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UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

PROGRAMME COMMITTEE

Report on Special Mission to Korea by Dr. Marcel Junod

Chief of UNICEF Mission, China

Thursday 19 August 1948

Departed Shanghai by air 4.30 a.m. arriving Seoul 9:00 a.m.

Received at Airfield by Mr. M. W. Scherbacher of Civil Affairs,
USAFIK

1.1 pm Received by General Hodge, General Commanding U.S. Forces, Korea,
who immediately put Dr. Junod in touch with representatives of the
Department of Civil Affairs of USAFIK, Lt. Col. S. J. Price,
Mr. Jack Snow, and Mr. Marc W. Scherbacher.

1.30 pm Meeting with Korean officials, representatives of Voluntary Agencies,
and Representatives of USAFIK Civil Affairs. (See list attached).

Friday 20 August 1948

Meeting of a Working Committee concerning ICEF operations in Korea,
with Dr. Y. S. Lee, Dr. Song, Miss Lee, Lt. Col. Price, Mr. J. Snow
and Mr. M. Scherbacher.

During this meeting Dr. Junod requested members of the Working
Committee to prepare for him all information concerning Public
Health and Welfare in regard to the children, pregnant women and
nursing mothers in Korea.

1.00 pm Visiting the President, Dr. Syngman Rhee. Dr. Rhee is very
interested in possible ICEF operations in his country. He stated
that his Government will do everything possible to support UNICEF
activities. Dr. Rhee also expressed his deep regret that UNRRA did
not have any relief operations in Korea, and welcomed the first
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1.15 pm Received by General Hodge, General Commanding U.S. Forces, Korea, who immediately put Dr. Junod in touch with representatives of the Department of Civil Affairs of USAFIK, Lt. Col. S. J. Price, Mr. Jack Snow, and Mr. Marc W. Scherbacher.

2.30 pm Meeting with Korean officials, representatives of Voluntary Agencies, and Representatives of USAFIK Civil Affairs. (See list attached).

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During this meeting Dr. Junod requested members of the Working Committee to prepare for him all information concerning Public Health and Welfare in regard to the children, pregnant women and nursing mothers in Korea.

4.00 pm Visiting the President, Dr. Syngman Rhee. Dr. Rhee is very interested in possible ICEF operations in his country. He states that his Government will do everything possible to support ICEF activities. Dr. Rhee also expressed his deep regret that UNRRA did not have any relief operations in Korea, and welcomed the first Representative of the United Nations International Children's Emergency Fund to come to his country.

Dr. Junod drew the attention of the President to the basic principles of ICEF policy -

- (a) Governmental matching;
- (b) Distribution of supplies without discrimination because of race, creed, nationality, status, or political belief;
- (c) The obligation of the recipient Government to pay the local costs of the relief operations and to provide billeting and subsistence for Representatives of ICEF.

Dr. Junod gave Dr. Rhee a copy of the Agreement signed between the Government of the Republic of China and UNICEF.

to be used as a model for any agreement to be signed between the Government of Korea and ICEF.

Saturday, 20 August 1948

Visit to a refugee camp located in a former Japanese Temple. Housing conditions are extremely bad, especially in the caves under the Temple, where families with up to five children are occupying a space of approximately 50 sq. feet. Some families are living in former air raid shelters, dug into the rock, without ventilation from any source except the entrance. These people are very short of clothes, and have to secure their own food; they do not receive any subsidies from the Government.

The same morning another visit was made to a refugee camp in the suburbs of Seoul. This camp gives shelter to 500 families. Housing is in the form of American Army pyramidal tents, some of which have been fortified with bricks or bamboo. The question of the water supply is very difficult, there being only one tap for 100 families. No subsidies are granted by the Government to these people. Some of the men have found work in factories; others who are jobless are obliged to sell their own belongings in order to live. Sanitary conditions are rather good.

Afternoon Visit to an Orphanage run by the City of Seoul, in which boys and girls who have lost their parents and are found abandoned in the streets by the police are placed for a certain time. Later they are sent to other orphanages, where they can receive some education and professional training. The work done in these orphanages is excellent, and they are very well organized.

Dr. Junod saw some groups of children arriving in the Camp at the time of his visit. These children looked very bad, undernourished, many of the showing signs of suffering from beri-beri (legs swollen, cracks at the corner of the mouth).

Sunday, 22 August 1948

~~Trip by jeep with Mr. Snow and Mr. Scherbacher to 28th Parallel, at the City of Kaosong, 60 miles from Seoul. Received by Colonel Fairchild in command of the area.~~

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Visited a refugee camp at the border. The camp is organized on the same lines as those visited in Seoul, and composed of American Army tents. The Doctor in charge of Medical Services proceeded with the vaccination of all refugees against smallpox, cholera, typhoid and typhus. The Government is furnishing supplies such as rice, salt, flour, and the American Army is supplying tinned meats, fruit, and other food-stuffs.

These camps are capable of sheltering 1500 to 2000 people. At the present time there are about 500 persons in the camp. Each day refugees arrive from the North. Some are in rather good condition, having passed without difficulty; others, escaped from prison in the North, are in very bad shape. As soon as possible, the refugees are sent down to the South and distributed to the various Provinces.

/Colonel

Colonel Fairchild checks everything personally and is doing very good work in the camp.

Monday, 23 August 1948

- Morning. Received various personalities in the Hotel, mainly representatives of voluntary agencies or churches.
- Afternoon. Meeting with the newly appointed Minister for Social Affairs, Mr. C.H. Chen, and members of his Ministry. The principles of ICEF were discussed very thoroughly. As soon as the Minister of Social Affairs has set up a proposed Program and an ICEF plan of operations in Korea, he will forward it to New York. This Program will be worked out in the coming weeks. The Minister clearly emphasized that they will not be able to do anything before a certain time, since the Government, the Ministries and the Administration are newly formed and are not yet ready to operate.

Tuesday, 24 August 1948

- Morning. Received by the Minister for Foreign Affairs, Mr. T.S. Chang. Dr. Junod had a long discussion with the Minister, and explained again the basic principles of ICEF policy. The Minister is very enthusiastic at the idea of having ICEF assistance in Korea, and assured Dr. Junod that his Government would do everything possible with regard to matching, payment for the cost of operation, etc. He recommends very strongly an ICEF operation in the form of a child welfare demonstration centre for the training of social workers, nurses and child welfare specialists.
- 5.15 pm Left Seoul.
- 9.15 pm Arrived Shanghai.

Dr. M. Junod.

August 20th Meeting at NEB regarding International Children's Fund

Health (National)

Dr. Y. S. Lee, Director Dept. Public Health & Welfare
Lt. Col. S. J. Price, Adviser to DPH & W
Capt. Myra Herren, Adviser on Nursing Affairs
Mrs. Hong Ok Soon, Chief Nursing Section, DPH & W
(2 other representatives of nurses)
Dr. Song, Chief Preventive Medicine Section
(in charge of maternal and child health)
Mrs. H. H. Underwood, Missionary working on milk stations in Seoul

Welfare (National)

Dr. Song Chan Do, Chief Relief Bureau
Mr. J. Snow, Adviser, Relief Bureau
Mrs. W. S. Lee, Social Work Consultant DPH & W
Mr. Oh Chai Kyong, Chief Welfare Institutions & Agencies Section
Mr. Song Byong Yong, Supervisor Inst. & Agencies
Mr. M.W. Scherbacher, Adviser, Bureau Wel. Inst & Agencies
Mrs. Alice Anderson, Child Welfare Consultant
Mr. John Underwood, Licensed Agencies for Relief in America
Miss Esther Park, YWCA
Dr. Lee, who examined children for YWCA feeding project
Miss Lillian Baird, Child Welfare Consultant.

Welfare (City of Seoul)

Miss Mary Saeltzer, Adviser Welfare
Mr. Kim, Section Chief, Seoul City

Education

Mr. L. L. Heffron, Adviser, Home Economics
Dr. M. S. Kim, Education Dept. Representative
Dr. Olive Whilden, Adviser in Special Education
Mr. Chu, Section Chief, Special Education

National Economic Board

Dr. M. Peck, Adviser for Agriculture, NEB
Mr. D. G. Deihl, Statistician, Wage Stabilization
Mr. A. Jamin, Adviser in Statistics, Dept. of Census

National Food Administration

Mr. Carroll Hill, Adviser NFA
Mr. Lee, NFA

Mr. L. Fontaine, Office of Controlled Commodities

SPECIAL MISSION TO KOREA OF DR. MARCEL JUNOD, CHIEF OF UNICEF MISSION, CHINA,

19 to 24 AUGUST 1948

I. INTRODUCTION

On Sunday, 15 August 1948, Korea proclaimed its Independence. A new Government has been set up and took control after forty years of Japanese occupation and three years of American Military Occupation.

I arrived in Korea four days after the proclamation of Independence, when the administration of the country had just passed from the American General in Command to the new Government.

I received a hearty welcome from the U.S. Army Command and from the New Government. I tried to collect all the information required in "General Terms of Reference for Dr. T. Parman," for an eventual ICEF operation in Korea. The data, records and statistics given in this report were given to me by the Advisers on Civil Affairs of the former U.S. Army Military Government, by various Korean officials, and by the representatives of Voluntary Agencies.

I had the opportunity of going through the report on History for the period September 1945 to May 1947, and the period June 1947 to 13 June 1948, written by the American Advisers on medical services and welfare. Large portions of these reports are quoted in mine. I think that these American documents would be of great value to UNICEF and WHO, and I have suggested that Lt. Col. S.J. Price should send copies of these documents to Lake Success.

The remarkable work done by the Department of Civil Affairs of USAFIK (United States Armed Forces in Korea) can serve as the basis for any United Nations organizations which will have to work in Korea at a later date.

I was not able to go to North Korea and did not endeavour to do so, since the instruction received from the UNICEF Headquarters was to await an invitation, and such an invitation has not yet been received. This Report is therefore solely concerned with South Korea.

KOREAN GOVERNMENT

~~The President of the new Government is Dr. Syngman Rhee, who warmly welcomed me as the first representative of ICEF to visit his country. My visit to the President was more in the nature of a courtesy call than a real discussion on an eventual ICEF operation in Korea. However, I submitted to the President a copy of the Agreement signed between the Government of the Republic of China and UNICEF as a model for any~~

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The Minister for Foreign Affairs is Mr. T.S. Chang, who expressed the same views as the President, and added that his Government would be pleased to assist ICEF Representatives in their task, and would be ready to carry out the requirements of the basic principles of ICEF. However, he did not conceal the fact that it was much too

/ early

early for his Government to take any decision regarding an ICEF Program in Korea at the present time. His general opinion is that a Child Welfare Demonstration Center for the training of social workers would be the best form which an ICEF Program could take, as there is a complete lack of such personnel in Korea. He would welcome the early arrival in Korea of a permanent Representative of ICEF who could work out, with the Government, such a Program. The Minister for Social Affairs is Mr. C. H. Chen. He attended a meeting with his staff of Advisers and the American Civil Affairs Adviser on Monday, 23 August, held in his own Department. He stated that his Ministry will have the direction of four Bureaus: Health, Welfare, Labor, Women. He also said that it was too early for him to give his opinion on what would be the best plan for an ICEF Program in Korea. I gave him all information concerning ICEF policy and promised to send him all relevant documentation.

III. KOREA -- GENERAL SITUATION

The total population of Korea is about 30 million. Korea has not suffered from the direct effects of war, such as bombardments, destruction of cities, lines of communication, bridges, or any losses of human life. However, as an indirect result of the war, and the artificial division of the country at the 38th Parallel, some problems are still unsolved.

(a) Refugees

1,773,000 refugees have come from Japan to South Korea. 475,515 have come from Manchuria. 176,258 have come from China or other parts of the Far East, 2,500,000 (?) have come from North China. These figures are not absolutely reliable and the statistics indicated by the American Civil Affairs Department are considerably lower. According to their data, the total number of refugees in South Korea is 3 to 4 million maximum. However, this number is very high in proportion to the population in South Korea, which is about 20 million.

The main difficulty is to find shelters for these people. As soon as the refugees have crossed the border they are sent to the various Provinces. The Central Government gives some subsidies to the Provinces to help them in the receiving of these refugees. In 1947 the Central Government gave 390 million yen, in addition to 100 million yen exclusively for a housing program and food procurement.

In the new houses built by the Government or the Provinces, each family is entitled to live in a space 80 feet square, plus one small kitchen.

No special program exists for the children in the refugee camps.

(b) Industrial Problems

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(b) Industrial Problems

The electric power production is located in the North, and the factories in the South. No arrangement has as yet been made for South Korea to get the power necessary for the running of the factories.

(c) Chemical Fertilizer

The fertilizer factories are all located in the North, and the largest areas under agricultural cultivation are located in the South.

/ (d)

(d) Forestation

The forests are located in the North, and wood is badly needed in the South, where forests are very rare, for the construction of new housing, especially for the refugees.

IV. POPULATION

Korean population data for the period of Japanese occupancy generally are recognized as not having a high degree of accuracy. The annual reports of the government consistently reported the natural increase at less than the total growth, even though it was recognized that the number of Koreans emigrating nearly always exceeded the number of people immigrating to Korea.

In the city of Seoul reports for 1947 indicate there were 48,948 births and 15,126 deaths, of which 4,087 were reported among children less than one year of age. In the whole of South Korea, which had over 16 times the population of Seoul, the corresponding figures are 438,032; 178,506 and 21,402. The extent of under-reporting outside Seoul is indicated -- though perhaps not too accurately -- if the data of Seoul are multiplied by 16.12, as follows:

	Data reported for Seoul (1)	Column (1) X 16.12 (2)	Data reported for South Korea (3)	Indicated under-reporting for South Korea (Col.2 minus Col.3)
Births	48,948	789,042	438,032	351,010
Deaths	15,126	243,831	178,506	65,325
Deaths under one year	4,087	65,832	21,402	44,480

If the city of Seoul were fully representative of all South Korea, and if the births and deaths were completely reported in Seoul, the figures in column 2 might be used as representative of all South Korea. This, of course, is not the situation for several reasons. Since 1940 the increase in population has been 60 per cent for Seoul compared with 3 4 per cent for the whole of South Korea. Korean families usually register births in the gun office of the family's domicile. A large proportion of the immigrant families from other parts of South Korea still regard the place from which they came as their domicile. Thus, some estimate is needed of the births in Seoul that are recorded elsewhere. The table above clearly indicates that a great many births not recorded in Seoul probably are not recorded anywhere.

~~The 60 per cent increase in the city of Seoul population may be roughly divided into 15 per cent natural increase, 25 per cent immigrants from outside South Korea and 20 per cent immigrants from~~

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The 60 per cent increase in the city of Seoul population may be roughly divided into 15 per cent natural increase, 25 per cent immigrants from outside South Korea and 20 per cent immigrants from other parts of South Korea. 1/ These 20 per cent would usually continue to regard their ancestral domicile as their "home". If the birth rate of these 20 per cent was the same as for the rest of Seoul, they would have about 6,000 births not reported in Seoul. Adding these births to those reported would bring the total to approximately 55,000 in Seoul and about 887,000 in South Korea. This latter figure would represent a birth rate of 44.35 per thousand, roughly comparable to the reported birth rate in several Central American countries. 2/

1/ and 2/ : See footnotes next page.

Statistics on deaths for the city of Seoul probably are more complete than on births, owing to the necessity of obtaining a funeral permit and a death certificate for burial. None the less, a considerable number of deaths among infants and some others are not recorded. In the absence of any other information, an allowance of 5 per cent, or 750 unreported deaths, would seem to be conservative. Adding this amount would raise the total deaths in Seoul to about 15,000 and for all South Korea to about 260,000 persons.

The difference between the derived totals for births and deaths in South Korea indicated natural increase of 3.1 per cent, or 627,000 per year.

Estimated Population by Age Groups,
South Korea, Sept. 1948

Total population	120,400,000
Children under 18 years	9,550,000
0 - 4 years	3,350,000
Under 1 yr.	890,000
1 - 4 yrs.	2,440,000
5 - 9 yrs.	2,440,000
10 - 14 yrs.	2,360,000
15 - 17 yrs.	1,400,000

Estimated Birth and Death Rates per Thousand People,
by Selected Age Groups, South Korea, 1947

Births	44.3
Deaths	
Under 1 yr.	37.9
1 - 4 yrs.	21.8
5 - 9 yrs.	6.4
10 - 14 yrs.	2.5
15 - 17 yrs.	3.0

~~Maternal deaths per 1,000 live births, 30.4~~

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15 - 17 yrs.	3.0

Maternal deaths per 1,000 live births, 30.4

1/ The 15 per cent natural increase is roughly the increase at the rate of 1.7 per cent per year agreed upon by the Committee on Population Statistics.

2/ Monthly Bulletin of Statistics, National Office of the United Nations, Sept. 1947, pp. 9 - 11.

DEATHS REPORTED BY AGE GROUPS
South Korea, 1947

<u>Age Groups</u>	<u>Number</u>	<u>Percentage</u>
<u>Total</u>	<u>173,506</u>	<u>100.00</u>
<u>Less than 1</u>	<u>21,402</u>	<u>12.00</u>
0 - 4	57,926	32.4
5 - 9	10,635	6.0
10 - 14	4,102	2.3
15 - 19	4,861	2.7
20 - 24	6,208	3.5
25 - 29	5,797	3.2
30 - 34	5,839	3.3
35 - 39	6,540	3.7
40 - 44	6,633	3.7
45 - 49	7,496	4.2
50 - 54	8,111	4.5
55 - 59	9,773	5.5
60 - 64	9,458	5.3
65 - 69	10,677	6.0
70 - 74	8,650	4.8
75 - 79	8,207	4.6
80 - 84	4,215	2.4
85 - 89	1,949	1.1
90 - 94	640	0.4
95 - 99	234	0.1
Above 100	76	-
Unknown	479	0.3

The above figures are based on the 1947 annual report of the United Nations Children's Fund (UNICEF) and are subject to change in the absence of more complete information. An allowance of 1 per cent, or 1,735 deaths, is added to the total to cover the possibility of unreported deaths.

V. HEALTHA. Diseases(1) Tuberculosis

TB is the most widespread of all diseases in Korea. The total number of population affected by TB is estimated at 300,000. About 45,000 deaths can be yearly attributed to TB. Only three TB sanatoria exist in Korea - two containing 50 beds each, and one at Masan in Kyong Sang Nambo Province, which cares for 200 patients. The spread of TB is due to lack of shelters, density of inhabitants in the living quarters, lack of control, lack of X-ray apparatuses. (Regarding these apparatuses, the Korean hospitals have only Japanese X-ray machines and are unable to purchase spare parts from Japan, such as tubes, etc.).

The BCG does not exist at all. One Korean doctor is at present working at the National Chemical Laboratory on experimental studies on animals using a TB strain of Japanese origin (Tenkan and Dakeo).

1743 (2) Venereal Diseases

The VD Control Section of the U.S. Army made a survey on the incidence of VD among entertaining girls, i.e., Kisang girls, dancers, bar girls and waitresses. 14,889 girls were examined (physical and serological examination). 66.12 were infected with VD (35.2% affected with gonorrhoea; 30.8% affected with syphilis, and 0.12% affected with other types of VD). The morbidity rate of these girls was rather high due to the earlier lack of any responsible agency for control.

Some Korean statistics estimate the rate of VD among the population at 4% affected with gonorrhoea and 2% affected with syphilis. These figures are probably exaggerated and no real control of the population has been made up-to-date.

(3) Leprosy

Leprosy is still very active in Korea. The total number of lepers in South Korea is 30,000, amongst them about 10,000 children. Only a few of them have been placed in leprosariums; 700 in Yosue, 700 in Taigu, both under the sponsorship of the Presbyterian Mission, and 600 in Fusan in a Provincial Institution. The Government has established a National Leper Institution on Sorokoto Island, where 6,000 lepers are located. All other lepers are scattered throughout the country. The main problem is how to segregate healthy children from parents suffering from leprosy, and to put them into institutions where they will be cared for.

(4) Malaria

Malaria has been reported in Korea during summer months.

of population affected by TB is estimated at 300,000. About 45,000 deaths can be yearly attributed to TB. Only three TB sanatoria exist in Korea - two containing 50 beds each, and one at Masan in Kyong Sang Nambo Province, which cares for 200 patients. The spread of TB is due to lack of shelters, density of inhabitants in the living quarters, lack of control, lack of X-ray apparatuses. (Regarding these apparatuses, the Korean hospitals have only Japanese X-ray machines and are unable to purchase spare parts from Japan, such as tubes, etc.).

The BCG does not exist at all. One Korean doctor is at present working at the National Chemical Laboratory on experimental studies on animals using a TB strain of Japanese origin (Tenkan and Dakeo).

(2) Venereal Diseases

The VD Control Section of the U.S. Army made a survey on the incidence of VD among entertaining girls, i.e., Kisaeng girls, dancers, bar girls and waitresses. 14,889 girls were examined (physical and serological examination). 66.12 were infected with VD (35.2% affected with gonorrhoea; 30.8% affected with syphilis, and 0.12% affected with other types of VD). The morbidity rate of these girls was rather high due to the earlier lack of any responsible agency for control.

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(4) Malaria

Malaria has been raging in Korea during summer months of 1947 and 1948. The falciparum form of the parasite has been introduced in the country by the repatriates from the Pacific Islands and has increased by gravity of the situation.

93,000 cases are reported to exist. Korean statistics stated that 1% of the total population is affected with malaria.

(5) Helmenth Infestation

50% of the populations are affected by worms. This is due to a complete lack of santonin which is not available in the country.

(6) Other diseases

Cholera was introduced in May 1946 by refugees. 15,642 cases had been reported, with 10,191 deaths.

In 1946 also, 5,886 typhus fever cases were reported. The incidence of typhoid is also high. 9,319 patients were reported during the first half of 1946, and 4,318 cases from October 1946 to May 1947.

Diphtheria is a major cause of child morbidity. Production of toxoid in the National Laboratory in Seoul has not been possible, due to a shortage of alum, but diphtheria antitoxin is produced on a potency of only 500 units per CC, and is unsafe for intravenous injections because it contains impurities.

At the present time most of these diseases are under control. Vaccinations at port cities and large cities of entry are being regularly performed. A system of quarantine, as soon as a case is declared, is being set up. This system is well organized along the border of the 38th Parallel to prevent the importation of communicable diseases from North Korea and Manchuria. However, public health services must be enlarged and increased by training public health doctors and nurses. Mass immunization program for typhoid and typhus, as well as smallpox, is still needed. The National Chemical Laboratory, which stopped to exist upon the withdrawal of the Japanese, has been well developed after the landing of the American Forces. Production of all sorts of vaccines, except BCG, is possible now, but not in sufficient quantities to meet the needs of the country, especially typhus vaccine production.

To meet the needs, the National Chemical Laboratory must be supplied with equipment and trained personnel.

Mass x-ray program will be needed because of the probability that TB claims more lives than cholera, smallpox and typhoid, all put together.

BCG program is strongly recommended.

B. Medical Services

~~At the present time the 20 million people in South Korea are being treated by 3,764 regular practitioners who have had some background in medicine. That can be divided into three categories, as follows:~~

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- (a) Graduates of regular medical colleges - 1,700.
- (b) Self-taught without school studies - number unknown
- (c) Nurses having past 5 years of practice in a hospital. These can practice as doctors in an assigned district - number unknown.

/five

Five medical colleges exist at the present time in Korea from where 220 doctors are graduated yearly. One university in Seoul has a medical faculty from where good doctors are being graduated yearly. The doctors trained at this university can be almost compared to doctors of the Western countries, but those trained as nurses and self-taught are of very poor education.

A large proportion of all medicines have been imported from the United States. The physicians are now beginning to understand and administer American drugs. The Korean people suffer from all the diseases and illnesses recognized in the Western countries, plus the fact that a large proportion is disabled by such diseases as leprosy, TB and helmenth infestation.

The number of institutions which draw medical supplies and equipment from public health and welfare is at present 50. This figure includes four leprosaria, one TB sanatorium, and 45 general hospitals, the latter containing 4,128 patients. Also, supported by various other Government Agencies, are several institutions, six general hospitals for the education of medical students, and several general clinics run by Government services in industry for the benefit of the employees.

The institutions under the Bureau of Medical Services have a total of 1,600 in-patients and treat well over 1,000 out-patients per day. The institutions under other Government Offices have a total in-patient capacity of over 2,000 patients per day, and treat an estimated 3,000 out-patients per day.

In addition to this, practically every doctor in private practice — approximately 1,500 doctors— has established his own private hospital, with patient capacity as high as 40. Many of the practitioners see as many as 100 patients per day.

During the war all stocks of medicine were greatly depleted. There was no importation of raw materials, and manufacture of drugs practically ceased. In addition, many drugs and much equipment was requisitioned by the Japanese army. Hospital buildings were not repaired for six years.

Recognizing the above situation, and in view of the increased incidence of disease that followed the war years, the American Military Government did its best to bring the hospitals of Korea back at least to the pre-war standard.

There is a definite shortage of nurses in Korea. As at 7 July 1948 there were 1,226 licensed mid-wives with 82 eligible for licensing following the examination of May 1948. There are 1,163 licensed nurses, with 58 more eligible following the examination. Today approximately 3,000 doctors are licensed. This gives a ratio of one nurse for three doctors, which is in reverse of the normal proportion.

According to reports from the Office of War Relocation Administration

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According to reports from the Office of Nursing Affairs, there are:

1 Graduate Nurse	per 26,665 population
1 Student Nurse	per 32,027 "
1 Public Health Nurse	per 176,084 "
1 Nurse's Aide	per 46,784 "
1 Midwife	per 18,361 "

Nursing in Korea has only recently risen to the status of a profession.

VI. CHILD WELFARE

A. Institutions and Agencies

In June 1948 there were 6,800 children in 88 licensed welfare institutions in South Korea. Presently there are 93 licensed institutions caring for approximately 8,000 children. (In August 1945, there were 31 institutions caring for 1,547 children). These children include orphans, half orphans, and some children who are deserted or whose parents are not able to care for them.

The greatest need of these institutions is supplementary food and winter clothing. Basic grain allocation at ceiling price is 2 hop per child, per day, although many institutions have provided 3 hop per person per day.

Those institutions with gardens are able to supply vegetables to supplement the heavy starch diet in the summer and fall. However, those institutions which do not have gardens provide inadequate diets during much of the year. As the children coming to institutions are in most cases badly undernourished, a more nourishing diet is badly needed. The public subsidy to institutions is ₩ 25 per child per day at a time when ₩ 50 would more adequately meet costs at present prices. It has not been possible to increase the subsidy because of lack of total budgeted funds. However, efforts have been made to procure special foods and clothing, but this has been sporadic and cannot be counted on. Regular inclusion of milk and enriched cereals (also vitamin pills and cod liver oil where necessary) in the regular diet would be a great help to the institutions of South Korea. Wool clothing for winter and cotton underclothing is also badly needed. The institutions are presently too poor to purchase cotton clothing supplies at current prices - to say nothing of the more scarce wool.

There are approximately 300 hundred infants under care in welfare institutions in South Korea at the present time. For the last six months, Licensed Agencies for Relief in Asia (LARA) has been able to supply dried whole milk for this group. However, we cannot count on future supplies from this source. Institutions have not received any supplies of special baby foods at any time. It would be most helpful if enriched baby foods were made available.

The program of regular supervised foster care is new in Korea. Foster home forms and procedures have been worked out at the National Bureau of Welfare Institutions and Agencies. Presently, fifteen children are in licensed foster homes. Prior to liberation there were a group of approximately one hundred children in unsupervised homes. When it was found that many of the children were being used as household servants in homes that could not afford to pay for servants, the children were removed. This program cannot be expanded greatly until social workers can be trained to give supervision.

In 1947, it was estimated that there were approximately 25,000 vagrant children in South Korea. It may be that this estimate

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In 1947, it was estimated that there were approximately 25,000 vagrant children in South Korea. It may be that this figure is exaggerated, but it is known thousands of uncared for children are wandering the streets in South Korea.

Another child welfare problem that has not been met is the need for institutional care for children of lepers who are presently living with their parents. Physical facilities and funds are needed to provide care for this group. Presently there are three institutions for these children located within the leper colonies caring for approximately 250 children. It is important that the children are completely separated from the colonies. It is difficult to enforce complete segregation, and it is unfortunate to identify an untainted child with the leper institutions. Four hundred such children need accommodation immediately, and facilities should gradually be expanded as more such children are found. As there are approximately

30,000 lepers in South Korea and it is conservatively estimated that there is one untainted child among five lepers, over 5,000 children need separate care. Many can be cared for by relatives, but those who need public care should amount to at least 40%.

B. Day and Night Nurseries or Day Nurseries

There are no such agencies operating in Korea at this time.

C. Mother and Baby Centers and Milk Stations

At present there are 9 public baby centers in South Korea. There are operating in the provincial capitals of each province. They are caring for approximately 900 children daily. One important service of these centers is providing milk to infants whose mothers cannot provide any or sufficient nourishment for them. In addition, Christian groups are operating approximately 15 milk stations. The National supervisor of the baby centers from the Bureau of Medical Services, Dr. K.S. Song, believes that 30 public baby centers can easily be established in the major cities of South Korea and that each can give care to 100 babies per day who need artificial feeding. This would provide an urgently needed service for the poor people of Korea. Those persons who are better off can purchase the small quantity of fresh milk that is available or imported dried milk. Because of the serious inflation, salaried people cannot afford to buy milk and are in as serious economic condition as the partially employed labourer. This service would not meet the whole need in Korea, but would provide help in the cities where the poor and unemployed congregate and where centers could be easily organized if milk and utensils were available.

D. Special Schools or Homes for Handicapped Children

The Feeble Minded - The first institution for needy feeble-minded and epileptic children in Korea is to be established soon. A piece of former Japanese property was recently provided and an allocation of ¥ 2,000,000 was made for administrative costs for the operation of the institution during the present fiscal year.

Children will be received from orphanages and other institutions. It is anticipated that 150 can be brought under care. Looms and other special equipment for the mentally handicapped will be needed. Also, as with other institutions, funds are lacking for purchase of paint, windows, desks, chairs and other equipment.

E. Schools

Below (page 11) is a statement of number of schools by classification, students by sex and the total number.

It is estimated that only 60% of the children in the elementary age group are in school.

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All schools are over-crowded and in many cases they are run on shifts, that is, a morning and afternoon session. All other available buildings are also utilized. It is impossible to care for any more students with the present building facilities and the extreme shortages of teachers. The refugee situation is not included in this report.

/SCHOOLS

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	<u>SCHOOLS</u>		<u>STUDENTS</u>		
	<u>No. of Schools</u>		<u>Boys</u>	<u>Girls</u>	<u>Total</u>
I. Primary or Elementary	Public	3398			
	Private	33			
	Total	3431	1,452,250	780,637	2,232,897
II. Secondary or Middle Schools	Public	299			
	Private	120			
	Total	419	174,849	52,694	227,543
III. Normal Schools		16	7,378	1,967	9,350
College of Education		1	1,200	100	1,300
Taegu Normal College		1	440	60	500
IV. Higher Schools		34	19,500	2,500	22,000
Universities					

F. (1) Statement of Basic Needs

In addition to the infants, small children generally do not receive adequate diets in Korea. The greatest needs are for fats and Vitamin D complex foods. There is sufficient green vegetable consumption to take care of Vitamin A and D, and Vitamin C foods are not short except in winter. Protein content is generally deficient. Mineral content of the diet is usually good because of the general use of radishes and turnips. Carbohydrate content is sufficient. Although there is need for milk for all children, the need is most urgent for the children of the returning refugees and needy persons. Since liberation over 3,000,000 Koreans have returned to Korea, a large proportion of whom are children. There are about 2,000,000 needy persons in South Korea to-day of whom approximately one-half are needy refugees. One-third of this group are children. Supplementary feeding should be given this group. At all times at least 6,000 newly arrived persons are in the provincial refugee shelters and another 2,000 to 6,000 are receiving care in the 38th border camps. One-third of these persons are children. These 4,000 children are in great need and provision of supplementary nourishing foods to these children is badly needed and can be efficiently administered through regular public welfare channels.

~~(2) Type of Food Needed~~

~~Dried Whole Milk for infants and sick children. This would be distributed to (1) Baby Health Centers operated through the Section of Preventive Medicine, Bureau of Preventive Medicine, Department of Public Health and Welfare. (2) ...~~

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Dried Whole Milk for infants and sick children. This would be distributed to (1) Baby Health Centers operated through the Section of Preventive Medicine, Bureau of Preventive Medicine, Department of Public Health and Welfare, (2) Nurseries and orphanages caring for infants under 1 year (approximately 300), and (3) refugee centers for infants under 1 and for sick children.

/Dried

Dried Skim Milk for Children. This would be distributed to (1) Baby Health Centers, for children over 1 and pregnant women, (2) Orphanages for all children except infants - 770 children, (3) Special schools for all children - 600 children, and (4) Child feeding centers - operated under Bureau of Relief for malnourished children of refugees and other needy children.

Cod Liver Oil for children in above groups.

Margarine to mix with dried skim milk.

(3) Evidence of Under Nutrition

There is no statistical information available regarding under-nourishment. Dr. K. S. Song, who had formerly been a school physician, reports that Korean children generally have great shortage of fats and protein in their diets, that Vitamin B complex foods are seriously short, and that Vitamins A, C, and D are not seriously short. The average Korean child receives considerable green vegetables through "Kimche" . . . In Seoul 20% to 30% of the children have chellosis and 40% to 50% in the suburbs of Seoul. The food situation is much more serious for needy and refugee-families who cannot afford sufficient "Kimche" or other vegetable dishes and who subsist on a grain diet. Recent report was received of serious visual difficulties of many children at one refugee camp in Seoul believed to be caused by dietary deficiency.

(4) Present Milk Situation

3,600 tons of milk have been imported to Korea since V-J Day. Of this amount it remains in stock not consumed 300 tons to be distributed.

The local milk production is practically non-existent because cows are not generally milked.

VII. GENERAL RELIEF

The estimated number of needy persons in South Korea at April 1948 was 2,090,430. Although the ground work has been laid since V-J Day, for a sound public assistance program, there are still many unsolved problems. These are complex, and a solution to them can only be attained through long-term co-operation of the entire Government. National, Provincial and Local Governments and welfare officials have helped hundreds of thousands of needy persons and family groups. Despite their efforts, there are still many aspects of the program which will require long-term solutions. Some of these problems are:

(a) A more adequate staff in terms of number at National, Provincial and especially Local levels, is necessary to provide equitable service to applicants for and recipients of public assistance.

(b) Adequate regular financing of the public assistance program is necessary. Insufficiency of funds, instability of grants, and the inflation of the currency have been characteristic of the past financing program.

(c) The legal structure covering the public assistance program should be improved.

(d) The primary requirement of the welfare program in Korea is the need for better trained social workers. At present, no university or other school provides professional training for social workers. In addition, there are no Korean professional social workers who could teach social work. Many of those who operate welfare institutions and agencies and who supervise institutions have very little understanding of what their work should involve.

The inflation (legal rate of exchange: US\$1 equals 15 Yen; black market rate US\$1 equals 300 Yen) has made any program which provides adequate food, warmth and physical care, very difficult. Even when money is available, necessary items, such as soap, stockings, etc., are unobtainable except on the black market.

Stress should be laid on training for employment and job placement programs in children's institutions, in order to remove the older children from these institutions.

In conclusion, the great handicap to the development of a strong welfare program in South Korea is the lack of trained personnel and the lack of recognition of the necessity for keeping persons who are doing good welfare work in the fields. Until the fact that special skills and training are necessary in social welfare work is recognized, it will be pointless to expect much progress in the field.

VIII. WOMEN'S BUREAU

The desire of the women of Korea for active participation in the development of their country was amply demonstrated during the general election, with 4 million women voting.

There is need for protective legislation for working women, homes for business girls are needed urgently, as girls not living with their families have great difficulty in finding places to live. Protection must be guaranteed to pregnant women and nursing mothers, as well as to infants. Improvement of the status of women will be carried on along the same broad lines as were laid down by the United Nations Commission on the Status of Women.

IX. CONCLUSION

~~What will be the best and most suitable UNICEF program for Korea today? All kinds of needs exist in that country - in food, clothing, medical supplies, child welfare and child health personnel, doctors, nurses, etc..~~

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IX. CONCLUSION

What will be the best and most suitable UNICEF program for Korea today? All kinds of needs exist in that country - in food, clothing, medical supplies, child welfare and child health personnel, doctors, nurses, etc..

Before deciding on any program, we have to bear in mind that forty years of the Japanese occupation, during which the Korean people were kept in ignorance and during which all initiative and development were subdued, have left a deep trace in that country. All foreign advisers in child welfare and Korean social workers have admitted that lack of trained

/personnel

personnel in public health, social welfare and child welfare is at present a great handicap to the country. Many Koreans are ready to learn and to train themselves in these fields, and, if ICEF decide to take this matter in their hands, they will meet with the good will of the Korean population.

Also, it seems to me that the choice of the program depends on the amount of allocation of ICEF to Korea. If this amount remains moderate, as I believe, according to the allocations already made to other countries in the Far East, feeding or clothing programmes are out of question. Then, two possibilities remain for ICEF in helping the young Republic of Korea: (1) in the public health field and (2) in the social welfare field.

(1) In the public health field, I would propose a nurse training program in child welfare health in the best hospitals available in Korea. A system of resident scholarships at these hospitals under direction of one or two competent foreign nurses and, maybe, foreign doctor, will be a very good way to meet the needs for such personnel in Korea. Selection can be made amongst the nurses who have proven themselves to be successful in their training and the best of them can be sent abroad for a short period for further studies.

(2) In the social welfare field a long term program, such as child welfare demonstration center, will be the most advisable. UNICEF can provide the necessary equipment and such supplies as milk, vitamins, etc., for training demonstration. Also, a resident scholarship system with foreign teachers in the center will be of great value for development of a first group of efficient and reliable child welfare specialists in Korea.

At the end of this report, I wish to emphasize how highly desirable it would be for UNICEF to render assistance to the new Republic of Korea at the present time and to endeavor by all means to extend their program to the whole country.

Dr. M. Junod