital of Uganda, 1 migrated to Canada, and 1 doctor moved to the seek career in World Health Organization.<sup>63</sup>

Those physicians who decided to stay in recipient nation became prominent medical figure in resident nations. Min Pyŏngchun was dis-

---

59 Kwon E Hyock, "Yŏk'akchŏng kyŏnjiesŏ pon yŏltaebyŏng – pyŏngwŏnsowa maegaech'erŭl chungshimŭro – [Epidemiological Aspect of Tropical Diseases – With a Special Emphasis on Reservoir and Vector –]," *Taehan ũihak hyŏp'oeji* 11, no. 8 (1968): 610.

60 "Jambo, Korean Insul No. 1," *Tongailbo*, January 26, 1967.

61 Ahn Soonkoo, *Kŏmŭn taeryung ũisa ch'ujangnim*, 91-93.

62 "Government dispatched doctors," Medical Expert Dispatch to Middle East and Africa 1978-1979, Economic Cooperation Division 2, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0745731).

63 "Diplomatic policy for Africa 1968," 439.

patched to Uganda in 1975, as he saw little prospect in his career path in Korea. After 5 years of contract, he decided to stay in Africa, rather than going back to Korea, and re-stationed in Swaziland (now Eswatini). Swaziland suffered chronic shortage in medical staff, as there was no medical school as well as one of the world's highest HIV/AIDS prevalence. He was initially stationed as a general surgeon in one of the government hospitals, he soon rose to become King's attending physician.<sup>64</sup>

This became more evident with looking at the background of some of government dispatched doctors. 37 doctors' personal records that currently accessible showed that only 1 graduated from Seoul National University, while majority studied in medical college outside of Seoul. Also, with exception of 3, they did not hold the positions in university or major hospitals, but mainly worked in private clinic. Thus, dispatching to Africa was new ways of advancing the career, or even finding new life in unknown continent.<sup>65</sup>

Korean doctors were preferred in Africa for a variety of reasons, but one of them was that the local population resented the presence of European doctors due to past colonial experiences. Another limitation was that hiring European doctors from the Europe was more costly. In this case, Korean doctors had the advantage of being more easily accepted by the local community.<sup>66</sup>

---

64 "Ap'ūrik'a ūiryobongsa samshipsamnyōn charangsūrōun Min Pyōngjun paksa [33 years of voluntary medical support for Africa, Dr. Min Pyōngchun]," *Tongailbo*, January 16, 2009; Interview with Dr. Min Pyōngchun.

65 "Dispatch of Medical Convoy to Africa, 1967-68," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 2827); "Dispatch of Medical Convoy to Africa, 1971-73," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 6425); "Problems of Dispatching Doctors to Africa, 1974," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 7528); Kim Kiung. "Ūiryodanwōnp'agyōn," 15-16; Korea International Cooperation Agency, *Han'gugūi syubaich'ōdūl* [Korean Schweitzer] (Seoul: Hyumōndūrim, 2011): 159-160.

66 "Africa, 1971-1974," Morocco and Africa Dispatches 1971-1974, Middle East

By the end of 1960s, medical diplomacy in the form of guest-workers and aid was considered to be highly successful, but there was a growing consensus in the Ministry of Foreign Affairs that medical cooperation was limited in its ability to have a lasting diplomatic impact because the number of people involved was only two or three per country. In addition, the “Special Declaration on the Foreign Policy of Peaceful Reunification” issued by the South Korean government on June 23, 1973, brought about a major change in the foreign policy towards Third Worlds. At its core, the declaration was a radical policy shift that recognized the existence of the DPRK by calling for North Korea's participation in international organizations and the simultaneous admission of North and South Korea to the United Nations, and thus abandoned the Hallstein Doctrine and expressed a willingness to establish diplomatic relations with countries that even had formal diplomatic relations with the DPR.<sup>67</sup> This was an acknowledgement that the existing South Korean foreign policy of isolating North Korea in public diplomacy was unsuccessful. By 1973, North Korea's formal diplomatic relations with African nations surpassed those with South Korea, and in May 1973 it was admitted to the World Health Organization.

Moreover, by the early 1970s, North Korea's aid was growing in size, with hundreds of thousands of dollars in actual factory and military aid, and millions of dollars in promises of loans and development projects.<sup>68</sup> The limitations of sporadic South Korean medical diplomacy in the context of this intensifying diplomatic competition between the two Koreas were clear.

---

and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0095031).

67 Shin Jong-dae, “Nambuk'an oegyogyöngjaenggwa ‘6.23 Sönnön’ [Inter-Korean Diplomatic Competition and the June 23 Declaration],” *Hyöndae buk'an yön'gu* 22, no. 3 (2019): 213-217.

68 Young, *Guns, Guerillas, and the Great Leader*, 171-179.

In 1972, the Ministry of Foreign Affairs submitted an opinion to the government that a complete review of the past policy of dispatching doctors was necessary. At that time, the budget for dispatched doctors and allowances amounted to about \$800,000, and it was recommended that the number of doctors dispatched should be drastically reduced and that the money should be invested in larger, more tangible projects that was promised by North Korea to African nations.<sup>69</sup>

In 1975, the South Korean government, at the suggestion of the Congolese, planned a \$500,000 medical aid project in which South Korean doctors would take over and run the Kisangani Regional National Hospital near the capital. The idea was to test the feasibility of a large-scale medical aid project as a pilot project and to demonstrate to African countries that the South Korea could provide large-scale aid rather than small one-offs.<sup>70</sup> This type of proposal to take over and operate a local hospital was first proposed by the South Korea, but the Congolese Ministry of Foreign Affairs revealed that President Mobutu had a personal interest in the project and even refused to provide doctors as requested by the North Korea, leaving the South Korea with no choice but to provide at least some assistance regardless of the actual takeover and operation.

According to the representative's field research, Kisangani was a large hospital with 720 beds, and it required 16 doctors, 16 medical technicians, 13 nurses, and 65 nursing assistants to run it properly, which currently had less than half of what it should be. In addition, the buildings and equipment had not been significantly improved since its establishment in 1925 and were in an extremely poor condition. In the end, it was estimated that it would cost about \$260,000 to renovate the hospital and another \$130,000 per year to operate it. The Korean government decided that it would be unrealistic to takeover such project, and reluctant to continue such large-scale support for a long period

---

69 "North and South Korea's Aid Contributions to Africa (December 9, 1975)."

70 "Relating to South Korea's assistance to Kisangani Hospital."



of time. In 1976, the Korean government provided just \$50,000 for the renovation of Kisangani Hospital.<sup>71</sup>

This failed attempt of South Korean government to deploy larger medical aid program was coincided with internal pressure of shortage of doctors in Korea. By early 1970s, brain-drain became significant concern. During the Vietnam War, a large number of doctors were drafted to military in U.S. cause severe shortage for civilian service. Thus, radical change in immigration policy for medical personnel opened the doors for Asian doctors, especially Korean doctor to migrate to U.S. Census at 1974 from Korean government showed that at least 10~15% of licensed doctors were drained to U.S.<sup>72</sup> Also, with economic growth and expansion of healthcare market in Korea significantly increase the economic opportunity for domestic doctors in Korea as well.<sup>73</sup>

In 1979, when Ministry of Health requested Korean Medical Association (KMA) to recruit doctors to be dispatched as government doctor in Malta, KMA responded that there were no applicants, as salaries and other conditions were “unrealistic” for any Korean doctor to accept. The average monthly salary offered by government was \$1,500~\$2,500 includes housing, while KMA insisted that salary should be \$3,000~\$4,000 with separate housing subsidies. It became increasingly difficult to find young and determined doctor to go to Africa through the channel of government dispatched doctor.

---

71 “Relating to South Korea’s assistance to Kisangani Hospital.”

72 More severe brain-drain can be found in newly licensed young doctors, where at least half of entire year’s graduate from major medical colleges between 1969 to 1970 migrated to U.S. after passing Educational Commission for Foreign Medical Graduates (ECFMG). Lee Wangjun, “Minesot’a,” 73 Jung Junho, “1971nyŏn suryŏnŭi p’aŏp: 1960~1970nyŏndae ūryo illyŏge taehan kukka t’ongje kanghwawa ūisa sahoeŭi panbal [The 1971 Doctor’s Strike: Between State Control and Autonomy of the Medical Community in 1960~1970s Korea],” *Yŏksamunjeŷŏn’gu* 27, no. 3 (2023): 374.

73 Jung Junho, “1971nyŏn,” 371-373.

As declining interest from both the government and doctors on medical cooperation in Third World, by 1980s, number of newly dispatched doctor became minimal. (Table 1) Those who started their career in Africa during 1960s to early 1970s stayed and continued serving until their retirement. They became channel of civil diplomacy, at the same time, introducing “dark continent” to Korean public.<sup>74</sup>

**Table 1.** Number of government dispatched doctors from 1968 to 1983.<sup>75</sup>

Year	Total No. of Dispatched Doctors	Retired	No. at Year End	No. of Dispatched Countries
1968	12	0	16	3
1969	10	0	16	8
1970	16	3	29	14
1971	1	6	24	14
1972	7	8	23	14
1973	10	5	28	13
1974	10	5	33	14
1975	7	9	31	14
1976	6	6	31	14
1977	9	4	36	15
1978	7	7	36	16
1979	2	7	31	15
1980	2	5	28	13
1981	1	6	23	13

74 A well-known South Korean government propaganda movie “Sok P’altogangsan,” (1968) depicts the story of a Korean elder travelling around the world to meet the family members working abroad – for example, farmers in Brazil, miners and nurses Germany. The protagonist also visits Africa and brought down by malaria, and treated by Korean doctors – man and woman – in Uganda. This short film shows that doctors became prominent figures of Korean expedition to unknown part of the world in late 1960s. “Sok P’altogangsan,” Korean Film Archive, accessed December 21, 2023, [https://www.koreafilm.or.kr/movie/PM\\_001888](https://www.koreafilm.or.kr/movie/PM_001888).

75 Kim Kiung. “Ŭiryodanwŏnp’agyŏn,” 15.

1982	5	2	26	13
1983	0	1	25	13

In 1976, the number of government doctors reached a peak of 36 resident doctors in 16 recipient countries, but since then medical cooperation has gradually declined and no other large-scale medical aid programmes have been undertaken (before the launch of Korea Overseas International Cooperation to take official development assistance programs in 1991). Rather, the South Korean government learned from the Ugandan example that sending medical personnel as guest-workers could be used as a major source of foreign currency.<sup>76</sup> In 1975, the Council for Foreign Medical Cooperation was established under the Ministry of Health and Social Welfare. It was chaired by the Director General of the Ministry of Health and Social Welfare and included the Director of the Medical System, the Director of Nursing, the Secretary of the Ministry of Foreign Affairs, Director of Employment of the Overseas Development Corporation, and a representative of the Korean Medical Association. As its composition indicates, it was created to discuss what was needed for "medical personnel dispatch."<sup>77</sup>

---

76 Another example is the case of doctors sent to Okinawa, Japan in 1974. After the U.S. military returned Okinawa to Japan, the Japanese government had to deal with problems of doctorless villages on the remote island, but the poor infrastructure made it difficult to find volunteers from Japan. In response, the Japanese government hired a large number of Korean doctors who had obtained medical licenses during the colonial era and were now retired, as they were fluent in Japanese. Japanese government offered retired Korean doctor a large salary, compare to that could be earned from Korea, to work in remote islands. Although exact statistics are not available, it is estimated that more than 300 Korean doctors were employed in Japan through this programme. Yang Jae-Mo, "Noryōngüisaüi haeoyeuch'ulmunje [Discussion on Emigration of Senior Medical Doctors]," *Taehan üihak hyöp'oeji* 16, no. 12 (1973): 3-4.

77 "Regulations of the Overseas Medical Cooperation Council (3-3)," Health Resources Division, Health Policy Bureau, Ministry of Health and Welfare, The National Archives of Korea. (Accession number: DA0873524).

While the case of almost 10,000 Korean nurses to West Germany from 1963 to 1980 was well documented,<sup>78</sup> dispatching medical personnel to Africa and Middle East became common in late 1970s, both in the interest of enhancing diplomatic relations and economic opportunities. One of the largest programs was conducted in Libya, started with 114 medical specialists (93 Nurses, 17 Medical Technologist, 4 Medical Engineers) sent in April 1978. Initial decision was made on diplomatic reasons, as Libya had close ties with North Korea. Therefore, improving relationship with Libya could diminish the North Korean influence over Libya, as well as making Libya as bridge of expanding South Korean diplomatic relation in Northern Africa.<sup>79</sup>

At the initial negotiation of dispatching medical personnel, there was conflict between two government over salaries. The Libyan government insisted on paying \$514, which was significantly less than other nurses working in Middle East. This was the time that marked the expansion of overseas construction projects by Korean companies. 1977 Shinwon Construction placed \$9.8 millions project, and Daewoo and other conglomerates followed. Korean government realized that dispatch of medical personnel could be an important leverage towards Libyan government to favor Korean companies in large civil engineering construction project. Korean government agreed to pay the \$230 per person in extra to cover the discrepancy in the salaries, total of \$0.32 million.<sup>80</sup>

---

78 Na Hye Sim, "T'üraensünaesyöñöl kwanjömesö pon Togil hanin'ganhoijuüi yöksa: yangguk kanhomunhwaee taehan yönggyangül chungshimüro [The Influence of Korean Nurses' Immigration into Germany on the Nursing Culture and Policy of the Countries: A Transnational Perspective]," *Üisahak* 22, no. 1 (2013): 179-215.

79 "Need of 1 year extension of government subsidy on dispatched Korean nursed in Libya," Dispatch of Medical Professionals to Middle East and Africa 1978-79, Economic Cooperation Division, Department of West Africa, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 13630), 12-16.

80 "Response on government subsidy on Korean Medical professionals in Libya,"

## Conclusion

The diverse geographical distribution of Korean healthcare and medical practitioners from the early 1960s onwards suggests that a range of influences, not just American, shaped Korean medicine. Since 1964, South Korean medical personnel have been deployed to Third Worlds, especially Africa, as a means of diplomatic resources and valuable income source of foreign currency. In the backdrop of the diplomatic competition between North and South Korea for votes on the Question of Korea at the United Nations General Assembly during the Cold War, the South Korean diplomacy of the Third World in Africa utilized medicine as an influential tool that could be deployed with minimum of the cost. At early phase, such medical aid was effective in establishing diplomatic relations and gaining the co-operation of recipient countries. In the 1970s, however, in the face of aggressive aid from the North, temporary small scale medical assistance from the South was less likely to elicit a response, and South Korean medical missions became more economic rather than diplomatic. The medical ‘diplomacy’ by Korean government in 1960s took the turn for the medical ‘export’ in 1970s.

Although current work emphasized geopolitical backdrops, much more will be elucidate with following the footsteps of individual government dispatched doctors after they returned to Korean could Korean medical professions relationship to global society. Further analysis on motives and detailed works that individual Korean physicians performed in Africa may elaborate their nature and relationship with both Korean and recipient government. Also, such work will show how interest of each actor – Korean government, recipient government, dispatched doctors, local people – has crossed, conjoined, or conflicted to

---

Dispatch of Medical Professionals to Libya 1985, Economic Cooperation Division, Department of Maghreb, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 23610), 35.

reach the desired outcome of diplomacy. Furthermore, much has to be elucidated on the work of other medical professionals such as nurses and technicians in Africa. This case of government dispatched doctors illustrates another transnational aspect of Korean medicine upstream of the conventional narrative on Korea's 'recipient turned donor'.

## Bibliography

### 1) Primary Sources

1. Africa, 1971-1974," Morocco and Africa Dispatches 1971-1974, Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0095031).
2. "Diplomatic policy for Africa 1968," Middle East and Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive, (Accession number: 2509).
3. "Dispatch of Doctors to Malta (November 21, 1978)," Dispatch of Doctors to Malta 1978-79, Southern Hemisphere Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 13628).
4. "Dispatch of Medical Convoy to Africa, 1967-68," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 2827).
5. "Dispatch of Medical Convoy to Africa, 1971-73," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 6425).
6. "Establishing diplomatic ties - Uganda (March 26, 1963)," Middle East and Africa Division, Ministry of Foreign Affairs, Open . Diplomatic Archive, (Accession number: 657).
7. "Exchange of Memoranda for Medical Cooperation with African nations," Medical Cooperation with African Empires 1968-69, Middle East and Africa Division, Ministry of Foreign Affairs, The

- National Archives of Korea. (Accession number: DA0095427).
8. "Government dispatched doctors," Medical Expert Dispatch to Middle East and Africa 1978-1979, Economic Cooperation Division 2, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0745731).
  9. "Korean assistance to Africa (May 25, 1965)," AID-10 Grants, Technical Assistance, Korea 1965, E. 5224, Box 2. RG 59, NARA. (Source: National Library of Korea Overseas Collection).
  10. "Korean diplomatic efforts in Africa (February 2, 1963)," POL Political Affairs & REL. Korea-A / Department of State, E.1613, Box 3964, RG 59, NARA. (Source: National Library of Korea Overseas Collection).
  11. "Korean technical assistance in Africa (March 24, 1965)," AID-8 Grants Technical Assistance, Korea 1965, E. 5224, Box 2, RG 59, NARA. (Source: National Library of Korea Overseas Collection).
  12. "Medical Assistance to Zaire," Korea's assistance to Kisangani Hospital in Zaire 1975-1980, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: CA0330764).
  13. "Need of 1 year extension of government subsidy on dispatched Korean nursed in Libya," Dispatch of Medical Professionals to Middle East and Africa 1978-79, Economic Cooperation Division, Department of West Africa, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 13630).
  14. "North and South Korea's Aid Contributions to Africa (December 9, 1975)," Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea (Accession number: DA0095105).
  15. "Problems of Dispatching Doctors to Africa, 1974," Africa Division, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 7528).
  16. "Reflections on a New African Foreign Policy (December 12, 1972)," Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: DA0095105).

17. "Regulations of the Overseas Medical Cooperation Council (3-3)," Health Re-sources Division, Health Policy Bureau, Ministry of Health and Welfare, The National Archives of Korea. (Accession number: DA0873524).
18. "Relating to South Korea's assistance to Kisangani Hospital," Korea's assistance to Kisangani Hospital in Zaire 1975-1980, Ministry of Foreign Affairs, The National Archives of Korea. (Accession number: CA0330764).
19. "Report on the decision of four doctors and one interpreter sent from the North to work in the OUIDAH Hospital, staffed by the Our Medical Corps," Diplomatic Severance-Benin (formerly Dahomey, October 6, 1975), Middle East and Africa Division, Ministry of Foreign Affairs, The National Archives of Korea, (Accession number: DA0095097), 163-192.
20. "Response on government subsidy on Korean Medical professionals in Libya," Dispatch of Medical Professionals to Libya 1985, Economic Cooperation Division, Department of Maghreb, Ministry of Foreign Affairs, Open Diplomatic Archive. (Accession number: 23610).
21. "Statutes of Institute of Tropical Medicine," Seoul National University Internal Regulations, Seoul National University, The National Archives of Korea. (Accession number: BA0529730).
22. "US support for ROK technical assistance programme in Africa (March 25, 1965)," AID-8 Grants Technical Assistance, Korea 1965, E.5 224, Box 2, RG 59, NARA. (Source: National Library of Korea Overseas Collection Records).

## 2) Secondary Sources

1. Ahn Soonkoo. *Kōmūn taeryung ūisa ch'ujangnim* [Doctor Chieftain in the Black Continent]. Seoul: Munhaksasangsa, 2001.
2. Cha Jungmi. "Mijung chōllyakkyōngjaenggwa kwahakkisuroegyoūi pusang [The US-China Strategic Competition and the Rise of



- Science Diplomacy].” *Kukche jöngch'I nonch'ong* 62, no. 4 (2022): 57-86.
3. Choi Jechang. *Hanmi üihaksa* [A History of Korean-American Medicine]. Seoul: Yöngnim K'adinöl, 1996.
  4. Do Jein. “1960nyöndae han'gugüi chungnipkung min kongsan'gwön chöngch'aeng sujöngae taehan nonüi [South Korean Debates on Policy Alterations towards Neutral and Communist Countries in the 1960s].” *Han'gukkwa kukchejöngch'i* 33, no. 4 (2017): 59-90.
  5. Jones, Greta. *Doctors for Export': Medical Migration from Ireland c.1860 to 1960*. Boston: Brill, 2021.
  6. Hong Seuk-ryule. *1970nyöndae UN esöüi UNCURK haech'e munje* [The Dissolution of UNCURK in the UN in the 1970s]. Paju: Kyönginmunhwasa, 2020.
  7. Yöldaeüihagyön'guso, *Yöldaeüihak* [Tropical Medicine] (Seoul: Taehanüihakhyöphoe, 1968.
  8. DiMoia, John P. ““The Nearest Faraway Place”: South Korean Medical Outreach and Southeast Asia as Its Research Context, 1954-1973.” *The Korean Journal for the History of Science* 38, no. 2 (2016): 303-319.
  9. Feinsilver, Julie M. “Fifty Years of Cuba’s Medical Diplomacy: From Idealism to Pragmatism.” *Cuban Studies* 41 (2010): 85-104.
  10. Jung Junho. “1971nyön suryönüi p'aöp: 1960~1970nyöndae üiryö illyöge taehan kukka t'ongje kanghwawa üisa sahoeüi panbal [The 1971 Doctor’s Strike: Between State Control and Autonomy of the Medical Community in 1960~1970s Korea].” *Yöksamunjeyön'gu* 27, no. 3 (2023): 359-397.
  11. Jung Junho and Kim Ock-Joo. “Modün kösün kisaengch'ungesö shijaktoeötta [“It All Started from Worms”: Korea-Japan Parasite Control Cooperation and Asian Network, 1960s - 1980s].” *Üisahak* 27, no. 1 (2018): 49-88.
  12. Kim Domin. “1961~1963nyön kunsajöngbuüi chungnipkung oegyöüi chön'gaewa sönggyök [A Study on the Diplomacy of South Korea towards Neutral Countries from 1961 to 1963].” *Yöksa-*

- bip'yŏng* 135 (2021): 18-43.
13. Kim Domin. "1950nyŏndae chunghuban nam·puk'anüi 'chungnipkuk' oegyöüi chŏn'gaewa sŏnggyŏk: tongnamashia·chungdong·ap'ürrik'a chiyŏkŭl chungshimŭro [Diplomacy of South and North Korea towards 'Neutral Countries' during the 1950's]." *Ashia ribyu* 10, no. 1 (2020): 155-184.
  14. Kim Domin. "1964~1968nyŏn Pak Chŏnghŭi chŏngbuüi chungnipkung oegyowa yuenesŏ han'gungmunjeüi 'chadongsangjŏng' munje [A Study on the Diplomacy of South Korea towards Neutral Countries from 1964 to 1968]." *T'ongilgwa p'yŏnghwa* 14, no. 2 (2022): 203-239.
  15. Kim Kiung. "üiryodanwŏnp'agyŏn saŏpüi ōjewa onŭl [Yesterday and today of the medical mission programme]." *Kukchehyŏmnyŏk* 7 (1993): 12-16.
  16. Kim Minsoo. "Naengjŏn'gi pidongmaeng kukchejŏngch'iüi üimiwa han'gye [The Meaning and Limitations of International Politics in the Non-Alignment Movement during the Cold War]." *Inmun gwa-hak yŏn'gu* 42 (2020): 49-76.
  17. Korea International Cooperation Agency. *Han'gugüi syubaich'ödül* [Korean Schweitzer]. Seoul: Hyumöndürim, 2011.
  18. Kwon E Hyock. "Yŏk'akchŏng kyŏnjiesŏ pon yŏltaebyŏng – pyŏngwŏnsowa maegaech'erül chungshimŭro – [Epidemiological Aspect of Tropical Diseases – With a Special Emphasis on Reservoir and Vector –]." *Taehan üihak hyŏp'oeji* 11, no. 8 (1968): 610-613.
  19. Monnais, Laurence and David Wright, eds. *Doctors Beyond Borders: The Transnational Migration of Physicians in the Twentieth Century*. Toronto: University of Toronto Press, 2016.
  20. Lee Jongmin. "Kukkyŏngŭl nŏmnŭn chŏnmun'gar naengjŏn mal hallŏ kongdong chawŏnt'amsawa kwahak-chawŏn oegyo ["Experts Crossing Borders during Late Cold War: Natural Resources-Science Diplomacy of the Korea-Russia Joint Mineral Resources Research]." *Han'guk kwahaksa hak'oeji* 45, no. 1 (2023): 105-134.
  21. Lee Chu Kul. "Üiryoin haecoep'agyŏnŭi munjejŏm [Problem in

- Sending Abroad Physicians].” *Taehan ūihak hyŏp’oeji* 18, no. 2 (1975): 5-7.
22. Lee Kyu Won and Choi Eun Kyung. “Taehanjŏkshipchabyŏngwŏn (1905-1907): sŏllip mit unyŏng, kŭrigo p’yejirŭl chungshimŭro [Korean Red Cross Hospital (1905-1907): Focused on its Establishment, Management and Abolition].” *Ŭisahak* 27, no. 2 (2018): 151-184.
  23. Lee Wangjun. “Minesot’a p’urojekt’uga han’gung ūihakkyoyuge mich’in yŏnghyang [The Influence of Minnesota Project on the Korean Medical Education].” PhD Diss., Seoul National University, 2006.
  23. Harrison Mark and Sung Vin Yim. “War on Two Fronts: The Fight against Parasites in Korea and Vietnam.” *Medical History* 61, no. 3 (2017): 401-423.
  25. Ministry of Foreign Affairs and Trade. *Han’gugoegyo 60nyŏn* [60 Years of Korean Diplomacy]. Seoul: Ministry of Foreign Affairs and Trade, 2009.
  26. Na Hye Sim. “T’ūraensŭnaesyŏnŏl kwanjŏmesŏ pon Togil hanin’ganhoijuŭi yŏksa: yangguk kanhomunhwae taehan yŏnghyangŭl chungshimŭro [The Influence of Korean Nurses’ Immigration into Germany on the Nursing Culture and Policy of the Countries: A Transnational Perspective].” *Ŭisahak* 22, no. 1 (2013): 179-216.
  27. Park Ji-Young and Hwang Kyo-Ryen. “Migugŭihak toibŭi sajŏk kyŏngno: migunjŏnggi sabi yuhaksaeng Sŏ Sŏkchoŭi saryerŭl chungshimŭro [Another Route to Introduce the American Medicine: A Korean Doctor’s Privately Funded Study Abroad under the US Military Government in Korea].” *Ŭiryŏ sahoesa yŏn’gu* 8 (2021): 67-98.
  28. Shim Ui-sup and Kim Ho-Gyun. “Han’gugŭi Ap’ŭrik’a chŏngbup’agyŏnŭisajŏngch’aegŭi sŏnggwae taehan koch’al [Review for the Korean Medical Doctors Dispatched by Government in Africa].” *Han’guk ap’ŭrik’a hak’oeji* 34, no.1 (2011): 3-23.
  29. Shin Janggon and Song P’iryŏn. *Shinggira Shinggira Takt’ŏ Shin* [Singira Singira, Doctor Shin]. Seoul: Tongailbosa, 1994.

30. Shin Jong-dae. "Nambuk'an oegyogyöngjaenggwa '6.23 Sönnön' [Inter-Korean Diplomatic Competition and the June 23 Declaration]." *Hyöndaek buk'an yön'gu* 22, no. 3 (2019): 200-231.
31. The Royal Society and the American Association for the Advancement of Science. *New Frontiers in Science Diplomacy: Navigating the Changing Balance of Power*. London: The Royal Society, 2010.
32. Yang Jae-Mo. "Noryöngüisaüi haeoyuch'ulmunje [Discussion on Emigration of Senior Medical Doctors]." *Taehan üihak hyöp'oeji* 16, no. 12 (1973): 3-4.
33. Yang Junseok, "Dispatch of the ROK's Goodwill Mission in 1961 and Expansion of the Cognition of the Region," *Journal of Korean Political and Diplomatic History* 37, no. 2 (2016): 171-205.
34. Young, Benjamin R. *Guns, Guerillas, and the Great Leader: North Korea and the Third World*. Stanford: Stanford University Press, 2021.

### 3) Online Sources

1. Korean Film Archive. "Sok P'altogangsan." Accessed December 21, 2023. [https://www.koreafilm.or.kr/movie/PM\\_001888](https://www.koreafilm.or.kr/movie/PM_001888).

〈Abstract〉

## **Medical Diplomacy: North-South Korea's Diplomatic Rivalry and Medical Cooperation with Third World in the 1960~70s**

*Junho Jung*

Korean medical personnel migrated across the globe since 1964, including Africa. However, analyses of the transnational nature of Korean medicine have largely focused on the influence of Korea as a recipient, particularly the United States. This study attempts to understand the formation of Korean medicine in a wider geographical space, beyond the entrenched dichotomy of donor and recipient countries, which has often been centered on the United States or Japan. This paper examines how the diplomatic competition between North and South Korea unfolded in the geopolitical context of the Cold War and how medicine was mobilized to achieve its goals. In the 1960s, medical diplomacy was effective in establishing diplomatic relations and gaining the cooperation of recipient 'Third World' countries. In the 1970s, however, South Korea's episodic medical aid was no longer well-received in the face of aggressive North Korean aid, and South Korean medical missions became more of an 'export' rather than 'cooperation'.

**Keywords:** Medical diplomacy, Medical cooperation, Third World, Non-alignment movement, Government Dispatched Doctors

## 〈국문초록〉

## 의료외교: 남북한 중립국 외교 경쟁과 정부파견의사, 1960~1970년대

정준호 (전북대학교 한국과학문명학연구소 전임연구원)

1964년부터 한국 의료인력은 아프리카를 포함한 다양한 지역에 진출해 왔다. 하지만 한국 의학의 초국적 성격에 대한 분석은 주로 수혜자로서의 한국, 특히 미국의 영향을 중심으로 한 분석을 주를 이루어왔다. 이 연구는 미국 혹은 일본을 중심으로 서술되어 온 한국 의학의 형성 과정을 공여국과 수혜국이라는 공고한 이분법을 넘어 새로운 지리적 공간에서 파악하려는 시도이기도 하다. 이를 위해 냉전이라는 지정학적 배경에서 남북한의 외교 경쟁이 전개되는 과정을 파악하고, 그 목표를 달성하기 위해 의학이 어떻게 동원되었는지를 살펴보았다. 1960년대 이러한 의료외교는 국교를 수립하고 수혜국의 협력을 이끌어 내는데 효과적이었다. 하지만 1970년대 북한 측의 공세적인 원조 속에서 남한의 일시적인 의료원조는 더 이상의 호응을 이끌어내기 어려웠고, 이에 따라 남한의 의료인 파견은 외교적 목적 보다는 외화 획득이라는 경제적 목적을 추구하게 되었다. 이처럼 1960년대 초반부터 한국 의료, 의료인들이 다양한 지리적 분포를 보이는 것은, 한국 의료의 형성 과정에 미국 뿐 아니라 다양한 영향이 자리하고 있음을 시사한다.

주제어: 의료외교, 의료원조, 제삼세계, 비동맹운동, 정부파견의사