China Medical Board and Modern Medicine in Seoul

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Abstract

This report describes the role of China Medical Board (CMB), a Rockefeller-endowed philanthropy, in promoting modern medical research and education at Seoul National University (SNU). Although the Rockefeller Foundation refused to fund Keijo Imperial University, a predecessor of SNU during Japanese Colonial Rule (1910-1945), CMB actively supported the schools of medicine and nursing at SNU after 1963, through its extensive fellowship program as well as research grant awards. Moreover, CMB provided funding for designing the new main building at Seoul National University Hospital (SNUH), as well as its medical library and research laboratory. Hence, CMB, along with the United States federal government, became a primary agency of promoting modern medicine in South Korea. However, Korean professionals at SNU had their own ideas and agendas, which made them respond to CMB’s plans and strategies in their own way. The interplay between the two formed a key part of Korea’s story of making modern medicine.
**Introduction**

Rockefeller philanthropies have been interested in fostering modern medicine in Seoul, Korea since 1926, as part of their global health program based on scientific research. When the Rockefeller Foundation’s officers first visited Seoul under Japanese Colonial Rule (1910-1945) in 1927, however, there was little reason to believe that a substantial financial patronage would yield a positive result. The institutions they visited, namely, Keijo Imperial University Medical Faculty and its hospital, were not very impressive or promising to the Americans. The amount of money that the Japanese requested did not seem very realistic, either. The new medical school and its underfunded hospital in Korea during colonial rule did not be a focal point of the Rockefeller philanthropic sponsorship.

The situation began to change after Korea’s liberation from Japan in 1945. When the Americans occupied southern Korea and drove out the Japanese, they immediately realized that it was necessary to train Korean doctors, who would play crucial roles in promoting public health in this impoverished postcolonial country, which now became an important East Asian ally of the United States. The miserable conditions of health in a liberated, yet indigent, nation demanded substantial assistance from both the federal government and a major philanthropy of the country that was concerned about its role in a strategic location facing the Soviet Union and its protégé, North Korea.

A more substantial opportunity came to Seoul after the communists were victorious in mainland China in 1949. Following this communist takeover, the China Medical Board (CMB), a Rockefeller-endowed philanthropy, found it impossible to continue supporting medicine in China. It redirected its support to other Asian countries’ colleges and hospitals, including Seoul National University’s (SNU) health-related schools and the affiliated hospital, the descendants of Keijo Imperial University’s institutions after 1945. CMB provided grants to fund further training and research of SNU faculty members.
in medicine and nursing starting in 1963. It also assisted in designing the new main building of Seoul National University Hospital (SNUH), as well as SNU’s medical library and research laboratory. Through its total expenditures of $2,579,000 from the 1950s to the 1980s, CMB became a primary agency in shaping modern medicine at the nation’s flagship research university. Yet this does not mean that the Koreans were just following CMB’s guidance in constructing their medical modernity. In many respects, they had their own agendas and plans that were not always compatible with those of CMB. This report will thus describe the dynamics between the Rockefeller institutions and Korean health professionals in the modern history of medicine in an East Asian country.

An Institution That Was “Disorderly, Dismal, Dirty, and Foul Smelling”

On November 25, 1926, K. Shiga, dean of Keijo Imperial University’s medical faculty, wrote a desperate, yet hopeful, letter to the Rockefeller Foundation. The Government General in Korea at Keijo (Seoul) was about to transfer its general hospital to the new imperial institution of higher education in a Japanese colony, that is, to Keijo Imperial University. This new hospital demanded “an entirely new up-to-date” facility, “fully equipped with all special laboratories, at the cost of not less than three million and a half yen.” It would be “of a great need for the people as well as of minimum necessity for the future function of the university to serve as a connecting joint of medical intercourse between the east and west.” The problem was how to acquire such a large amount of money, which had not been approved by the Japanese government. Yet Shiga was well-aware of the global reputation of the Rockefeller Foundation “for the promotion of human welfare and for the progress of medical science.” It was then natural of him to expect a major grant from the foundation for the new university and its hospital.

Responding to this letter, Roger S. Greene, the foundation’s vice president in
charge of “the Far East,” visited the university in May 1927. He was lavishly served and flattered by the Japanese medical faculty members at Keijo University. Perhaps due to this great favor, he wrote a positive letter back to the foundation. According to him, “Dr. Shiga is right in considering the hospital and laboratories for the clinical departments” for the foundation’s strategic support in Asia.\(^3\) For “a people advanced in scientific work like the Japanese,” the foundation’s expense of at least $500,000, equivalent of one million Japanese yen, would be quite worthwhile. This was an amount far smaller than what Shiga had anticipated, but even a request for this amount elicited an unfavorable reaction within the foundation. As Greene’s proposal “departs so radically from our usual policy,” William S. Carter, an associate director of the foundation’s Division of Medical Sciences, visited Keijo in December 1927 to investigate the state of the medical school and the hospital in a more critical way.\(^4\)

In a medical institution of colonial Korea, Carter found many reasons to reject Greene’s proposal. Above all, Keijo’s medical school had “an artificial and unnatural division” between pathology and morbid anatomy, whose respective departments were located in different buildings, although their close collaboration was important in medical research and education.\(^5\) The hospital was treating its inpatients poorly through inadequate heating facilities which only used stoves that were not connected to the central heating plant. The nurses were also poorly treated as they were considered “belonging to the servant class,” whose service was therefore “hopeless.” Even worse was the general state of hygiene in the hospital. Unfortunately, it was “the most disorderly, dismal, dirty, and foul smelling” among all the Japanese university hospitals that he had observed so far. This hospital did have its clinical laboratories, but their “corridors are cluttered up with animal cages and the odor is sometimes worse than those of the hospital.” These laboratories were also overcrowded due to many students who filled them up. However, the most problematic was the amount of money recommended by Greene. Carter asked the Japanese to justify their budget for upgrading the hospital, but he heard no clear and valid answer from them. He thus concluded that even if “such aid were given, there is nothing to indicate that the hospital would be any better than the
present one.” The hospital was a deeply disappointing institution, and the medical school was no better.

Keijo’s hospital and medical faculty continued to operate until 1945, although it failed to be funded by the Rockefeller Foundation. It remained a teaching hospital for Japanese professors and students, along with a small but significant number of aspiring Korean medical students. Its paying patients were mostly affluent Japanese residents staying in the colony, while a major portion of its “charity” patients (siryo hwanja) came from the indigent Korean population. This state of affairs suddenly came to an end in 1945 after the United States military dropped atomic bombs on two Japanese cities. The subsequent Japanese surrender at the end of the Second World War returned everything, including the university and its hospital, to Koreans. Those in the northern half transformed their society into a communist one, as the Soviet military occupied the territory above the 38th parallel, but the people in the southern half cooperated with Americans forming the United States Military Government in Korea (USAMGIK).

Koreans, Americans, and Seoul National University School of Medicine

As the USAMGIK started its process of establishing Seoul National University using the buildings, facilities, and people of Keijo Imperial University and other colleges in Seoul, it found that Korea did not have a sufficient number of qualified physicians, while the overall Korean health condition appeared poor. Hence, the United States Army’s Civil Affairs Section contacted the federal government, which then asked if the International Health Division of the Rockefeller Foundation was willing to offer grants to retrain Korean doctors. As the foundation responded to this proposal positively, ten Korean physicians were selected and dispatched to public health schools at Harvard, Johns Hopkins, and other major universities. Most of these Koreans studied hard in America, appreciating the opportunity deeply. They wrote, “We poor Koreans
never had any chance to study or do anything for Koreans... The United States of America gave us freedom, and the great institutions of your Rockefeller Foundation and the universities gave us the first helping hand."8 Of course, South Korea’s health issues were not easy enough for such a small number of America-trained doctors. Hence the Foreign Operations Administration of the federal government launched what Koreans called “the Minnesota Project”—or what Americans called the Seoul National University Project—in 1955 to provide fellowships to SNU faculty members, including those in the medical school. As several historians have described, this project gave an opportunity to upgrade SNU medical faculty members’ knowledge and practice, although its legacy was far more than a mere “technology transfer” from America to Korea.9

CMB closely observed this Korean situation, when Oliver R. McCoy, its associate director, visited Seoul in 1956. There he saw not only the new republic’s heavy “electioneering,” but also Koreans’ and various foreigners’ strenuous efforts to rebuild the country damaged during the Korean War (1950-1953). In particular, Seoul National University School of Medicine was under recovery, as its “buildings are now pretty well rehabilitated but that equipment is still pretty skimpy.”10 In this process, the Minnesota Project was playing a significant but “one-sided” role. To him, the project focused on reeducating Korean physicians in the United States, but few Americans came to Korea to teach SNU staff within their own institutional settings. Unfortunately, McCoy thought, this did not seem easy due to the language barrier. Few Americans would successfully teach Koreans unless they were to master a language that was totally different from English.

This language issue turned out to be less than a real barrier of communication, because many professors of medicine at SNU quickly mastered English for their international interactions. As such, a number of Americans, including Neal L. Gault, Jr.—dean of the University of Minnesota Medical School—came to SNU and succeeded in teaching and mentoring Koreans. CMB itself funded several Americans experts’ visits to Korea, including Gault’s additional trips to SNU in later years, as well as the long Korean stay of Ede Nemeti, an American architect, who advised the construction of the new main building of SNUH.11
China Medical Board’s Promotion of Research at Seoul National University

What was missing from all of this philanthropic interest was just a formal program to support SNU, which did not start until 1963. Before that year, there was only one SNU faculty member who received a fellowship from CMB. It funded a continued graduate training of a Korean oncologist working in Edmund Vincent Cowdry’s laboratory at Washington University in Saint Louis, although it was an exceptional case for a student who wanted to stay longer in the United States than what his original grant from a different philanthropy had stipulated as a condition of award. Despite the lack of a formal program, Koreans were aware of CMB’s growing interest in supporting medicine in Asian countries outside of China during the Cold War. Hence Myung Choo Wan, Dean of SNU’s College of Medicine, contacted CMB in 1958 for a possible funding opportunity, but McCoy quickly replied, “At the present time the China Medical Board is not seeking to support research as much in the Far East.” Nevertheless, McCoy promised that he would visit SNU in a near future to examine the situation in Korean medical education and research.

CMB regarded SNU’s strategic significance highly and saw the positive outcome of the Minnesota Project, which “provided a considerable amount of teaching and research equipment.” Yet some of that equipment turned out to be of a questionable quality, because it was “cheap stuff” to the eyes of CMB’s staff. More significant was that the project did not “furnish materials needed for specific research projects.” In fact, the absence of substantial support for research facilities was repeatedly pointed out during the CMB meetings. To them, the International Cooperation Administration within the federal government did a fine job in producing reliable clinicians through extensive training at the University of Minnesota, but there were few capable researchers at SNU’s medical institutions. Hence, when CMB provided its first batch of funding for SNU’s College of Medicine in 1963, its priority was to “provide supplies and equipment needed to carry out four research projects in the basic
science departments” at the college. It decided to appropriate $10,000 to assist the studies of renal necrosis, enterovirus infection, functions of insulin, and characteristics of serum lipids. Thereafter, CMB continued its funding for research projects at SNU. From 1963 to 1973, a total of 72 projects of SNU’s College of Medicine were funded with a budget of $255,339.

To the board, some of these projects had unique regional values, because they dealt with illnesses specific to Korea and East Asia rather than to North America. In promoting health in the country, the projects’ outcomes could give “perspective to the problems.” Instead of “only quoting from foreign literature, the teacher can use local data which often seems more relevant to the students.” Indeed, “it is generally stated that in order to be a good teacher, one should carry out research.” This view was reflected in several research projects that CMB chose for funding at SNU. One of the most significant was Seo Byong Seol’s work on “Oriental liver flukes,” which addressed a parasitic infection that was rare in the United States. Cha Chul Hwan’s study of silicosis and tuberculosis was also carried a local significance in an East Asian industrializing country with increasing urban air pollution and congested living environments. Min Hun Ki’s physiological research on the balances of calcium, magnesium, and phosphorous in Koreans’ blood was likewise significant as they reflected the nutritional states of many Korean foods, whose mineral balance might not be entirely healthy. In Kim Chung Yong’s study, Korea’s foods were highlighted again as a major factor in hepatitis B, whose morbidity in Korea was much higher than that in America and other Western countries.

Equally significant for South Korea’s medical research and education was CMB’s fellowship program that offered advanced training of 35 SNU physicians and surgeons in American universities and teaching hospitals from 1963 to 1973. For most fellows, the period of training was just one year, but some had benefits of more extended education for longer than two years, during which they could earn their Ph.D. degrees. This was desirable because SNU faculty members with Ph.D. degrees were not regarded as being as qualified as Americans with the same degree. According to McCoy, the Korean degree was
akin to the “Igaku Hakase degree” in Japan, which did not seem to guarantee the holders’ academic competence, at least according to the evaluation of CMB officials. CMB thus offered many medical researchers and clinicians at SNU opportunities for overseas experience, especially in America, through its fellowship program, including some who would later receive research grants from the same board. Just like the research grant program, the fellowship program heavily stressed the significance of research, which sometimes was not feasible for some fellows who chose to undergo only clinical training as hospital residents. Although these fellows were not penalized or disadvantaged, Patrick A. Ongley—CMB director and president—mentioned that “it is a pity” that some Koreans did not learn how to conduct research through their fellowship.

Some of SNU’s medical faculty who did pursue research with CMB’s funding for their overseas stay indeed made significant contributions to South Korea’s medicine. Kim Chung Yong was arguably the most influential among these practitioners. From 1967 to 1970, he studied hepatitis B antigens at Harvard Medical School and Boston City Hospital. Returning to Korea, he became not only a major physician taking care of liver diseases in the country, but also a prominent medical researcher in charge of developing the first Korean vaccine against hepatitis B in 1979. Kim Soo Tae was another major member of SNU who received a CMB fellowship. After his surgical training at Johns Hopkins and the University of Pittsburgh, he continued his study in Korea with a funding from CMB, resulting in the first case of successful liver transplantation in 1988. The SNU surgeon Kim Jin Pok was also interested in organ transplantation, although he later turned to another issue that troubled so many Koreans until the 1980s, namely, stomach cancer. As he learned the significance of immunology in organ transplantation at the Peter Bent Brigham Hospital—a teaching hospital of Harvard Medical School—he devised an “immunological therapy” for patients undergoing gastric cancer surgery, resulting in higher postsurgical survival rates in SNUH. Yun Dork Ro contributed to a better medical approach to another major health problem in Korea, carbon monoxide intoxication. His training at the University of Pittsburgh from 1967 to 1968 assisted in his efforts to establish a nationwide network of hyperbaric chambers
for intoxicated patients in households using coal briquette (yŏntan), which was widely used for heating but often produced noxious gas.\(^{30}\)

**Korean Appropriation of American Practices**

In all of these works, Koreans never remained passive. In 1968, Francis X. Fellers, a pediatrician at Harvard Medical School, visited SNU with a funding from CMB, and felt Koreans’ “intense desire to develop a fairly high western type standard” in their institutions. However, this did not mean that Koreans were merely copying the “western type standard.” What he saw was indeed their strenuous efforts to modify American practices within their own institutional and organizational settings. Fellers thus concluded, “We should not westernize the people, but rather they should adopt western facilities and maintain their own identity.”\(^{31}\) One of the most obvious aspects of these efforts was seen in the patient constitution of SNUH. When the Whiting Associates International, an American company specializing in hospital design, was commissioned by CMB to assist in planning the new main building of SNUH, it suggested a strict distinction between paying and charity patients within the SNUH and the differentiated services and facilities.\(^{32}\) The Whiting proposal intended a clear separation of a small number of private rooms with good facilities for paying patients from many large yet poorly equipped wards for charity patients, reflecting the long tradition of American and European public hospitals.\(^{33}\) However, patients in SNUH had a totally different proportion of patients, since the majority of its patients were paying, while only a small number of them were treated with governmental charity funds.\(^{34}\) In fact, the meaning of “paying patients” was different in Korea: unlike their counterparts in America or Europe, they paid just a small sum of money for their treatment according to the strict regulation of the South Korean government that maintained public hospital fees at a low level, reflecting the general poverty of the population. The distinction suggested by the Whiting Associates thus came to lose relevance, resulting in many paying inpatients treated in large wards in SNUH’s new main building.
Koreans were also deeply involved in determining the details of both fellowship and research grant. For example, Kim Chin Hwan, a general surgeon at SNU, initially earned a CMB fellowship to study cancer surgery at the New York Memorial Hospital in 1970. However, Kwon E Hyok, dean of the School of Medicine, later requested his change of specialty to plastic surgery, a field that demanded more experts in SNUH.\textsuperscript{35} This request was accepted by CMB. In 1973, Korean faculty members at SNU formed its own “research committee” that reviewed CMB research grant applications.\textsuperscript{36} This was in response to CMB’s conviction that SNU’s medical institutions already had “on its staff a number of accomplished investigators” who could decide their own funding matters.\textsuperscript{37} With this background, CMB provided a “block grant” to SNU without reviewing applications by itself.\textsuperscript{38} Perhaps not coincidentally, the fellowship program also underwent a major change in that year. According to Ongley, CMB was not able to continue its fellowship program due to a “change in the regulations of the U.S. Internal Revenue Service.”\textsuperscript{39} What was possible was then to establish a long-term grant toward which CMB contributed its share and SNU’s College of Medicine provided its matching fund of the same amount.\textsuperscript{40} This offered SNU a greater autonomy in selecting faculty members in need of overseas training. Ongley said, “Fellows are to be chosen and priorities are to be established by your staff, without any participation by the China Medical Board staff.”\textsuperscript{41}

Another important aspect of Koreans’ agency can be found in the training of nurses at SNU. Unlike physicians and surgeons at the university, many nurses at the same institution envisioned a holistic perspective on health and illness, and used CMB’s grants and fellowships to promote their own agendas and therapeutic stances. This effort contrasts with what some historians described—the Rockefeller institutions’ seemingly reductionist approach to science and medicine without considering broader social and cultural contexts.\textsuperscript{42} This may have been true for the Rockefeller Foundation, but may not have been so for CMB. Further, recipients of CMB award did not need to follow whatever Americans wanted them to promote, because they did not need to be submissive.
Indeed, SNU nurses constructed their own expertise and professionalism. For example, the nursing department submitted a comprehensive report on its facilities and staff in 1972, where it was stressed that “there has been progressive development for last thirteen years, not only in production of qualified nurses who are technically efficient and well-grounded in the scientific knowledge essential in practical nursing, but also in contribution to social welfare.” For Korean nurses, social welfare was as important as technical efficiency and scientific knowledge in facilitating good health. For nurses to learn this critical dimension of healthcare, the most significant was thus “values, beliefs, and assumptions” alongside “moral and ethical development.” Furthermore, “nursing is always concerned with people at all walks of life and the fellows will not only meet the knowledgeable professional people but ordinary people.”

This was a reason why some of SNU’s nurses had an opportunity to tour several hospitals in Hong Kong, Malaysia, Singapore, and the Philippines—rather than American institutions—where they could broaden knowledge on how the nurses there were caring for their diverse patients. Fellowship was also offered to some SNU nursing staff, including Lee So Woo, who learned mental health nursing at Boston University and later pioneered in spreading hospice care for terminally ill patients in Korea. Park Young Sook, who studied at the University of Illinois with a CMB fellowship, also stressed the overall “well-being” of patients as well as technoscientific approaches to illness.

CMB were unintentionally engaged in promoting SNU nurses’ self-confidence as professionals. Indeed, these nurses had been trained at the “Nursing High School” affiliated with SNU for thirteen years after its establishment. It was only in 1959 that this school was elevated to an institution that awarded a college degree, although it was still a “department” within the College of Medicine. As such, doctors rather than nursing professors taught the students. Therefore, they could not be professionally independent, and few among them were confident in their own roles and abilities in the hospital. However, for example, Han Kyung Ja, as a CMB fellow, stressed that she came to have stronger “self-confidence” during her training at Yale-New Haven Hospital. She learned not only technical management of patients in the hospital but also the fact that she deserved a higher status in the medical hierarchy. As a part of the preparation
for opening the new SNUH building, CMB also provided a grant for “repair and maintenance of the nursing quarters and for the practice of teaching materials,” while subsidizing a significant portion of nursing faculty’s salary. This support ultimately enabled SNU to hire more professors of nursing, who came to teach their own students rather than asking doctors to do so. Using CMB’s money, SNU’s nurses shaped their notions of professional selves.

**Conclusion**

CBM played a crucial role in constructing medical modernity in SNU. It provided research grants and fellowships to SNU’s medical institutions and professionals. To both doctors and nurses, CMB’s awards offered an opportunity to advance their knowledge and practice. SNU’s research facilities, library, and hospital also underwent a major transformation with the grants from CMB. This resulted in several major achievements, including the production of a new hepatitis vaccine, the first liver transplantation, a new therapy for gastric cancer patients, and the introduction of the nationwide hyperbaric chamber network against carbon monoxide poisoning. It also assisted in addressing local health issues in Korea, such as silicosis, tuberculosis, parasitic infection, and mineral imbalance problems caused by regional diets. However, Koreans exercised their own agencies in responding to the American money. They designed SNUH’s space for patients in accordance with their own needs without regard to Americans’ architectural advice. Further, they were actively involved in decision processes, especially after 1973. SNU’s nurses were even more active in this regard, as they tried to view healthcare from broader social and philosophical perspectives. Moreover, they fostered their own professional self-confidence and identity during the years of South Korea’s rapid medical transformation.
1 “Table 1: College of Medicine, Seoul National University: Expenditure from CMB Grants,” undated, Box 13, Folder 57, RG 2, Accession 2014:022, SG 1, China Medical Board Records, Rockefeller Archive Center, Sleepy Hollow, New York, USA (hereafter RAC). This table shows CMB’s expense for the College of Medicine. Its spending for other medical institutions within SNU are not included.

2 K. Shiga to R. L. Wilbur, November 25, 1926, Box 1, Folder 2, Series 613A, SG 1.1, Rockefeller Foundation Records, RAC.

3 Roger S. Greene to Richard M. Pearce, May 14, 1927, Box 1, Folder 2, Series 613A, SG 1.1, Rockefeller Foundation Records, RAC.

4 Pearce to Greene, June 22, 1927, Box 1, Folder 2, Series 613A, SG 1.1, Rockefeller Foundation Records, RAC.

5 William S. Carter to Pearce, December 6, 1927, Box 1, Folder 1, Series 613A, SG 1.1, Rockefeller Foundation Records, RAC.

6 Pak Yunjae, Han’guk kŭndae ŭihak ŭi kiwŏn (Seoul: Hyean, 2005), pp. 193-197.

7 “Fellowships for Ten Korean Physicians,” November 6, 1945, Box 1, Folder 3, Series 613E, SG 1.1, Rockefeller Foundation Records, RAC.

8 “Koreans in Training for Public Health Work,” undated, Box 1, Folder 4, Series 613E, SG 1.1, Rockefeller Foundation Records, RAC.


10 Oliver R. McCoy, “Report on Visit to Korea,” p. 11, April 23-May 5, 1956, Box 121, Folder 1916, Series 3, China Medical Board Records, RAC.

11 Kim Hong Ki to Patrick A. Ongley, February 16, 1974, Box 15, Folder 104, RG 2, Accession 2014:022, SG 1, China Medical Board Record, RAC.


13 Oliver R. McCoy to Myung Choo Wan, December 9, 1958, Box 15, Folder 93, RG 2, Accession 2014:022, SG 1, China Medical Board Record, RAC.

14 “Seoul National University: Supplies and Equipment, Research,” December 10, 1963, Box 15, Folder 93, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

15 Frank H. Connell to Oliver R. McCoy, May 22, 1963, Box 14, Folder 92, , RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

16 “Seoul National University: Supplies and Equipment, Research,” December 10, 1963, Box 15, Folder 93, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

17 Connell to Rha Saejin, December 12, 1963, Box 15, Folder 93, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

18 “Table 1: The Top 10 Departments by Number of Projects Supported and Total Amount Spent in U.S. Dollars,” Box 15, Folder 107, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.
“Evaluation of Faculty Research Programs,” undated but probably written in 1975, Box 15, Folder 107, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

“Seoul National University – Research Equipment,” May 25, 1965; Seo Byong Seol, “Application for Research Grant,” March 31, 1965, Box 15, Folder 95, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Cha Chul Hwan, “Application for Research Grant,” 1965, Box 15, Folder 96, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Min Hun Ki, “Application for Research Grant,” 1966, Box 15, Folder 97, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

James E. Drorbaugh to Kwon E Hyok, December 19, 1972, Box 15, Folder 102, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Sharing drinks during dining through what Koreans called “suljantolligi” was blamed by Kim and other Korean physicians as a cause of spreading hepatitis B. However, this view later turned out to be mistaken. See Hyung Wook Park, “Bodies and Viruses: Biomedicalizing Hepatitis B in Shaping South Korea’s Nationhood,” Seoul Journal of Korean Studies 32 (2019), pp. 173-209.

Oliver R. McCoy to James V. Neel, July 26, 1967, Box 53, Folder 718, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

“New Research Projects,” February 5, 1971, Box 14, Folder 88, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Patrick A. Onley, “Interview with Dr. Kim, Cardiac Surgeon from S.N.U.” February 15, 1972, Box 54, Folder F 729, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Kim Chung Yong to Oliver R. McCoy, April 21, 1970, Box 54, Folder 730, Series 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

Kim Soo Tae to Agnes M. Pearce, April 17, 1967, Box 54, Folder 733, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC; Kim Soo Tae, “Application for a Research Grant from the China Medical Board of the New York,” 1972, Box 14, Folder 90, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC; “Kan isik susul kungnae ch’ot sŏnggong” [The first successful liver transplantation in Korea], Joongang ilbo (March 17, 1988).

Agnes M. Pearce, “Two Fellowships are Recommended by the Director as Follows,” February 17, 1969, Box 54, Folder F 732, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC. For a detailed story of his career, see his autobiography: Kim Jin Pok, Inbong Kim Chinbok ŭi sanmunjip [Writings of Inbong Kim Jin Pok] (Seoul: Songjiuk, 2004).

Yun Dork Ro to Patrick A. Ongley, 1985, Box 19, Folder 158, RG 2, Accession 2014:022, SG 2, China Medical Board Records, RAC.

Francis X. Fellers to Oliver R. McCoy, August 8, 1968, Box 13, Folder 60, Accession 2014:022, SG 1, China Medical Board Records, RAC.


34 In 1965, for example, only 46 among 334 were charity patients. The proportion of charity patients was slightly over 10 percent over time. See *Sŏultae Pyŏngwŏn yŏnbo* [The Almanac of Seoul National University Hospital] (Seoul: Seoul National University Press, 1965), p. 60.

35 Kwon E Hyok to Oliver R. McCoy, March 26, 1971, Box 54, Box 727, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

36 Kwon E Hyok to Patrick A. Ongley, June 21, 1973, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

37 “College of Medicine, Seoul National University, Seoul, Korea,” December 10, 1976, RG 2, Accession 2014:022, SG 1, China Medical Board, RAC.

38 “Seoul National University – Research,” May 23, 1973, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

39 Patrick A. Ongley to Kwon E Hyok, May 29, 1973, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

40 Patrick A. Ongley to Yoon Chon Jou, November 24, 1976, RG 2, Accession 2014:022, SG 1, China Medical Board, RAC.

41 Patrick A. Ongley to Kwon E Hyok, May 29, 1973, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.


43 “Future Plan for Nursing Education,” January 1972, Box 58, Folder 775, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

44 “Report on the Visiting Scholar Program in University of Minnesota,” undated, Box 25, Folder 235, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

45 “General Objectives for a Trip to South East Asia,” 1974, Box 57, Folder 722, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

46 Evelyn Elwood to Lee So Woo, July 6, 1973, Box 55, Folder 741, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

47 Park Young Sook, “Report on the Special Graduate Student Program in Maternity Nursing,” 1983, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

48 Han Kyung Ja, “Report of Pediatric Nurse Specialist Training in the United States,” undated, Box 25, Folder 235, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

49 “Seoul National University – School of Nursing,” June 12, 1972, Box 58, Folder 775, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.

50 “College of Medicine, Seoul National University, Seoul, Korea,” December 3, 1974, RG 2, Accession 2014:022, SG 1, China Medical Board Records, RAC.