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Population Control and Local Elites in the "Third World" : the Family Planning Program in Postcolonial South Korea

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The international campaign of population control has become a subject of historical study, as fertility rates have been declining in most areas in the world (Connelly 2003: 122). According to many researchers, population control programs were directly influenced by the international order, especially during the Cold War (Finkle and Crane 1975; Donaldson 1990; Luke and Watkins 2002; Connelly 2003, 2008, 2009). Population control to reduce the fertility rate spread to developing countries (Barrett and Tsui 1999), which had just been decolonized. It was Alfred Sauvy, a demographer and France's representative on the UN Population Commission, who coined the term "Third World" in 1952 (Connelly 2009: 474-475).

Population control was part of the Third World development program designed by Western countries, especially the United States, by the Rockefeller Foundation and the Ford

Foundation, and by international organizations such as the United Nations. The literature has portrayed “population control as a Cold War strategy the West foisted on the rest of the world” (Connelly 2003: 123), and the significant role of the United States has been closely examined (Donaldson 1990; Connelly 2008). However, the diffusion of population control was not unilateral but there were local actors’ practices which mediated the diffusion process.

This paper concentrates on the **Korean** physicians who led the Family Planning Program in South Korea. In South Korea, the Family Planning Program was dominated by physicians who were active in governmental and nongovernmental family planning initiatives. This paper explores the historical construction, reshaping, and influence of doctors as a local elite group in South Korea.

This paper begins with a description of the Family Planning Program in South Korea and why and how physicians came to dominate it. I attribute their role to two factors: the position of doctors as mediators between the newly independent South Korea and the international order; and the cohesiveness of the national network of physicians. The agency of physicians in the Family Planning Program was a part of state formation and local trajectory of newly decolonized countries facing global world based on their own colonial histories.

The Role of Doctors on the Family Planning Program in South Korea

South Korea followed India and Pakistan in adopting the Family Planning Program (FPP) as a national policy. Established in the early 1960s, the FPP ushered in the era of women’s birth control in South Korea. Korea's Total Fertility Rate (TFR) of 6.3 in 1960 dropped to 1.67 in

1985.¹ Although it is disputable whether the rapid decline of fertility itself was the direct outcome of the government-supported FPP, there is no doubt about the direct impact of contraceptive technologies distributed through the FPP (Donaldson, 1981: 255). In the report of USOM-Korea in 1966, Korea's FPP was praised as “the most successful such program in the world,” and “leadership and technical input at the top level is of exceptionally high caliber.”² South Korea was also said to be so significant case “apparently showing an impact” along with Taiwan in 1968³, and in 1971, “Korean performance in family planning has not been equaled anywhere in the world.”⁴

The FPP in South Korea became a national policy shortly after Park Jung-Hee's military coup in 1961. George Woodall Cadbury's visit to Seoul in October 1960 as a special delegacy of the International Planned Parenthood Federation (IPPF) was the trigger for the outset of the FPP in South Korea. He had contacted Professor Jae Mo Yang of the College of Medicine—Severance—at Yonsei University, who had left his name and address in the visitor's book of IPPF head office in London during a research trip to Europe. Cadbury asked him to contact other people who might be interested in the FPP and urged them to form a nongovernmental organization.

The Planned Parenthood Federation of Korea (PPFK, Taehan Kajok Kyehoek Hyōphoe)⁵ was founded only six months later, on April 1, 1961. After the coup of May 16, Jae Mo Yang was appointed to the advisory committee of the Nation Rebuilding Supreme Council (Kukka Chaegŏn Ch'oeŏgo Hoeŭi). He submitted a proposal for the FPP on June 16, 1961 to the President of the Supreme Council. On November 3, 1961, the Family Planning Program

became part of the First Five-Year Economic Development Plan, at the 69th Standing Committee of the Nation Rebuilding Supreme Council.

Conspicuous in the making the FPP into national policy were South Korea's physicians. On June 11, 1963, the vice director of Population Problem Research Center (In'gu Munje Yŏn'guso) wrote a column on *Dong-A Ilbo*, one of the leading daily newspapers in South Korea, which concerned that "population is treated like an invalid without social and economic diagnosis" as "doctors who studied medical science deal with the Family Planning Program, which was also established by them."⁶ In 1963, one of the expert group who visited Korea in 1962 in response to the Korean Minister of Health's invitation for technical advice and assistance in developing the family planning program, wrote "There is one major point of potential difference of opinion on which I feel very strongly and would be very much opposed to any change; namely, the question of medical supervision of the problem."⁷ When Dal-Yong Ryu, the former president of the National Reconstruction Movement (Chaegŏn Kungmin Undong Ponbu), became president of the PPFK in May 1967, "the fact garnered a lot of attention that a person who is not a medical doctor became a president of PPFK" (Ryu, 1991: 329). Physicians led the establishment of the PPFK, asked and advised the government to make the FPP as a national policy, and led the whole process of the FPP.

FPP was overtly an elite-led program. The mission statement of the FPP explicitly stressed "intellectuals' spiritual and technological guidance." PPFK adopted an expertise executive system. It required that all executive members, even in local chapters be "renowned figures" in "public

health, clinical medicine (OB/GYN, urology, pediatrics), sociology, social work, religion, economics, demography, midwifery, nursing, and so forth” (PPFK, 1975: 195). The role of physicians, inter alia, was also significant.

In fact, it was not only physicians who wanted family planning to become a national policy. The government which taken power in May 1961 appointed special advisory committees for technical advice from experts in various fields, one of which was Sociology Committee, apart from the Committee on Health, Education, and Social Welfare where Jae Mo Yang had a seat. The Sociology Committee had three sociologist members who were all interested in population issue: Hae-Young Lee and Man-gap Lee from Seoul National University, and Whang Kyung Koh, a founder of the Mothers’ Association. (Donaldson 1981: 227-228). Whang Kyung Koh was not a physician but one of the South Korea’s first female advocates of family planning. She proposed the government, in the Committee, to make family planning a national priority along with dismissal of a government official who kept a concubine and a prohibition upon coffee (Bae 2012).

But male physicians were far more influential and negotiated with the government much more effectively than Whang Kyung Koh and the Mothers’ Association. Doctors ran the Program in the 1960s before sociologists, statisticians and demographers took over in the 1970s. Physicians had consistently proposed national family planning programs even before the military coup. Official documents say “abundant medical human resources and their participation” were a main factor on the success of FPP in South Korea (KIHASA 1991: 69). The term *Kajok kyehoek* (family planning) was coined by a Korean doctor in order to suggest contraception, replacing the term “birth control” which had been used since the 1930s and closely associated with abortion

(Donaldson, 1981: 222). The initiative of physicians affected the Family Planning Program, which is one of main criticisms of the FPP in South Korea.

According to the literature, “the possibility of voluntary women’s movement mediated by women’s particular interest in birth control disappeared, as the Family Planning Program had become national policy by the coup group and led by male doctors and bureaucrats” (Bae 2012: 67). It is also said “neither doctors nor government” took seriously the side-effect of contraceptive technology (Bae 2005: 280-284). Being called “technocrats” who colluded “with foreign technocrats from Western developed nations,” doctors were accused of “designing, monitoring, and evaluating experimental research” (Park 2003: 69). They were also blamed for the pathologization and medicalization of reproduction through the program. Existing studies considered physicians’ role as revealing how interventionist and how gender-blind the Program was. Doctors were accused of for a reckless distribution of contraceptive methods.

In contrast, this paper poses a different question: *why* did doctors take the lead in FPP in South Korea? From this question, delving into why and how doctors got to lead it in South Korea, I approach the characteristics of the Family Planning Program and the historical meaning of population control. In broader angle, it can make contribution to our understanding about what population control means in the “Third World” where the Program strongly spread out.

Mediators between Global and Local

“In the population literature,” Luke and Watkins wrote, “the preponderance of research has focused on the knowledge, attitudes, and behavior of ordinary people.” On the other hand, much of the literature “locates the West, particularly the United States, as the epicenter of modern global flows” (Luke and Watkins 2002: 707). However, either is a unilateral perspective. Population control should be approached “from the inside out” (Connelly 2003). In the postcolonial and Cold War contexts, population became a screen through which newly independent nations faced the global world by Western-led population control programs. The Western-led programs mobilized and reshaped national elites in the Third World who could localize the global programs. The “encounter with national elites is critical for global actors promoting new policy agendas, since it is national elites who must adopt policies (or not) and who must implement them (or not).” (Luke and Watkins 2002: 707)

Then, who, how and why, could become the active mediators between these global and local flows? In South Korea, the leaders of the Program had obviously common characteristics; they were male physicians who had attended universities in the US with the support of such institutions as Rockefeller Foundation or Ford Foundation. It reflects the fact that Korean physicians were already ready to be mediators who could localize a global campaign for population control. They were formed as global subjects throughout Korean postcolonial history such as the US army government, the Korean War, and the aid system after the World Wars.

The US military government and the Korean War gave physicians the exceptional chance for international interaction with the West. The US military government in Korea which took over control of medical institutions from the Japanese Government-General of

Korea selected ten Korean physicians who could speak English, and sent them to the US to study public health with funding from the Rockefeller Foundation. These physicians were the recipients of the first passports and determined exchange rate first in 1945 in Korea. In mid-November 1945, the ten doctors arrived in Washington DC and from there traveled to Harvard, Johns Hopkins and the University of Michigan (Choi 1996: 170-173).

During the Korean War, Korean doctors worked for international organizations such as the United Nations Civil Assistance Committee (UNCAC), collaborating with Western colleagues and learning about public health administration and new medical treatments. Many of them later recalled being particularly impressed by American medicine and the medical system. Tae Joon Moon, a physician who had been honorary president of the Korean Medical Association describes working at many units in the Army Medical Corps; “I knew very little as a surgeon before the War.” US Army surgeons gave Korean doctors hurried instruction, which “was admirable” and Korean doctors were all “astonished” by the treatment and technology of American medicine. He says “neurosurgery in Korea started during the Korean War, learning from the US Army,” and preventive medicine also developed, which was “the best we harvested from the Korean War.” (Moon 2000: 254)

After the break of Korean War in July 1953, international institutions such as the United Nations Korean Reconstruction Agency (UNKRA) and the US Foreign Operations Administration (FOA) sponsored an educational aid program. The International Cooperation Administration (ICA) under the State Department, successor to FOA and later USAID, made a contract with the University of Minnesota in September 1954. Known by Americans as Seoul National University Cooperative Project, and in Korea as the Minnesota Project, this project supported

US\$ 2,325,000 to the colleges of medicine, engineering, agriculture and public administration at Seoul National University from 1955 through 1961. More than 200 young faculty members of Seoul National University (SNU) were sent to Minnesota University to be trained. This was part of “America’s overall aid program for recovery of postwar Korea during the Cold War” (Kim and Hwang 2000: 112).

In the medical field, the Minnesota Project Americanized Korean medicine (Lee 2006; Park 2008: 59-60; Choi 1996). “As a result” of the project, “enthusiastic professors studied and taught diseases of America rather than diseases of Korea.”(Kim and Hwang 2000: 121) Until April 1961, 83 out of total 106 faculty members from College of Medicine, SNU, studied abroad, and 59 members went to the University of Minnesota. “The program of staff training abroad was of significance in its scale and coverage” (Kim and Hwang 2000: 116).

The China Medical Board of the Rockefeller Foundation selected Severance Medical College as its beneficiary institution in 1953, and donated \$100,000 for fellowships and equipment every year.⁸ In addition to such large scale aid programs, extensive supports to physicians were offered by private foundations as a part of aid to South Korea. Consequently, physicians came to form very exclusive group who could respond to international population program (Luke and Watkins 2002; Crane and Jason 1989) during the 1950s and 1960s.⁹

Pre-existing Social Network of Physicians in Postcolonial Korea

Seoul National University, formerly the Imperial University in Korea, granted 1261 doctoral degrees between 1952 and 1971, and 1002 out of them, approximately 80% of the doctoral degrees

granted were Doctor of Medicine (M.D.) (Lee 2006). It exhibits the privileged status of physicians among Korea's educated elite. Physicians were a few, limited, exceptionally highly educated elite group produced through restrictive training institution in Korea, especially more in the 1950 and the 1960s, before and around the FPP started.

Physicians were not only exceptionally well educated, but they also had the densest and more cohesive internal network in the country. Part of the reason might be because there were only a few medical schools. (Kee 1992). Furthermore, under the Japanese occupation, most of the teachers of Western medical education were Japanese. Only Severance had been built by Americans so it had faculty members from Western, and later Koreans (Kee 1994: 50). After the end of Japanese colonial rule, faculty members from Severance filled the void left by the repatriation of Japanese faculty members (Yang 2001: 96-97). As a consequence, physicians' social network extended beyond their own institutions.

In addition, as the United States has led the reconstruction of the Korean educational system under the US military government, doctors' network became more cohesive and denser with Americanization of Korean medicine. Under the Japanese occupation, medical education in Korea had combined German, Japanese and American styles. Doctors went to Germany, Japan or America for further study. But with the liberation from Japanese colonialism, especially with the Korean War, medical education in South Korea became Americanized. International Aid system also contributed to this process. It became natural that doctors who pursued further study go to the US. The isomorphism of the educational programs, curriculums and textbooks in medical schools in South Korea was one of the important outcomes of the Minnesota Project with the diffusion of the US medical education (Kim and Hwang 2000; Lee 2006). The isomorphism got more intensified as all the medical schools and newly established medical institutions located in

Seoul, except Severance, recruited faculty members mostly from graduates of Seoul National University (Lee 2006).

The density and cohesiveness of social network of physicians served complemented the number of government officials who were building a newly independent country. Most of the bureaucrats of the Ministry of Health and Social Affairs, ministers and vice-ministers as well as local directors of public health were physicians (Yang 2008: 306). Their positions in the government were not affected by political changes such as President Syngman Rhee's resignation in 1960 or the Park Chung-hee's coup in 1961, for their work was considered not as political but as just medical. The more doctors entered the government, the more doctors were too appointed to vacancy or new positions by recommendation from their personal network.

Beyond the individual level, besides, the personal network made the relationship between government, universities and elite group more cohesive. Physicians linked central and local governments, universities, research institutions and hospitals. Combined with their position as "brokerage" (Marsden 1982) or "bridge" (Burt 2002) between global and local, it was very important role to connect different institutional groups.¹⁰ Such position served as a resource and negotiating power in the process of pushing forward and implementing the FPP.

There are so many anecdotes about the effect of doctors' personal networks on the FPP. For example, Suk Woo Yoon, Director of Public Health in the Ministry of Health and Social Affairs, endeavored to convince the newly appointed minister, vice-minister and executive members of the coup government of the importance of population issue and the FPP. Yu Sun Yun, the director of the National Institute of Health (Kungnip Pogŏnwŏn) also stressed the necessity of the FPP to the new minister and vice minister (Yang 2001: 307). Suk Woo Yoon was Jae Mo Yang's classmate at

Severance Medical College, and Yu Sun Yun was an older alumnus and one of the ten doctors who had been to the US just after decolonization. The FPP proposal Jae Mo Yang submitted to the Nation Rebuilding Supreme Council was passed on to the Ministry of Health and Social Affairs, then a proposal was submitted to the Cabinet council by Suk Woo Yoon and Sook Bang who was the director of preventing epidemic, and then it became a national policy (Kim, 1991: 32-33). Sook Bang was also a Severance classmate of Yang and Yoon, who had then been sent to study epidemiology at Johns Hopkins. Strong personal network among doctors connecting the government and universities demonstrated its effectiveness in establishing the FPP.

Pre-existing, unofficial, informal and personal networks overlap and interact with official, formal and organizational ones. As Gould demonstrates, the effect of social relations “depends on the way in which these relations are structured and, more precisely, on the correspondence between *organizational* and [pre-existing] *informal* networks.”(Gould 1991: 716, emphasis original) The impact of social relation “cannot even be appreciated without taking multiplexity into account.”(Gould 1991: 727) The characteristics of doctors’ social relation reflect postcolonial historical contexts in South Korea and affected their role in the Program. The leading role of physicians in South Korea reveals preexisting social conditions and historical trajectory which affected the implementation of the Family Planning Program.

Discussion

The FPP was a birth control program under the military dictatorship in South Korea. In addition, it was not restricted to a specific population policy. The FPP was an interface with which newly

independent nations faced global world. FPP was directly influenced by the population control movement encouraged by the international order. The anxiety of the Western world about a population explosion prompted the United States to provide technical and financial aid. FPP localized this pressure in South Korea based on Korea's historical and social conditions.

The postcolonial historical context affected the FPP from the outset, being stamped on the structure of social relations, their agency and negotiating power, the role as mediators of physicians who took the lead of the Program. They were not only mediators who introduced and conveyed Western technology, fund and programs into Korean society but they also mobilized their cohesive network which connected the governmental, academic and professional organizations. This paper concentrated on Korean physicians, enlightened local elites who are crucial in modernization theory combined with US-led intervention in the 'Third World' (Bradley 2009: 476-477).

As this paper demonstrated, physicians who had been trained in the West were the main beneficiaries of Western aid after World War II. They were trained in a few institutions in the 1950-1960s in South Korea and built a unique cohesive historical network among government, academia and with other professionals. They held positions in the government and universities in which they link the state to educational and research institution and private hospitals. They were the only national elite group that could respond as global actors to the international flow of population control.

The FPP in South Korea reflected Western science and technology to symbolize modernity and progress. As Western-trained postcolonial elites, physicians were thought to have "second sight" (Prakash 1999: 34-40) which is neither Western gaze nor superstitious natives'. The Western conception of "the divide between developing states and capitalist modernities" was strongly

informed by “racialized paternalism” in the Cold War era (Bradley, 2009: 476-477), and “civilizing mission” was closely connected to providing the Third World with the new technologies and practices in FPP (DiMoia, 2008: 377). Following James Scott's saying that “modern statecraft is largely a project of internal colonization” (Scott 1998: 82), we could say the Family Planning Program was a *double* internal colonization.

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ENDNOTE

¹ South Korea's TFR is now one of the lowest in the world. According to the OECD records, South Korea's TFR of 1.23 is the lowest as of 2010 (OECD 2012).

² USOM-Korea Report on the Family Planning Program in Korea, November 30, 1966, Rockefeller Archive Center, PC Acc.2 FC, Box 61.

³ The Population Council Office Memorandum from JTW to BB, April 24, 1968, Rockefeller Archive Center, PC Acc.2 FC, Box 104, Folder 998.

⁴ The Population Council Office Memorandum (Korea Country Review) from Robert Lapham, May 10, 1971, Rockefeller Archive Center, PC Acc.2 FC, Box 104, Folder 1001.

⁵ The English title of the organization, the Planned Parenthood Federation of Korea, seems to adjust to International Planned Parenthood Federation; its original name in Korean, Taehan Kajok Kyehoeok Hyōhoe, means "Korean Family Planning Association." PPFK changed its title later to "Family Health and Welfare Federation of Korea (Taehan Kajok Pogōn Pokchi Hyōphoe)" as of March 1, 1999; into "Planned Population Federation of Korea (In'gu Pogōn Pokchi Hyōphoe)" again, as of January 2, 2006.

⁶ Suk-Hwan Koh, "Five-year plan and population planning." *Dong-A Ilbo*, June 11, 1963.

⁷ Letter from John Whitridge Jr. to M. C. Balfour, January 11, 1963, Rockefeller Archive Center, PC Acc.2 FC, Box 108, Folder 1037.

⁸ It is said the total exceeded ten million dollars by 1975, but this estimate is from a personal memoir (Choi 1996: 293).

⁹ It is interesting that another group which would be the only parallel to this is military officers. Compared with civilians, the average percentage of military officers who studied abroad was always approximately 68%.

It is therefore said that modernization in South Korea was accompanied by the full-scale intervention by US and military officers were “most baptized from American mode of modernization in the 1950s” (Heo 2003: 11-12).

¹⁰ Foreign aid organizations also considered it. For example, Young Choon Lee, Director of the Institute for Rural Health, Kunsan, South Korea sent a proposal of family planning with request for fund and materials on November 20, 1962, but it was denied saying “the Population Council is supporting a field study in the Koyang area, under the auspices of Yonsei’s Dept. of Preventive Medicine. There may be need of other comparable studies, but in general we feel that they should be associated with some university department.” Young Choon Lee was also a medical doctor who graduated Severance and got a doctoral degree at Kyoto Imperial University in Japan and ran free clinic for peasants and a research institute. Letter from Young Choon Lee to M. C. Balfour, November 20, 1962, Rockefeller Archive Center, PC Acc.2 FC, Box 104, Folder 996; Letter from M. C. Balfour to Young Choon Lee, January 14, 1963, Rockefeller Archive Center, PC Acc.2 FC, Box 104, Folder 997.