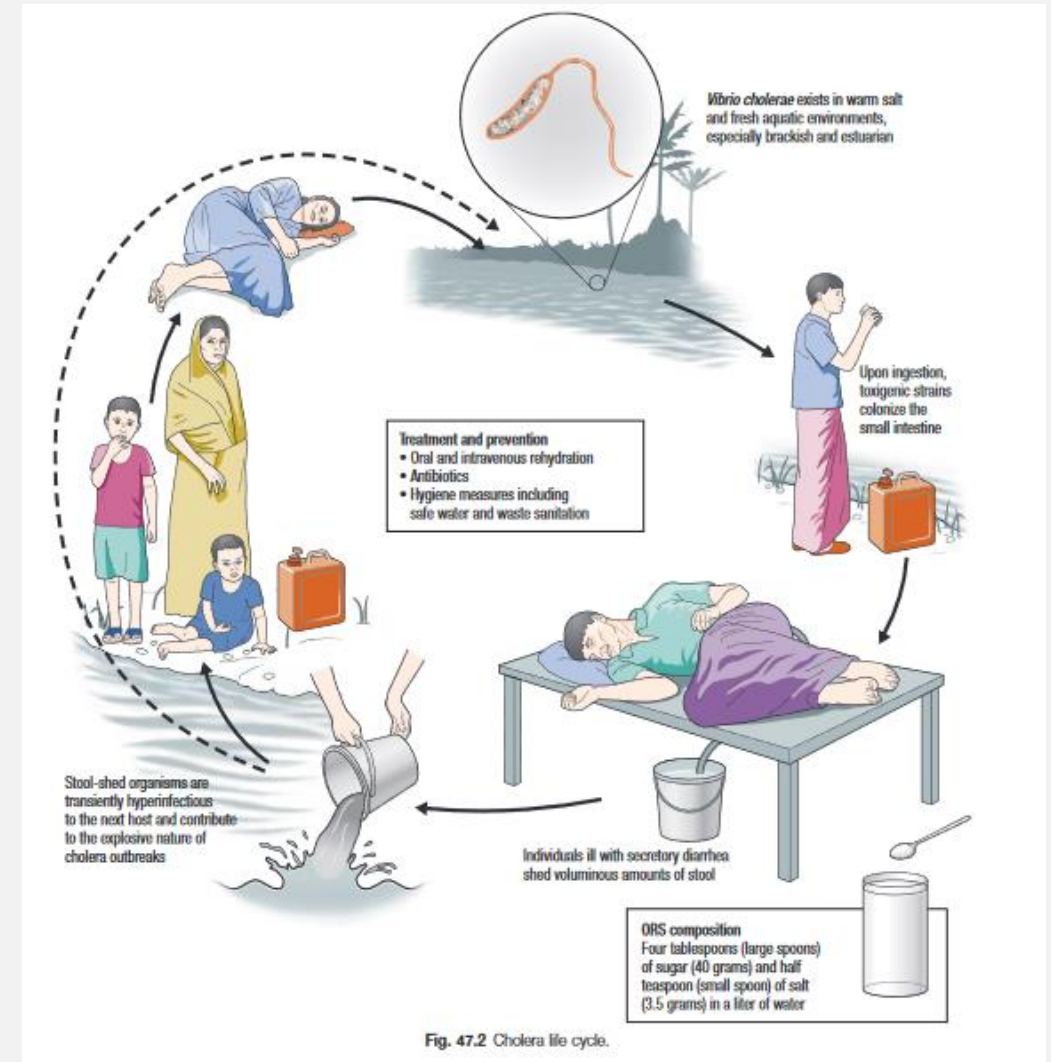


CHOLERA EPIDEMICS IN MODERN KOREA AND JAPAN :
THE BIOPOLITICS OF HATRED

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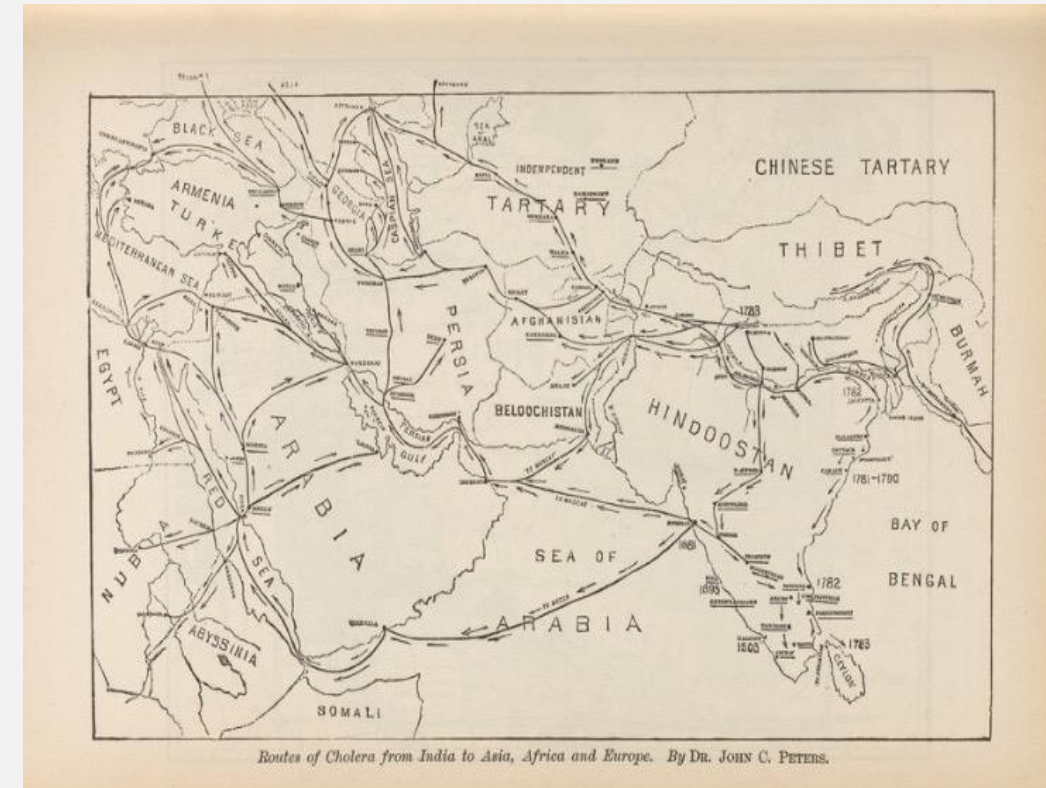
WHAT IS CHOLERA?

- Cholera is a water-borne disease and an acute diarrhoeal infection caused by eating or drinking food or water that is contaminated with the bacterium *Vibrio cholerae*. It causes the human body to quickly lose valuable fluid
- Cholera has largely been beaten in the west, but it still kills tens of thousands of people in poorer countries every year
- The World Health Organization (WHO), (2013), “There are an estimated 3–5 million cholera cases and 100,000–120,000 deaths due to cholera every year”
- The majority of these cases are located in developing nations with poor sanitation and water resources
- More than 80% of cases could be treated and cured using just oral rehydration salts (WHO, 2012)
- The lack of public health services and availability of these salts results in deaths for many children and elderly individuals because they are most impacted by the illness



CHOLERA: FROM ENDEMIC TO PANDEMIC

- Cholera became pandemic during the first era of globalisation which was produced by imperialism in the nineteenth century: movement of military, creation of a global market, abolition of slavery and the development of labour-intensive industries, etc
- In 1817, cholera spread out of its supposed 'home' in deltaic Bengal and then throughout most of India
- Between 1817 and 1824, cholera spread from India through Asia and the Middle East and into eastern parts of Africa
- The disease arrived in European Russia in 1830
- By 1831 cholera had arrived in Hamburg, and the first case in England was reported in October 1831 in Sunderland



“A treatise on Asiatic cholera”, edited and prepared by Edmund Charles Wendt, 1885, The Wellcome Images

A NOVEL DISEASE

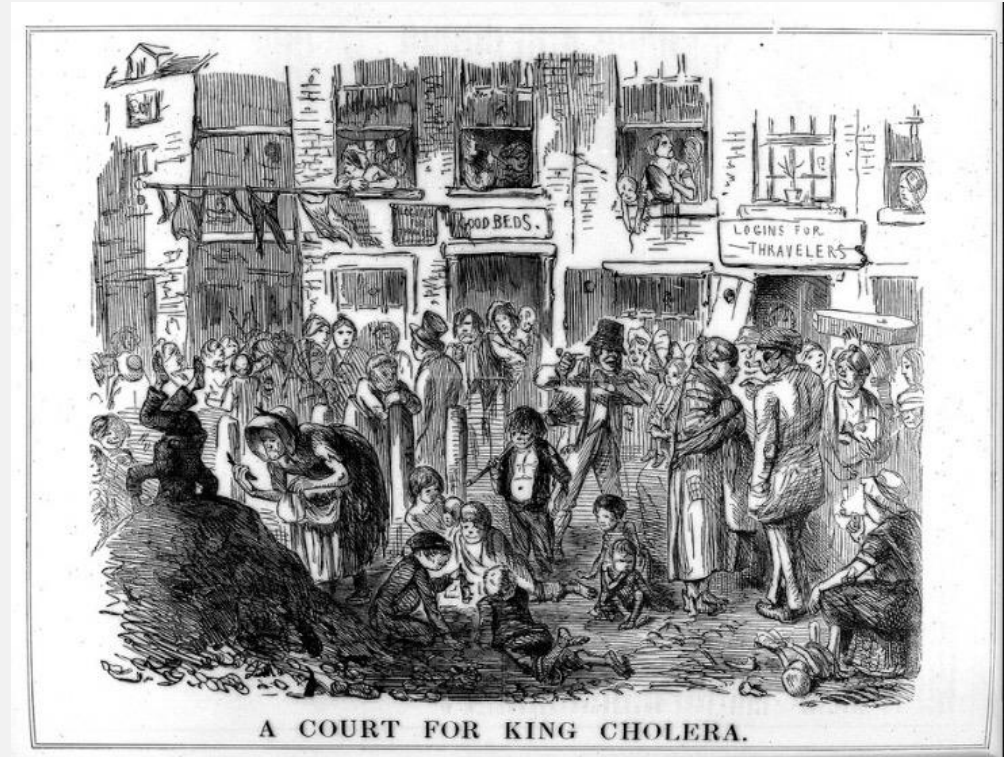
- A ‘novel disease’ cholera emerged in many parts of the world in the early nineteenth century
- “Blue death”: because the victims show a blue tint on their skin after being affected with the bacteria
- The most terrifying aspect of cholera was that it could cause death within hours after the symptoms first appeared if left untreated
- Very high mortality made people tremble, too



“A young woman of Vienna who died of cholera, depicted when healthy and four hours before death, 1831?”, The Wellcome Images

A DISEASE OF THE POOR

- In the nineteenth century, many parts of Europe had a suitable environment for cholera epidemics: overcrowding, poor water and sewage systems, contaminated food, and lack of sanitary facilities, etc
- Miasma theory: Many people in the early to mid-nineteenth century believed that cholera (and other diseases such as malaria) were caused by bad air, arising from decayed organic matter or *miasmata*.
- Believers in the miasma theory stressed eradication of disease through the preventative approach of cleansing and scouring
- Due to poor living and working conditions, many urban poor were exposed to cholera and other diseases
- Therefore, cholera came to be seen as ‘the disease of the poor’
- Most of the middle and upper classes thought that the high incidence of cholera among the poor was due to their uncivilised lifestyle or carelessness
- On the other hand, from the mid-nineteenth century in Europe, the health issues of those vulnerable to cholera and other diseases began to be discussed in the public sphere



“A Court for King Cholera”, Punch, or, the London Charivari, Henry Mayhew, 1812-1887, The Wellcome Images

EPIDEMIOLOGICAL ORIENTALISM

- “Asiatic cholera” was used by Westerners to describe a new (to them) disease that originated in Bengal, and that was particularly virulent and deadly
- The Indian origin of cholera and its almost global dissemination from Bengal made the disease a convenient symbol for much that the West feared or despised about a society so different from its own
- One of the strongest expressions of this antipathy arose from the epidemiological connection between cholera and Hindu and Islamic pilgrimages
- “Epidemiological orientalism”: Eurocentric narratives about diseases’ oriental origin
- This concept is the totality of discursive practices of how Westerners viewed, experienced, imagined, reproduced, and represented Asia and Asians
- The West viewed Asia as a breeding ground for infectious diseases and a threat to the safety of Western society
- The West viewed Asians as who “could not understand and solve their health and hygiene problems even when they were exposed to life-threatening diseases”



“The kind of 'assisted emigrant' we can not afford to admit.”, PUCK, 1883.

THE EMERGENCE OF CHOLERA IN KOREA AND JAPAN

- Korea: from China by a land route in 1821
- Japan: from Korea via Tsushima or Ryūkyū in 1822
- In 1858 in Japan: The opening of ports and the second occurrence of cholera (From Shanghai to Nagasaki by US Navy's ship *Mississippi*)
- In 1877 in Japan: Cholera was brought to Nagasaki by a British naval Ship (Aug) and spread throughout the country
- In 1879 in Japan: A bigger cholera epidemic began in Aichi prefecture and spread to the whole nation
- Following the precedent of the *Kurofune*, Japan raised *Unyōgō Jiken* (*Ganhwado Sageon*) to urge Korea to open its ports in 1876
- In 1877 in Korea: Cholera was brought to the port of Busan by a Japanese naval ship but it was not spread to the country
- In 1879 in Korea: Cholera spread to Busan from Nagasaki and then throughout the whole nation



“Disposal of the dead, under police supervision during a cholera epidemic in Japan”, Reproduction of drawing by Meisenbach after C. Fripp, The Wellcome Images

CHOLERA OF THE 'UNCIVILISED'

平素不潔を極めたる彼（朝鮮人）に伝播候上は害毒侵
 入を予防するは流行中一時彼と交通を拒絶し当居留地
 へ出入せしめざるの他良術無之と思考候得とも是又商
 法上一大難事に付固より居留人民熟議を遂さるべから
 ず

...

公便第十一号上申書に陳述之通り七月二十一日全羅道
 漁舟之船にコレラ病患者有之に付海関へ申入出港を相
 命候處其後伝承候に該船古館に到着せしに同所にては
 すでに患者之あるを知り入船を許さざるにより釜山鎮
 に着船上陸候趣に有之候左すれば此般該船より該鎮に
 病毒を伝播候儀にして我人民より伝播候理由に無之と
 思考仕候且去る十年当公館在勤住永九等属全羅道え出
 張之節も同所において吐しゃ三四時間にして死亡せし
 韓人数名有之旨了知せし証も有之事により恐らくは全
 羅道に固有之コレラ病因之存する儀と被存候此段御含
 込に上申仕候也

- The British Envoy Harry Smith Parkes concluded that cholera occurred because of the mismanagement of the cleansing of the temporary naval hospital in Nagasaki. He even insisted that a British sailor died from cholera due to the unhygienic condition of the hospital. Consistently, he emphasized the importance of cleanliness in preventing cholera rather than maritime quarantine.

(A meeting between the Minister of the Foreign Affairs Terajima and

the British Envoy Parkes, 1877.9.18)

「韓人虎列刺病二感染之景況申上ノ件」、釜山在勤
 前田管理官ヨリ寺島外務卿宛、1879.8.5

CHOLERA IN JAPAN, 1946

- At the end of WWII, about 6.9 million Japanese were scattered throughout the islands of the Pacific and on the Asian mainland
- After Japan's surrender, a mass movement between Japan and its former colonies and battlefields started
- In spring 1946, cholera was spread to Japan by repatriate ships from China and other parts of Asia after WWII
- In April, from Guangdong to Uraga
- In May, from Bangkok to Sasebo, from Shanghai to Hakata
- In June, from Gunsan and Huludao to Hakata
- In July, from Manchuria to Maizuru
- Cholera had spread across the country: cases 1,245 and deaths 560
- Brigadier-General Crawford F. Sams: "As for the American theatre surgeon of the China theatre who failed to carry out the quarantine processing agreement, I have never forgiven him for his responsibility for this episode and for so many needless deaths."



引き揚げ船内に横たわり治療を受けるコレラ患者ら（DVD「浦賀港引揚船の悲劇」から）

CHOLERA IN KOREA, 1946

- In May 1946, cholera spread to Busan via a repatriate ship from Guangdong
- An American military doctor who was taking charge of quarantine in Busan determined that the disease was not cholera
- This misjudgement delayed cholera preventive measures in the port
- The disease spread to other parts of the country rapidly
- In June, severe flooding occurred
- Many people suffered from food and housing shortages
- From that time on, the number of Korean illegal entrants to Japan increased rapidly
- Most of them were Korean repatriates who returned to Korea from Japan after Japan's defeat
- About 80% of Korean stowaways chose to go to Japan because of their severe poverty
- Among Korean stowaways, there were some cholera patients and carriers of cholera bacilli



New Zealand soldiers apprehend Korean boat people, 1946

CHOLERA AND KOREAN STOWAWAYS

- “最近に至りましては一たび帰国したる彼ら、特に朝鮮人の如きは、さらに集団的にある種の組織力を以て、再び日本に密航潜入せんとする者が、日を逐うて其の数を増加し、九州、山陰方面におきましては、其の数実に数万に及ぶと聞き及んでおるのであります。しかも彼らは日本警察力の微弱に乗じて、凶器を携へ、徒党を組み、驚くべき凶悪性を発揮して、当該住民の生活を脅かすこと実に言語に絶するものがあると聞いております。しかも尚恐るべきは是のみにとどまりませぬ、彼らの中には「コレラ」、「チフス」、「赤痢」などの保菌者が多数あって、之が内地に伝播されて、今や内地におきましては各所に夥しき罹病者を出して居る事実があります”

(椎熊三郎 (しいくまさぶろう) , 「密航取締並ニ治安維持ニ関スル緊急質問」, 第90回帝国議会 衆議院 本会議 第30号 1946年8月17日)



New Zealand soldiers apprehend Korean boat people, 1946

表2) Summary Report of Notifiable Diseases in 1945 in Japan

| Disease | Jan-Jun (Inc) | Jul | Aug | Sep | 1 Oct to 13 Oct | Total |
|---------|------------------|-------|--------|--------|--------------------|--------|
| ジフテリア | 41,263 | 2,847 | 2,539 | 2,324 | 1,904 | 50,877 |
| 赤痢 | 15,947 | 7,849 | 18,520 | 10,778 | 4,617 | 57,729 |
| 脳膜炎 | 3,363 | 126 | 45 | 72 | 18 | 3,624 |
| 猩紅熱 | 2,417 | 739 | 971 | 1,247 | 581 | 5,955 |
| 天然痘 | 1,268 | 146 | 135 | 142 | 46 | 1,737 |
| 腸チフス | 10,993 | 3,822 | 5,094 | 5,742 | 3,136 | 28,787 |
| 発疹チフス | 1,457 | 238 | 71 | 122 | 12 | 1,900 |

Summation of Non-Military Activities in Japan and Korea Number I. September-October 1945

SUMMARY

- Cholera pandemics in the nineteenth century were created by the first wave of globalisation, which was facilitated by imperialism
- Cholera pandemics, like the Covid-19 pandemic, were experienced unequally with higher rates of infection and mortality in the most disadvantaged communities and countries
- The prevalence of these novel diseases caused great fear and anxiety
- Exaggerated fear and anxiety beyond the biological risks of diseases: unnecessary conflicts and discriminations
- Accusations of blame exacerbated existing social divisions/tensions in society, whether caused by religion, race, ethnicity or class
- During the age of imperialism, Japanese, like their Western counterparts, consistently blamed their colonial subjects for a host of diseases such as cholera, typhus and smallpox rather than recognizing endemic foci within their own country or the role played by social conditions in generating epidemics
- Scapegoating deflects attention from social factors that determine the prevalence of disease and which explain why certain groups were/are more vulnerable to the disease than others