Exploitation Through Healing: Colonial Histories of Subjugation beneath Imperial Japan

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Abstract

Associations between medicine and healing are challenged through this investigation of Imperial Japan's (1895–1945) history of implementing colonial healthcare. Through the lens of Foucault's social theory term "biopower," three focused inquiries (regarding economic history, social history, and women's history) pertaining to Japan's history of governing colonies serve to reveal and clarify complex networks of imperial intentions and outcomes, the colonies' resistances and defeats, and the combined influences of Japan and its colonies over one another's historical trajectories. Economic study reveals pre-imperial Japan's biomedical, educational soft-power over China, positioning the nation for future conquests that implemented biopower. The colonies' social histories reveal that Japan not only internationally imposed its own public health institutions to execute operations of biopower, but also that it appropriated institutions from native colony culture and used them to subjugate the bodies of colonial individuals and societies. The study of biopower over female bodies reveals the core sociopolitical sentiments which motivated and perpetuated Japan's actions of forcible medical modernization throughout their half-century long imperial reign.

Introduction

Japan's fifty years of imperialist colonial reign (1895–1945) profoundly impacted both Chinese and Korean history by way of forcefully implemented medical institutions that defied and ultimately annulled aspects of the colonies' native and local cultures. The empire perceived itself as a "civilizer" of "primitives," modernizing its colonies by imposing a national culture which had been recently westernized and now employed western strategies of statecraft.[1] Biomedicine spearheaded modernization efforts, penetrating all aspects of the colonies' societies with a rhetoric that invalidated local culture's medicinal practices in favor of Japan's newly adopted modern/Western sciences. Thorough investigations of Japan's colonial medical programs have revealed that the nation's motives for colonial modernization were not about mere cultural superiority or public health-oriented humanitarianism; they were methods of subjugation and exploitation. Through modernized public health systems, as well as new biomedical practices and philosophies, Japan wielded what the social theoretician Michel Foucault called "biopower" over the peoples of its colonies, subsequently exploiting them toward ends of imperial growth. This paper analyzes some of the particulars of Japan's biopower-driven exploitations by observing the empire's colonial medical histories through three cultural lenses: economics history, social history, and women's history. Understanding the individual implications and intersections of these three colonial sub-histories reveals and clarifies complex networks of imperial intentions and outcomes, the colonies' resistances and defeats, and the combined influences of Japan and its colonies over one another's historical trajectories.

Within the context of her studies of Japanese imperialism, Jin-Kyung Park defines biopower as "the political administration of bodies and the calculated management of life, [which] was marked by the proliferation of a multitude of techniques for achieving the subjugation of bodies and the control of populations."[2] Defined in this way, biopower is central to the three sub-histories studied throughout this paper.

Before Japan began exacting its imperial ambitions, it modernized

1 John E. Van Sant, "Japanese Empire," in *Berkshire Encyclopedia of World History* vol. 3, ed. William H. McNeill, Jerry H. Bentley, and David Christian (Great Barrington: Berkshire Publishing, 2005), 1045.

2 Jin-Kyung Park, "Bodies for Empire: Biopolitics, Reproduction, and Sexual Knowledge in Late Colonial Korea," *Korean Journal of Medical History*, vol. 23, no. 2 (2014): 207.

through the Meiji Restoration (1868), a period in which the newly ascended Emperor Meiji adopted Western practices of culture and government. One of the major fixations of the restoration was medicine. Universities, especially, became points of national focus, adopting Western methodologies and using them for medical research and development.[3] Japan had long observed Western nations' colonization of and efforts to modernize various parts of Asia. Modernizing its own medical practices was a strategic political maneuver with the purpose of preserving Japanese independence and ensuring national progress.[4] Japan aimed not only to fend off Western encroachment upon itself, but upon Asia as a whole.[5] As Japan modernized, its views of neighboring nations became disparaging, seeing other Asian nations as in need of guidance and assistance in order for them to civilize toward modernity.[6] Possessing modern technology, desiring to keep the West out of Asia, and also perceiving itself as a superior nation and culture, Japan had both the motivations and the means to siege and conquer.

Japan's major efforts of colonization were situated in Korea, Taiwan (briefly known as Formosa as it transitioned from Chinese to Japanese rule), and several territories, such as Manchuria and the Liaodong Peninsula, which are parts of current-day China. This paper will adhere to the present-day names of these historical nations. Thus, Taiwan is differentiated from China, and the mainland territories which now constitute parts of China will henceforth be referred to simply as "China" unless finer historical or geographic context is necessary. Japan acquired Taiwan through the 1895 Treaty of Shimonoseki, at the conclusion of the First Sino–Japanese War; Korea, along with eastern portions of China, were ceded to Japan after the Russo–Japanese war and its resultant Portsmouth Treaty of 1905.[7] Within these colonial territories, Japan reigned until the conclusion of World War II, implementing modern medical practices with varying degrees of success, consistently using modernization as a vehicle of biopower, with which it subjugated and exploited colonial peoples. We now turn to an analysis of

3 Van Sant, "Japanese Empire," 1045.

4 Roberto Padilla II, "Western Medicine in Imperial Japan," in *Japan at War: An Encyclopedia*, ed. Louis G. Perez (Santa Barbara: ABC-Cilo, 2013), 468.

5 Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley: University of California Press, 2004), 138.

6 Rustin Gates, "The Dōjinkai and the Promotion of Japanese Modernity in China, 1902-1937," *Studies on Asia Series V*, vol. 1, no. 1 (2016): 72.

7 Van Sant, "Japanese Empire," 1046–47.

those efforts along three different lines of inquiry: economic, social, and women's history.

Economic History

It is important to note that Japan's influence was not always militant or direct; rather than harshly enforced modernization, Japan had in the pre-imperial period influenced by way of soft power. This poised the nation for success in its later efforts of international expansion. Pre-colonial instances of international scholastic exchange of medical studies provided mutual economic benefits to Japan and China. In a joint analysis of Japanese and Chinese modernization, Hu Cheng remarks upon Japan's frequent presence in Chinese public medical literature. For example, Shanghai newspapers frequently featured advertisements for Japanese works in Chinese translation, "popularizing medical knowledge translated by students who studied abroad in Japan."[8] These translated works' common presence indicates the sustained international profitability of Japanese medical scholarship, as well as the publicly exhibited influence which Japan held over China. Japan's student translators were a central pillar of the intercultural foundations which Japan eventually exploited during its imperial era.

Japanese medical presence was not only apparent as a product displayed in literature, but also as a body of medical knowledge that permeated China. Cheng writes about a substantial occupancy of western-trained doctors in China. Their presence was the result of Chinese students studying medicine in Japan, then returning to their homeland with knowledge of westernized practices.[9] Japanese-educated Chinese scholars provided a base population of preemptively modernized/westernized academics and medical practitioners, softening what would have been harsher cultural upheavals during Japan's eventual conquering of several Chinese regions. Influential Chinese figures such as Zhang Zhidong, a public official of the Qing dynasty, encouraged students to study in Japan—rather than seeking Western schooling—for geographic convenience, economic practicality, and cultural closeness.[10] Mutually evading Western influence, Japan and China were in many ways

8 Hu Cheng, "The Modernization of Japanese and Chinese Medicine (1914–1931)," *Chinese Studies in History*, vol. 47, no. 4 (2014): 84.

9 Ibid., 80.

10 Ibid.

symbiotic in their modernizations. Japan, however, would eventually utilize that relationship as an advantage during international expansion, rushing the cultural breach which soft-power exchange had created in Chinese society.

Japan's soft-power influences in China were much due to happenstance, as historical figures like Zhang demonstrate. The Japanese Empire's immense biopower, in large part, may also have been, or at least had begun as, unintentional. Imperial medical-economic influences are visible in Taiwan through records such as average height among the common population. In a paper that debates societal progress made in colonial Taiwan, Stephen Morgan and Shiyung Liu highlight an arc of common quality of life across the island's colonial timeline: a consistent rise in citizens' average heights during the early 1900s revealed a temporary period of progression in local health, but by the 1930s such positive development began to stagnate.[11] The reason for these fluctuating colonial conditions is Japan's hierarchy of concern, a top-down philosophy of government resource delegation. Japanese "colonial officials, troops, and developers" were prioritized over "indigenous laborers or immigrants."[12] This philosophy of resource delegation establishes what is possibly the largest factor of colonial exploitation: imperial disregard for the basic well-being or humanity of colonial subjects. Japan's hierarchy of concern was the foremost force influencing Taiwanese life—"wages and consumption were kept low to repatriate profits to Japan."[13] Though the subjugation of colonies was a widely intentional endeavor for Japan, the empire's principal source of biopower—the fuel of their exploitation—was their disregard, their authority and ability to ignore colonial welfare, such as in Taiwan, by siphoning resources.

The advent of such disregard is when Foucault's biopower actualizes—Japan's power over the bodies of colonial populations weakened them through neglect, making their subjugation all the simpler, igniting a cycle of exploitation motivated by imperial politicking. Japan viewed their colonial subjects primarily as a human infrastructure for the empire, a source of labor and capital—a population not to be considered or cared for beyond their use. When convenient or advantageous, Japan allowed Taiwanese progress

11 Stephen L. Morgan and Shiyung Liu, "Was Japanese Colonialism Good for the Welfare of Taiwanese? Stature and the Standard of Living." *China Quarterly*, no. 192 (2007): 1009.

12 Shiyung Liu, "The Ripples of Rivalry: The Spread of Modern Medicine from Japan to its Colonies," *East Asian Science, Technology and Society: An International Journal*, vol. 2, no. 1 (2008): 63.

13 Morgan and Liu, "Was Japanese Colonialism Good for the Welfare of Taiwanese," 995.

in public health: "However repugnant the economic, political and social discrimination inherent in colonialism: they [the Taiwanese] were taller, healthier and lived longer lives."[14] But that repugnant and discriminatory power relationship was fragile; the more industrial 1930s saw less concern for the native Taiwanese population, and historically documented signifiers of public health, such as height and lifespan, diminished or stalled.[15]

Social History

While, at the broadest level, Japan's public health driven interactions with its colonies were motivated by resource managing political operations, the specific means of Japan's subjugative practices were social, as was their capability to exploit. Social power, for Japan, converted directly into biopower. With an uncivilized, infrastructural, and inhuman visage of colonial populations, the Japanese Empire, as an enormous international authority, seldom had reason to consider its colonies' populations as made up of individuals worth providing or caring for. That separation—whether conscious or unconscious, individual or institutional—is the social core philosophy which enabled Japan to so vigorously exploit its colonies by regulating their cultures and ideas.

For the success of such regulations, Japan camouflaged itself and its biopower from colonial populations by appropriating their indigenous social systems and manipulating them. The relationships between colonizer and colonial subject are often disguised; a colonizer's colonial interactions being totally public would make the colonizer an easy target—an obvious power that is responsible for the ills of a colony. One example of this larger reality is Japan's takeover of the Taiwanese's *Hokō* system (known as *baojia* under Taiwan's previous Chinese rulership). The *Hokō* system implemented social responsibilities through a hierarchy of communities, scaling from individual households up to regional populations.[16] *Prescribing Colonization* describes this imperial-colonial institution as a main link in the connection between traditional Taiwanese culture and Japan's newly established imperial institutions. *Hokō* was designed to provide population

14 Ibid., 1016.

15 Ibid.

16 Michael Shiyung Liu, *Prescribing Colonization: the Role of Medical Practices and Policies in Japan-Ruled Taiwan*, 1895-1945 (Ann Arbor: Association for Asian Studies, 2009), 58.

oversight through reports and checkups.[17] By adopting it and incorporating its own imperial police force into it, Japan was able to inherit a social infrastructure that could be used not only to administer Taiwan, but also to surveil and dominate it.

The police forces instituted by the Japanese Empire, in efforts to modernize the colonial territories, policed not only crime but sanitation as well. In China, there was police enforcement of sanitary expectations in public settings and in private ones, ranging from outdoor garbage disposals to home tidiness.[18] These policemen, as an upper portion of the *Hokō* chain of command, employed Taiwanese locals to modernize the populous' healthcare. Native *Hokō* representatives were used as instruments of coercion, convincing their fellow natives to be vaccinated.[19] Japan not only adopted *Hokō*, but infiltrated it, denying medical agency to the populace by planting imperial agents. Further diminishing local medical agency, the police were mandated to arrest those who "claimed to cure diseases with magical powers," persecuting native systems of belief as criminal, framing modern/Western medicine as the morally sound alternative.[20]

In China, there was the *Dōjinkai*, an organization employing different methodologies for similar culturally infiltrative means of colonial modernization. The Japanese phrase *Dōjinkai* itself is an item of propaganda—it means "The Association for Universal Benevolence"[21]—appealing to moral, belief-based sentiments to advertise modernization as non-Western. This deliberately termed organization bypassed the foreignness which made it difficult for Western imperial forces to occupy and modernize Asia. Whereas Western colonizers often associated medicine with religion, the *Dōjinkai* was secular, providing China with opportunities for medical modernization with far less of a focus on shifting Chinese culture from its inherited traditions.[22]

Similar to the dilemmas of *Hokō* and *Dōjinkai*, Korea was also subject to cultural infiltration and social manipulation. Representatives of native ethnicity often accompanied imperial authorities as a method of diffusing

17 Ibid., 81.

18 Rogaski, *Hygienic Modernity*, 189–90.

19 Liu, *Prescribing Colonization*, 67.

20 Rogaski, *Hygienic Modernity*, 190.

21 Gates, "The Dōjinkai and the Promotion of Japanese Modernity in China, 1902-1937," 73.

22 Ibid.

conflicts of foreignness. The Japan-instated residency general of Korea partnered locals with Japanese military doctors in order to provide some familiarity to patients who were unwilling to cooperate with Japanese doctors in isolation. It is worth noting that this was only done "where and when available." Otherwise, Japanese military doctors acted more forcefully.[23] Koreans believed Japanese medical practices to be "poisonous."[24] However, when those practices were peddled or at least accompanied by somebody less foreign, they were more readily adopted. Through this example, and those before, the ethnic and cultural systems of subjugation which Japan adopted, altered, and/or constructed, are made clear as methods of translating social power into biopower. Appeals to local, native cultures were a constant in Japan's colonial designs, but so too was Japan's ruthless disapprovals of those cultures, alongside efforts to overwrite or erase them.

Women's History

Japan and Korea viewed one another as vehicles for literal and cultural poison. As Koreans rejected Japan's modernized medical practices, popular Japanese soldiers' literature warned against sex with "poisonous" women, noting specifically that all Korean (and also Chinese) prostitutes were "poisonous."[25] Examples of such attitudes and policies toward women serve as points of utmost specificity within this enormously complex network of international oppression and native disenfranchisement.

Simultaneously as Japan categorized non-Japanese prostitutes as poisonous, military figureheads such as Mori Rintaro asserted that sex was a fundamental need for their soldiers (ultimately framing women in general as a resource), crediting abstinence as "the source of all sexual dysfunctions."[26] The result of these combined imperial sentiments was a paradoxical dualism: soldiers were expected to have frequent sex for the betterment of their health, but the colonial women surrounding soldiers stationed overseas were defined by their being poisonous. Idealistically,

23 Todd A. Henry, "Sanitizing Empire: Japanese Articulations of Korean Otherness and the Construction of Early Colonial Seoul, 1905–1919," *Journal of Asian Studies*, vol. 64, no. 3 (2005): 655.

24 Ibid.

25 Jin-Kyung Park, "Picturing Empire and Illness: Biomedicine, Venereal Disease and the Modern Girl in Korea under Japanese Colonial Rule," *Cultural Studies*, vol. 28, no. 1 (2014): 116.

26 Ibid.

it could have been expected that imperial soldiers would enter wholly consensual, non-monetarily motivated sexual relationships with colonial women; but realistically, only prostitutes would have been able to provide sex on such a scale to an influx of soldiers which imbalanced local male to female populations. The Japanese concern for soldiers' sexual health was somewhat remedied by Japanese sex workers' migration to and settlement within the colonies. This situation, however, was of no benefit to Korean women, especially Korean prostitutes, who were subject to conjoined anti-women and anti-Korean rhetorics as a result of demeaning "medical" inquisitions. In 1906—less than a week after the residency general of Korea was established—139 Korean women (mostly prostitutes) were called for compulsory vaginal examinations at a police station in Seoul. In her historical conveyance of this event, Park notes that the examinations were conducted in the police station's garden with little effort for privacy, as well as that these examinations' full exposure of the women's bodies was observed by a "considerable crowd."[27] By 1910, legislation combating contagious diseases made invasive, essentially public, examinations such as this commonplace.[28] These events exemplify biopower in its most direct sense—Japan's culturally domineering and personally forceful actions publicized individual's intimacies in a display of imperial supremacy.

1908 saw the annulling of an official ban on Korean prostitution, and the creation of the Prostitute Control Ordinance and Courtesan Control Ordinance. The Ordinances would sexually examine barmaids and Korean geisha "despite the fact that these women did not live primarily by selling sex."[29] The implementation of these programs would provide data through the regulated medical surveillance of Korean women. As discussed earlier in this paper, distinct social separations were both a cause and a methodology for biopower-driven subjugation. Park frames this phenomenon as the "gaze" of the Japanese Empire working to construct specific, separate identities for itself a colonizer and for the territories as colonized.[30] By labeling colonized women as poisonous while also (publicly) establishing legal and medical precedent that perpetuated that label, the empire founded an institutional idea that Korean women were an issue that needed solving. These women

27 Ibid., 117.
28 Ibid., 118.
29 Ibid.
30 Ibid., 111.

were Othered not only for their sex or their alien nationality, but for being an impairment of the empire that was forcefully targeted for repair. Once again, the biopower-driven empire-colony relationship appears cyclical in nature. Imperial Japan's constructed visage of Korean women resulted in institutions which enforced that constructedness by legitimizing it, defocusing the Japanese gaze away from the broad humanity of its colonial subjects. Instead, the empire favored narrow definitions that allowed for distant governmental control.

The most apparent goal of subjugating women was the exploitation of their procreation and population rearing with aims of erasing colonial culture in favor of imperial nationalism. This is made clear by the era's propagandic posters. Though they targeted Korean women with messages about raising strong children for expanse of the empire, the idyllic, motherly woman depicted on the posters wore a Japanese kimono.[31] Korean women were presented with an imperial duty to procreate while simultaneously facing an example that was not only impossible to attain, but also degrading, telling them that they inherently lacked the womanly goodness of their superior Japanese counterparts.

There is little subtlety in the empire's express demand that Korean women function as devices of birth, biological factories to quicken imperial expansion. With this kind of propaganda, Japan presupposed that its biopower was generational, that its ownership of women's bodies extended to ownership of their children. These children were destined to mature either into an infrastructure which supported the empire, or into soldiers who would use force to broaden Japan's territories. And alongside every militant act of invasion, those soldiers would be entitled by the empire to express their individual male biopower over women, as the satiation of their "ferocious male desire" was documented as a crucial point of individual male wellbeing.[32]

Conclusion

The significance of Japanese imperial medical history is timeless; it is in many ways a disturbing example of the importance and capabilities of national power and perception—regarding both how a population's

31 Ibid., 123–24.

32 Ibid., 116.

perception of power can be manipulated through its governance, and how a governing force's perception of its subjects dictates power's implementation. Perhaps the most critical aspect of this history is humanity's capability to use systems and institutions of public benefit, such as the medicinal, to provoke cycles of mass suppression, destruction, and suffering. Whether through economics, social history, or women's history, the subjects scrutinized throughout this paper present some of the specific mechanisms through which such domination has been orchestrated. The wide economic effects of Japan on nearby nations resulted in those nations being conquered. The intermingling of cultures between Japan and its neighbors weaponized social systems rather than used them as mediums for diplomatic exchange. Individual demographics, such as women, were confronted with much suffering as they were broadly labeled for their functions of biopower rather than recognized for their humanity. However, as a method for implementing biopower in order to subjugate and exploit, medicine is a singular example within a history of countless alternatives. Only through the continual and rigorous study of histories such as these can we now strive to avoid their repetition and instead provoke the better out of our neighbors, rather than seizing them for their worth.

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