Article

Health and Diseases of Laborers in Colonial Korea: Focusing on the Cases of the Bureau of Posts and Telecommunications, the Japanese Government General of Korea*

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Introduction

This paper sheds light on an aspect of labor hygiene realities during the Japanese colonial period by analyzing hygienic conditions of employees of the Bureau of Posts and Telecommunications under the Japanese Government General of Korea and the Bureau's approach to disease management.

Having achieved modernization, countries in the West made inroads into the Americas, Africa, and Asia to build their respective empires through colonization. In this process, railways and telecommunication technologies, hailed as "the tentacles" of imperialism, served as a foundation to maintain the empires by enabling integration of mother countries with their colonies despite the spatial gap (Headrick 1981). If railways and steamers were the methods to overcome the spatial limitations through transportation, telecommunication played the role of delivering information even prior to that. In advanced, industrialized countries in the West, private companies played this role, whereas in Japan, which achieved modernization as the only latecomer industrial power in East Asia, it was a government agency that seized control of the telecommunication business and operations.

It is no surprise that the Korean government also took notice of the importance of telecommunication. Gongmuamun Yeokcheguk (the precursor to the Bureau of Telecommunication under the Ministry of Agriculture, Commerce and Industries, and to the Telecommunication Services afterwards) already had been serving as the leading agency to offer postal and telecommunication services. As such, the first step in the telecommunication sector in the process of colonization was to dismiss existing Korean employees and to create an organization with Japanese in key positions. Later, after the Bureau of Posts and Telecommunications (BPT) was established under the Japanese Government General of Korea (GGK) and the colonial employment structure took root, Japan sought to expand telecommunication business by hiring Koreans as low-level laborers. Because most of this labor force was engaged in collecting and delivering post across Korea and in delivering information through telegraphs and telephone, their work was directly related

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not only to people's everyday lives but also to military operations and economic management in the colony. Therefore, a considerable amount of attention was paid to postal and telecommunication workers' health, and even the *Postal and Telecommunications Yearbook and the Statistical Yearbook of the Government-General of Korea*, published every year, included the category "employee hygiene."

Prior studies on the postal business in colonial Korea mainly dealt with development of telecommunication policies and the resulting formation of networks (Park 2008; Lee 2009a, 2009b). Among these, Park Yitaek (2008) examined not only the policies by the GGK but also its employment structure. Park saw that the colonial employment structure was established after Korea's telecommunication agencies had been taken over by Japan and the Japanese personnel management system was subsequently introduced to these agencies. Japanese people were assigned to higher-level, managerial positions while low-level positions were filled by Korean employees. Ethnic discrimination existed in terms of recruitment, wages, promotions, and training. Despite this, Park concluded that the emphasis on field work at the time enabled improvements in working conditions and treatment for field workers, thereby making it possible for Korean employees to grow in number. I disagree partially with Park (2008) on the vulnerability of the colonial discriminative structure and self-development among Koreans, which were identified as the factors that enabled "growth of the Korean people." In any case, Park's study did not investigate health issues of workers.

Interest in health of "moving" human beings is rarely found in existing research on the history of hygiene in Korea. In many studies, overemphasis on the deceitful nature of hygiene-related policies during the colonial period has led to little mention of improvements in the labor environment as a result of hygiene-related measures and the distorted structure in the midst of this process (Shin 1997; Jeong 1997; Jo 1997; Matsumoto 1999; Park 2005). In relation to this, Lim (2011a) studied railway business during the colonial period and concluded that, although priority was given to Japanese employees in the railroad industry for hygiene-related measures, their type of work and community life were not beneficial to their health. In other words, the physical conditions of Koreans, despite their poor working and daily living conditions at the time, were relatively good. The fact that while, as lower-level field workers, the Koreans had a low living standard, their health was comparatively

good was a paradoxical phenomenon stemming from the division of labor relations. In response, Japanese-centered medical service such as the relief association system, railway hospitals was provided to Japanese employees and even expanded to their families. One cannot help but wonder if this paradoxical outcome is universal.

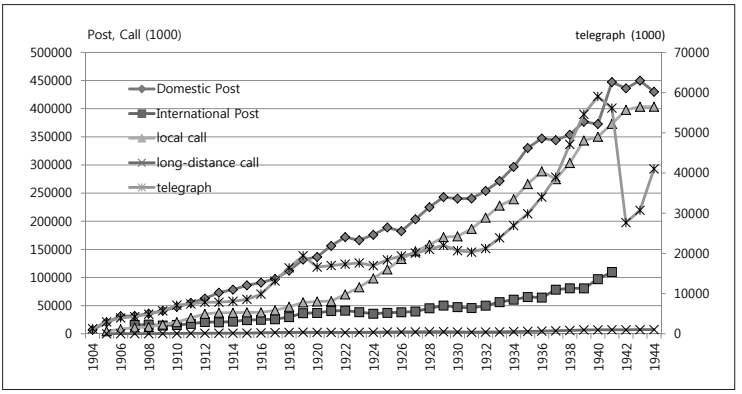
As such, this study aims to investigate the realities of health and illnesses of workers in the colonial period by taking the postal and telecommunication work as its subject, rather than the railway business, which involved a great deal of rotational and shift-based work, since most postal and telecommunication workers performed their duty every day, collecting and delivering post, with some employees engaged in electric telecommunication tasks. The study consists of the following: the first section reviews employment status of postal and telecommunication workers, and examines changes in labor composition by social standing and ethnic group in accordance with the development of the telecommunication business; the next section analyzes health conditions of such workers by using statistics still available today; the following section examines the hygiene-related measures that the authorities took in response to such health conditions.

Development of Postal and Telecommunication Business and Changes in Labor Composition

Under the Japan-Korea Treaty of 1904, the Korean communication agency in its entirety fell under the management of Japan and an agreement on management of the Korean communication agency was forcibly ratified the following year, which led to official establishment of Tongshingwanseogwanje at the Residency General (Tonggambu Tongshingwanseogwanje). After that, as colonization of Korea progressed, the department of communications management at the Residency General became the Bureau of communications of the GGK in charge of not only communication but also marine aid to navigation, weather observation, and electricity-related matters. Regional bureaus in Seoul, Busan, Wonsan, and Pyeongyang played the role of regional post offices for administrative services, which were renamed Branch Bureau of Posts and Telecommunications of the GGK. Apart from the above, these offices were also in charge of administration of postal savings and maritime

affairs (sea routes, ships, seamen) and the bureau of telecommunication was renamed Bureau of Posts and Telecommunications (BPT) (1912). In 1913, Telegraph Office and Telephone Office were established, and BPT took over aviation affairs in 1927. Two years later, the same bureau launched services for Korea postal life insurance 朝鮮簡易生命保險 (*Chōsenkan'i seimeihoken*). However, judging from the placement of employees, the BPT was, by all means, a field work organization whose main business came from communications in the forms of post, telegraphs, and telephone calls.

Figure 1. BPT Business (Unit: 1000)

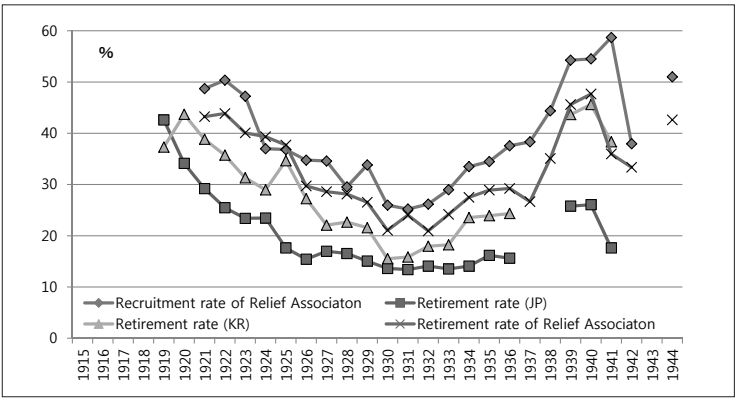


Sources: Bureau of Posts and Telecommunications annual editions a and b.

Therefore, the next step would be to examine how the BPT carried out its communication business, among other responsibilities. As Fig. 1, for post, domestic postal services steadily increased despite economic fluctuations, whereas international post stagnated in the 1920s and then rose sharply after recovery from the Great Depression. 1943 was the peak year for postal services, with 449.767 million postal cases. Due to high fees charged on long-distance calls, most telephone calls were local, and their growth was moderate as opposed to post until the 1910s. However, the use of phone calls jumped in the 1920s, and the number of calls made in 1944 reached as many as 403.514 million. Compared to this, telegraph, which was the main means of communication for trade, finance, and wholesale transactions, was clearly affected by the economic fluctuations. The use of telegraph grew dramatically during the boom times of the First World War and the period of recovery after the Great Depression, and reached its peak in 1940 at 59.033 telegrams. While post and telephones showed a stagnant trend due to limited

use during wartime, the advances in controlled economy[1] led to decreases in telecommunication between individual economic players, thereby causing a drastic drop in the volume of telegraph communication.

Figure 2. BPT Employees' Recruitment Rate and Retirement Rate (Unit: %)



Sources: Bureau of Posts and Telecommunications annual editions a, b, c, d, and e; Ministry of Posts and Telecommunication 1948.

Note: The retirement rates of the Mutual Aid Association were estimated from statistics for the Mutual Aid Association; the retirement rates by ethnic groups were estimated from the entire statistics for the Bureau of Posts and Telecommunications.

Inevitably a large labor force was required to keep up with the increases in telecommunication. The recruitment rate exceeded 50% during the First World War and after the Sino-Japanese War, which led to a surge in the volume of telecommunication as Fig. 2. This trend can be found in retirement rates, but they were below the employment rates except for a few particular years, meaning that the entire number of employees increased. The total number of employees stood at 5,022 in 1910 but rose to 9,642 in 1920, 13,962 in 1930, and to 26,777 in 1940. After the number reached 32,835 in 1943, the retirement rates surpassed the employment rates, causing the number to drop to 30,514 in 1944. By ethnic group, in particular, the retirement rates were higher among Koreans, leading to liquidity of the labor force. The recruitment rates of Koreans were high as they took up 31% of the entire workforce in 1910 (1,569 persons), which increased to 80% (24, 295 persons) in 1944.

This liquidity of the labor force naturally affected its composition. In

1. The economic control of the government for the economic whole such as important materials, funds, machineries, and the work force was strengthened in order to ensure resources mobilization for war after the outbreak of the Second Sino-Japanese War.

particular, during the war, both the age and years of service among employees fell. According to the records of the Mutual Aid Association, employees under 20 years of age represented 21.2% of the entire workforce in 1933, with 24.7% Japanese and 18.5% Korean employees, but in 1940, the same figures grew to 35.5%, 39.1%, and 34.5%, respectively, indicating a decrease among the employees aged 20 or older (Bureau of Posts and Telecommunications annual editions e). During the same period, the ratio of employees with less than 3 years of service grew from 50% for Japanese, 55% for Koreans, and 53% for the total to 59%, 77%, and 73%, respectively. A declining trend was severe among Japanese employees in terms of age and among Korean employees in terms of years of service.[2] In response to this, the postal and telecommunication authorities tried to minimize degradation of quality of labor as much as possible through internal education and training.

Table 1. BPT Employees' Occupation Rate and Deployment Rate per Position (Unit: %)

	1911		1916		1921		1926		1931		1936		1941		1943	
	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR
Occupation Rate																
High-grade officials	100	0	100	0	100	0	100	0	100	0	99	1	97	3	94	6
Clerical officials	100	0	99	1	99	1	97	3	95	5	92	8	85	15	81	19
Foremen											16	84	8	92	10	90
Part-time employees	89	11	50	50	91	9	82	18	91	9	90	10	83	17	74	26
Higher employees	88	12	86	14	67	33	67	33	63	37	60	40	31	69	21	79
Lower employees	36	64	29	71	22	78	23	77	23	77	21	79	6	94	4	96
Total	65	35	60	40	52	48	54	46	53	47	50	50	30	70	24	76
Deployment Rate																
High-grade officials	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0
Clerical officials	26	0	24	0	29	0	28	1	28	2	28	3	43	3	50	4
Foremen	0	0	0	0	0	0	0	0	0	0	1	4	0	2	1	2
Part-time employees	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Higher employees	47	12	52	13	51	27	54	32	54	36	54	36	47	46	42	48
Lower employees	26	88	24	87	19	72	17	67	17	63	15	58	8	48	6	46
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Sources: Bureau of Posts and Telecommunications annual editions a.

Let us investigate how personnel were managed at the BPT in response to changes in the labor composition. Tables 1 and 2 provide us with useful clues.

2. The following records can be found in regards to this: "The BPT, in any case, hires a large number of people, and shortage of personnel due to the war was quite serious. Given the difficulty of finding new recruits, it is understandable that degradation of the overall skills of the workers was unavoidable" (Suzuki 1940, 53-54).

In terms of position, the Japanese were mainly in higher positions whereas Koreans mostly worked as lower-level employees. However, the latter witnessed upward mobility in their positions resulting from declining rates of lower employees 傭人 (*yōnin*) and rising recruitment of hired employees 雇員 (*koin*), that is to say upper-level field workers (these two categories are designated "higher employees" in the article) over the 1920s and 1930s, and this trend continued even during the war. By 1943, clerical officials 判任官 (*hanninkan*) and foremen 通信手 (*tongshinshu*)—逓信手 (*teishinshu*) afterwards—took up as much as 4% and 2%, respectively, of the entire workforce. As such, Koreans occupied the dominant share of lower employees as well as higher employees and telecommunication officers. The Japanese, on the contrary, had not experienced a major change before the war, but during wartime, half of the entire Japanese workforce was promoted to clerical officials, signifying a dramatic rise in their status. In other words, as it became increasingly difficult to secure Japanese personnel, they were mostly placed in higher positions.

Table 2. BPT Employees' Occupation Rate and Deployment Rate per Affiliation (Unit: %)

	1911		1916		1921		1926		1931		1936		1941	
	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR
Occupation Rate														
Hq and branch of BPT	99	1	95	5	85	15	84	16	85	15	78	22	61	39
Maritime (branch) offices	55	45	74	26	61	39	86	14	81	19	80	20	60	40
Offices for marines aids to navigation	92	8	89	11	73	27	70	30	72	28	74	26	70	30
Savings management offices	100		100		92	8	87	13	88	12	86	14	41	59
Airfield offices									95	5	96	4	79	21
Post offices (exclusive of special post offices)	65	35	64	36	59	41	67	33	67	33	61	39	32	68
Telegraph offices							81	19	82	18	88	12	62	38
Telephone offices							91	9	93	7	88	12	29	71
Special post offices	51	49	40	60	28	72	25	75	23	77	18	82	9	91
Total	65	35	60	40	52	48	53	47	53	47	50	50	30	70
Deployment Rate														
Hq and branch of BPT	8	0	9	1	8	1	8	2	10	2	27	8	36	10
Maritime (branch) offices	2	3	2	1	2	1	1	0	1	0	1	0	1	0
Offices for marines aids to navigation	5	1	3	1	2	1	2	1	1	1	1	0	1	0
Savings management offices	3	0	4	0	5	1	4	1	6	1	5	1	4	2
Airfield offices									0	0	0	0	0	0

	1911		1916		1921		1926		1931		1936		1941	
	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR
Post offices (excluding special post offices)	64	65	63	54	66	49	61	35	58	31	46	29	38	35
Telegraph offices							0	0	1	0	1	0	6	2
Telephone offices							6	1	5	0	4	1	2	2
Special post offices	17	31	19	44	17	47	18	61	17	64	14	61	11	48
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Sources: Bureau of Posts and Telecommunications annual editions a.

Note: Maritime offices and maritime branch offices included observation centers (until 1912) and Kosaimaru 廣濟丸 (ship, until 1923). Because maritime offices and maritime branch offices were included in offices for marines aids to navigation in 1911, the statistics of Maritime (branch) offices in 1911 belonged to observation centers and Kosaimaru. Special post offices and telegraph offices of 1936 included post handling offices and telegraph and telephone handling offices, respectively.

Next, in terms of organization, the overall workforce had been assigned to post offices and special post offices, which were part of field work, but in wartime, these roles were reduced and administrative functions of the postal and telecommunication offices, both central and regional, were strengthened instead. By ethnic group, fewer Japanese employees were placed at field work organizations, and their transfer to and concentration in superior supervisory authorities were noticeable. Korean employees had to fill resulting vacant positions and formed a major part of field workers at post offices and special post offices, telephone offices, and savings management offices. The placement of workers by status and organization stated above suggests that, while Japanese occupied mid- to high-level positions due to the shortage of labor force in wartime, they were concentrated in high positions in supervisory and field work organizations, while Koreans were assigned to lower and medium positions of the field work organizations, as well as lower positions in supervisory organizations in order to maintain the telecommunication agency's operation.

Then what were living conditions like for the employees under the colonial system of labor division? The Japanese, as "expatriates" working abroad in a colony, received fringe benefits in addition to their basic salary. According to Park Yi-taek (2008, 382-395; 446-451), while higher employees did not receive fringe benefits as they were not in managerial positions, their salaries started at high levels in the first place, almost equivalent to the sum of a basic salary and fringe benefits. Moreover, because their starting salaries were high, a Japanese higher employee with the same level of education as his or her Korean counterpart could reach the required salary level to be promoted to clerical official positions faster, thereby achieving promotion in a shorter period.

However, it is difficult to ascertain the salaries earned by different employees. No average salary is mentioned in the available data. Despite this, an effort to examine wage levels was made, as this information can be an important point in investigating actual living conditions of postal and telecommunication workers.

Table 3. BPT Employees' Monthly Average Family Income and Outgo (Unit: yen, %)

			secretaries, assistant secretaries		office workers		postmen		Total		
			JP	KR	JP	KR	JP	KR	JP	KR	Total
Total number of households			60	18	23	11	26	20	109	49	158
Average number of 1 household			4.3	5.8	3.6	4.4	3.9	3.7	4.0	4.6	4.2
Net income (yen)	Total		128.7	77.9	73.5	53.4	64.6	44.5	101.8	58.7	88.4
	Work income	Gross income	119.7	69.4	65.2	47.8	58.7	38.6	93.7	52.0	80.7
		Of this, net income of the head of the household	119.1	67.4	64.2	47.8	56.0	37.8	92.4	50.9	79.6
	Non-work related extra income		9.0	8.5	8.3	5.7	5.9	5.8	8.1	6.8	7.7
Real expenditure (yen)	Total		121.2	77.6	73.0	54.3	63.1	40.7	97.2	57.3	84.8
	details, Food (%)		28.9	39.2	34.2	39.6	41.4	47.1	31.7	41.6	33.8
	Housing (%)		14.7	13.1	17.0	15.0	16.3	13.5	15.3	13.6	15.0
	Light and heat (%)		5.9	9.2	7.5	10.1	7.7	10.9	6.5	9.9	7.2
	Clothing (%)		9.7	8.5	9.7	7.5	7.2	7.7	9.3	8.1	9.1
	Other expenses (%)		40.8	30.0	31.7	27.8	27.4	20.8	37.2	26.8	35.1
Total income and expenditure (yen)			7.5	0.3	0.5	-0.8	1.6	3.8	4.6	1.5	3.6
Ratio of work income against real expenditure (%)			106.1	100.3	100.7	98.5	102.5	109.3	104.7	102.5	104.3

Sources: Statistics subsection 1937.

Note: The net income of the head of the household includes not only a basic salary but also travel expenses, allowances.

Therefore, this study used the BPT's first ever household survey (Table 3), which was carried out for six months from February to July 1936. The survey involved a total of 200 employee households consisting of 50 employee households from each regional BPT covering several positions by establishing criteria for each position including secretaries of postal services, assistant secretaries (clerical officials), office workers (higher employees), and postmen (lower employees). Not all employees were covered for this purpose and, as such, the wage levels may vary depending on the sampling method. Nonetheless, the samples do have representative values as they were selected from offices nationwide.

Not surprisingly, an employee with a higher position earned a higher wage and thus spent more on "other expenses," which included cultural

activities and healthcare with lower Engel Index. It must be noted that there was great disparity in wages between the two ethnic groups even for the same positions. A Korean secretary or assistant secretary earned only 57% of the salary (net income for the household) that his or her Japanese colleagues in the same position and status received. The ratio was higher among office workers and postmen at 74% and 67%, respectively, but the overall ratio stood at only 55%. This 55% level of wage is similar to that of the railway business (Lim 2011a). Generally speaking, the wage of Japanese was twice as much as Koreans in colonial Korea. In summary, not only were the Japanese assigned to higher positions inside the organization in terms of labor division, but they also received higher wages in terms of living.

Under such division of labor and living conditions, what were health conditions like for the employees, in particular, by ethnic group?

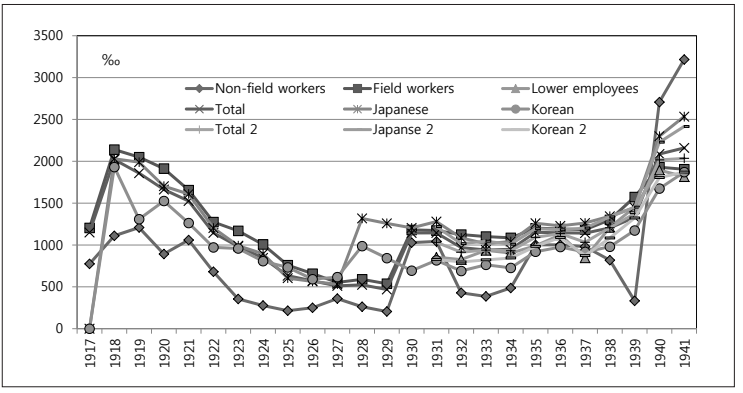
Health and Diseases of Postal and Telecommunication Workers

The Bureau of Posts and Telecommunications (BPT) established "Provisions on Statistics and Reporting of Employee Hygiene" (April 1919), and specified a category of "employee hygiene" in *GGK Postal and Telecommunications Yearbook* and the *Statistical Yearbook of the Government General of Korea—Posts and Telecommunications* to publish the frequency and days of absence due to diseases, as well as the number of retirements due to diseases and the number of the deceased. These figures were then published as independent statistical data in a series called *Hygiene Statistics*. However, no hygiene-related statistics were published for lower employees up until 1930. When the figures of morbidity and death rates that include lower employees after 1931 were compared with the figures excluding lower employees, it was found that they declined slightly when lower employees are included, but still this does not present a major problem in understanding the overall trends. Apart from this, more statistics for diseases and death could be obtained from the items of payment published in the *Overview of Mutual Aid Association Initiative for Field Workers*. Because the Mutual Aid Association[3] was established to promote health and welfare

3. BPT implemented the Mutual Aid Association program in January 1921 (Nomura 1921, 15-19). Government subsidies and member contributions were used as capital and the members received

of field workers below the level of telecommunication officers, the data did not include positions higher than clerical officials and non-field workers. Nonetheless, a second-grade association system existed for non-field workers, and the scope of subscription was expanded to include clerical officials from 1941 during the war period. As such, field workers took over about 80% of the entire workforce since the establishment of the Mutual Aid Organization, and as much as 97% in 1941. Given this, the statistics of the Mutual Aid Association can be used to learn about health conditions of the employees. Because Most of the Japanese and Korean employees of BPT were supposed to become the members of Mutual Aid Association, we can estimate the death and morbidity rates with almost 100% accuracy. Even though the employees were forced to leave BPT once they were diagnosed with incurable diseases and injuries, they received relief payments. In addition, we can exactly estimate the rate of resignation or retirement by the number of those who resigned due to diseases. Of course, even though there was the ethnic disparity in the mutual aid benefit amount according to the contribution of the ethnic group decided by their wages, the ethnic discrimination such as adding stringent conditions only for Koreans or eluding the benefit payment was not found in the business handling of the Mutual Aid Association.

Figure 3. BPT Employees' Morbidity Rate (Unit: ‰)



Sources: Bureau of Posts and Telecommunications annual editions a and b.
Note: 1. Morbidity rate = days of absence due to disease ÷ number of employees × 1000.
2. Non-field workers and field workers are confined to employees exclusive of lower employees. However, the morbidity rates of total 2, Japanese 2, and Korean 2 include those of lower employees.

benefits such as death on duty, injury, disease, medical treatment, maternity, disaster relief, etc.

To see health conditions of the employees based on the trend of morbidity rate (Fig. 3), it is impossible to confirm the details until the mid-1910s, but from 1917, the data indicate that the morbidity rate increased sharply over the next year. This is because post and telecommunication staff belonging to the national post collection and delivery network suffered a bigger blow from Spanish influenza of 1918 than any other group of employees (Lim 2011b). 7,556,693 patients contracted Spanish flu in Korea in 1918, of which 14,527 died that year, and 430,586 contracted it in the next year, of which 44,099 died. Apart from this, 13,599 people died in 1919 and 18,075 in 1920 of officially designated infectious diseases. Within the BPT, too, cases of Spanish flu erupted among postmen across the nation, paralyzing the whole telecommunication industry (Shiga 1918, 3-7; Chosen Postal and Telecommunication Association 1919, 94-95). 2,029 is the total number of patients with a total of 7,259 days of absence during the period of September and October in 1918, and the ratio of absentees in October, in particular, amounted to 26.9% of the total employees.

The morbidity rates among the employees peaked in the late 1910s, decreased sharply, rose slightly from the late 1920s, remained at the same level, and then rose sharply again during wartime. There was an outflow of manpower centered on the Japanese youth by the draft in spite of the workload increase and working conditions deteriorated because the extension of working hours could not be avoided in order to make up for the shortage of labor during the wartime period. In addition, the issue of malnutrition occurred because the real wages decreased and food distribution was not carried out smoothly. As a result, the wartime morbidity rate rose. This trend varied between field workers and non-field workers, and also between ethnic groups. In other words, the overall morbidity rates were higher among field workers than those among non-field workers. However, the fact that the morbidity rates of the non-field workers surged so high as to surpass 3,000‰ in wartime demands an explanation. By ethnic group, the Japanese, surprisingly, had higher morbidity rates than Koreans. This gap was consistent throughout the colonial period and even expanded to 500‰ in wartime. What is the reason for this? Although it is easy to presume that the Japanese would have lower morbidity rates as they led stable lives with their mid- to high-level positions at work, the "reverse trend" was found in reality, and morbidity rates also surged among non-field workers. To determine the cause, it may be necessary to

divide the varying morbidity rates into different diseases for closer examination.

Table 4. Investigations on the Morbidity Rates of BPT Employees per Ethnic Group (Unit: ‰)

	1919		1921		1926		1931		1936		1941	
	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR	JP	KR
Acute infectious diseases	129	75	17	13	10	5	18	6	14	5	12	10
Neurological diseases	63	19	33	19	22	13	19	9	18	16	20	26
Respiratory diseases	55	28	48	34	37	13	52	14	72	25	113	50
Circulatory diseases	3	2	4	-	4	1	3	2	5	3	5	3
Digestive diseases	36	27	35	24	30	19	36	19	38	29	45	42
Metabolic diseases	-	-	1	-	0	1	1	1	1	1	2	1
Tuberculosis-related diseases	4	-	2	5	6	4	11	5	9	4	20	8
Urogenital diseases	2	3	5	9	5	1	8	3	5	3	6	4
Venereal diseases	0	2	0	1	0	1	0	0	0	1	-	1
Ocular disorders	3	-	3	1	2	3	2	2	3	1	4	2
Auditory disorders	2	-	1	-	2	1	4	1	2	1	2	1
Skin diseases	3	6	2	7	1	4	1	4	2	7	3	6
Musculoskeletal diseases	3	-	7	-	2	2	1	2	3	5	5	2
External injuries	2	1	4	8	3	8	6	16	10	21	8	25
Others	-	-	2	1	1	-	2	3	1	2	1	5
"absences for six days or less"	1,685	1,146	1,439	1,140	439	515	1,055	738	998	966	2,170	1,684
Total	1,989	1,308	1,604	1,262	565	592	1,219	824	1,182	1,090	2,416	1,871
Present employees in the end of year	3,779	898	4,369	1,388	5,222	1,780	7,471	6,689	9,456	9,495	9,327	21,467

Sources: Bureau of Posts and Telecommunications annual editions a, b, c, and d.

Note: The morbidity rate was calculated based on the number of absences per person among all employees. Until 1926, lower employees were not included.

Excluding "absences for six days or less" for minor symptoms, respiratory diseases took up the biggest share except for the year 1919 when communicable diseases such as influenza and cholera were prevalent, followed by digestive diseases, neurological diseases, and acute infectious diseases in a descending order (Table 4).[4] In particular, cases of tuberculosis-related diseases as chronic infectious diseases were larger in number than acute infectious diseases during wartime. And it is these diseases that the Japanese contracted more than the Koreans. Meanwhile, the Korean employees sustained more external injuries while on duty than the Japanese, and contracted skin diseases and venereal

4. Because the number is based on the absentees due to disease, the morbidity rate is higher than that of Korean National Railways employees (Lim 2011) which was estimated based on the number of benefit payments by the Mutual aid association. If it was based on the benefit payments of the Mutual aid association for Field Workers, the morbidity rate in 1936 is 24.0‰.

diseases, which accounted for small shares. The reason why the morbidity rates among the non-field workers were higher than the field workers in 1941 was that the non-field workers' "absences for six days or less" soared from 2,093 cases in 1936 to 9,342 cases in 1941. The overall health conditions degraded in the 1910s, improved over the 1920s and 1930s, and then deteriorated again in wartime, with the Japanese showing more drastic changes.

Next, let us take a look at the morbidity rates by position. According to functions by position (1936), clerical officials consisted of secretaries of the post office, assistant secretaries of the post office, postal engineers, and heads of post room, whereas higher employees' functions included office workers, delivery and collection officers, senior telephone operators, telephone operators, telephone operator trainees, factory workers, chief craftsmen, and chief construction officers. Meanwhile, lower employee positions were divided into collection and delivery men, drivers, driver's assistants, craftsmen, and construction workers. Most field work within the organization was performed by higher employees and lower employees, with lower employees engaged mainly in physical labor, whereas higher employees controlled and managed the latter's work at office. As such, the highest morbidity rate can be expected from lower employees followed by higher employees. However, this rate was 749‰ among clerical officials or those in higher positions, 1,302‰ among higher employees, and 1,121‰ among lower employees in 1936. In 1941, the rate increased, with 1,443‰ among clerical officials or those in higher positions, 2,396‰ among higher employees, and 1,816‰ among lower employees. Among these, while lower employees had the largest cases of "injury, damage, tumor and surgical diseases," due to the nature of their tasks, the morbidity rates were highest among higher employees whose overall working conditions and salary levels were more favorable than lower employees (Emura 1937, 110-14). It was pointed out that, because higher employees worked long hours without sufficient exposure to sunlight, transmission of infectious diseases inside the office was feared, and they were naturally more exposed to health risks from the relationship between nutrition and exercise (Hirase 1933, 50).

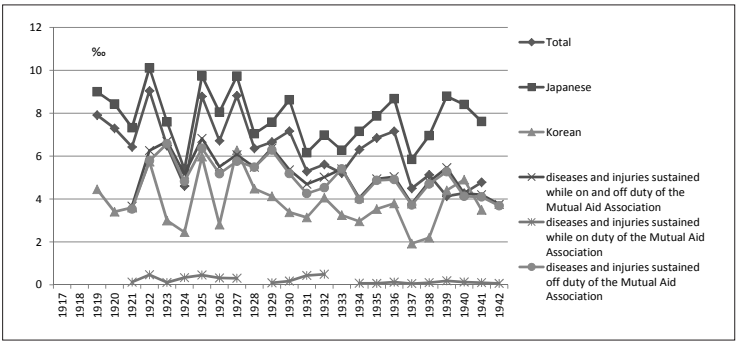
Also pointed out was that "employees in the telecommunication field were engaged in busy labor day and night in an unhygienic environment with relatively more dust due to the nature of their work" (Hirase 1935c, 33-44). In this regard, the morbidity rates of different organizations are as follows: headquarters of BPT 1,333‰, maritime branch offices 457‰, offices for

marines aids to navigation 166‰, savings management offices 1,653‰, airfield offices 432‰, branch BPT 697‰, post offices 1,390‰, telegraph offices 492‰, telephone offices 2,451‰, post branch offices 863‰, post handling offices 0‰, telegraph and telephone handling offices 231‰, with a total at 1,136‰. The rate was highest in the telephone offices where female telephone operators were concentrated, followed by savings management offices where indoor work activities were concentrated (Hirase 1933, 42). Post offices to which 38% of the entire labor force was committed had the third highest morbidity rate. Post branch offices, where the second largest number of employees, or 37% of the entire labor force, were positioned had a lower rate than that of headquarters of BPT whose number of field workers was smaller. Despite both being field work organizations, the completely different morbidity rates of post offices and post branch offices (later special post offices) is attributable to their workforce size, with the average number of employees as of 1936 being 69.9 persons for post offices and 9.2 persons for post branch offices, which also indicate that their work environments (urban or rural) were different as well. In terms of gender, while female workers took up 15.5% only, their morbidity rate was high at 1,755‰ due to mainly indoor work, which was higher than the rate 1,023‰ of their male counterparts (Matsumoto and Matsumoto 1931, 65-69). In other words, the chance of contracting a disease including an infectious one was higher when working in a dense, indoor space than in fresh air outdoors.

Japanese employees were more likely to be exposed to infectious diseases including the tuberculosis in the living environment as well in the work environment. The official residence of BPT where Japanese staffs experienced the high-density housing was established in 3 Street, Yamato-cho, Keijo from the 1910s (*Daily News*, June 19, 1914; November 26, 1923). As BPT felt "the inconvenience in case of emergency due to employees' living in various places," BPT decided that "it will purchase about thousand *pyeong* of the middle part of Tsurugaoka culture residential area developed by Chosen Land Company and build up the official residence and dormitory" (*Chosen Newspaper*, June 4, 1925). Since then, although the construction of the official residence and dormitory continued, what became the source of funds was the fund of the Mutual Aid Association which will be described later (*Dong-A Daily News*, August 26, 1925; February 29, 1940). Although it goes without saying that such a life of the official residence guaranteed the clean and convenient life

as the time, the high-density housing or community life raised the risk to be exposed to infectious diseases such as tuberculosis of which the therapeutic agent was not developed. Of course, the Japanese who had more opportunities of the high-density housing than ethnic Koreans easily caught infectious diseases such as tuberculosis because of the comfort and convenience even in daily life.

Figure 4. BPT Employees' Death Rate (Unit: ‰)



Sources: Bureau of Posts and Telecommunications annual editions a, b, c, d, and e.
Note: Statistics related to the Mutual Aid Association were estimated from the statistical data of Bureau of Posts and Telecommunications, annual editions d.

However, not all patients who contracted diseases would die. First, when we look at the death rate (Fig. 4), it shows an overall declining trend.[5] Of course, the rate might have risen in wartime, but it did not exhibit a dramatic change as shown by the morbidity rate. Next, deaths caused by diseases and injuries sustained while on duty should be differentiated from those sustained off duty. The number of deaths from diseases and injuries sustained while on duty is obtained from the cases of on-the-job death benefit payments using the records of the Mutual Aid Association, and then the number of benefit payment for deaths from diseases and injuries sustained off duty is subtracted from the number above, in order to obtain the number of deaths from diseases and injuries sustained off duty. Although the records of the Mutual Aid Association do not include non-field workers and those whose ranks are higher than clerical officials, and thus the number of the deceased may become smaller, there is not a significant margin of error when the trends of the entire

5. Statistics related to the Mutual aid association were estimated from the statistical data of Bureau of Posts and Telecommunications annual editions d.

organization is examined. Consequently, it was found that the death rate by work-related diseases was below the 0.5‰ level, and no work-related deaths occurred depending on a given year. Furthermore, when this death rate is analyzed for each ethnic group, the Japanese had substantially higher death rates overall than the Korean employees. Here again the Japanese were more likely to be exposed to fatal illnesses and to die from them than the Koreans.

Table 5. Causes of Death of BPT Employees per Ethnic Group (Unit: ‰)

		1919			1926			1931			1936			41
		JP	KR	Total	JP	KR	Total	JP	KR	Total	JP	KR	Total	Total
Diseases and injuries sustained while on duty	Extenal Injuries								0.63	0.35		0.22	0.13	0.03
	Diseases							0.16	0.09				0.07	
	Subtotal							0.78	0.43		0.22	0.13	0.10	
Diseases and injuries sustained off duty	External injuries				0.72		0.32	0.20	0.94	0.61	0.46	0.54	0.51	0.27
	Acute infectious diseases	3.44	3.34	3.42	0.96	0.20	0.54	0.78	0.47	1.04	1.70	1.08	1.34	0.81
	Tuberculosis-related diseases	0.26		0.21	1.43	0.20	1.08	0.39	0.47	0.26	1.70	0.43	0.96	0.97
	Neurological diseases	0.79		0.64	1.20	0.20	0.65	0.20	0.16	0.17	1.08		0.45	0.50
	Respiratory diseases	2.12		1.71	1.43	0.59	0.65	1.76	0.63	1.13	0.77	0.54	0.64	0.91
	Circulatory diseases	0.79		0.64	0.24	0.39	0.32	0.20	0.16	0.17	0.15		0.06	0.03
	Digestive diseases	1.32		1.07	0.96	0.98	0.97	0.59	0.16	0.35	1.08	0.76	0.89	0.50
Diseases and injuries sustained off duty	rogenital diseases				0.48		0.22	0.78	0.16	0.43	0.15		0.06	0.03
	Others	0.26		0.21		0.98	0.54	0.59	0.16	0.35				0.07
	Subtotal	9.00	3.34	7.91	7.41	3.54	5.29	5.46	3.29	4.52	7.12	3.36	4.91	4.10
Total		9.00	3.34	7.91	7.41	3.54	5.29	5.46	4.07	4.95	7.12	3.58	5.04	4.20

Sources: Bureau of Posts and Telecommunications annual editions a and e.

Note: 1. The statistics for 1919 are based on Bureau of Posts and Telecommunications, annual editions a, and for 1926 and later are based on Bureau of Posts and Telecommunications, annual editions e.

2. "Injury" and "other disorders" refer to "external injury, accidental death, suicide, poisoning and others," and "blood circulatory disease, musculoskeletal diseases and metabolic disorders."

In this regard, let us pay attention to the causes of death. Table 5 was based on two series of statistics. The data from 1919 cover employees exclusive of lower employees. The death rate of total employees in 1919 was 9.0‰ for the Japanese and 4.5‰ for Koreans. Because the operators (1 male retiree, 52 female retirees, and 6 deceased) were not specified for their ethnic group specified, they were calculated as Japanese. As a result, the death rate of the Japanese remained the same at 9.0‰, and for the Koreans, it was slightly underestimated at 3.3‰ in Table 5. Nonetheless, this does not impede our understanding of the overall trend.

It is also noteworthy that the records from 1919 and 1926 did not distinguish work-related diseases from non-work-related ones. The death rates from 1926 to 1941 were attributable to the causes justifying death benefits from the Mutual Aid Association. Therefore, the death rates over the same period were somewhat lower than those of the entire workforce shown in Fig. 5. This also indicates that non-field workers or employees with positions higher than higher employees had higher death rates than the members of the Mutual Aid Association consisting of higher employees and lower employees, despite the former's more favorable indoor working conditions.

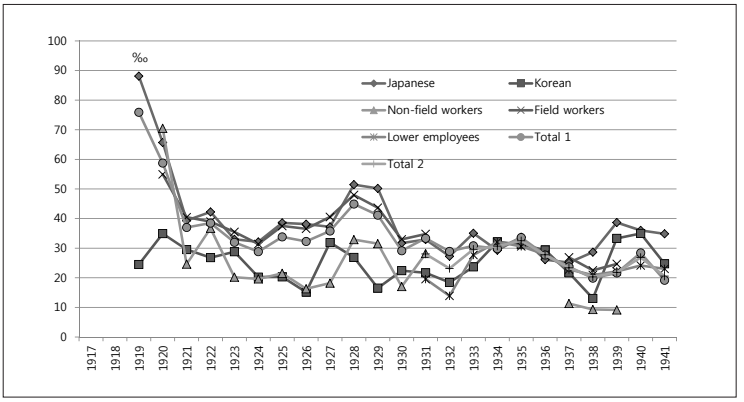
According to such statistics, work-related diseases were the main cause of deaths among the Korean employees, which implies that they were often placed in hazardous work environments. In terms of status, they were mostly ordinary lower employees. Meanwhile, the rate of deaths from diseases and injuries sustained off duty was dominantly higher among the Japanese. The three biggest causes of death by diseases were acute infectious diseases, followed by respiratory diseases and digestive diseases in a descending order in 1919, and tuberculosis-related diseases, followed by digestive diseases, and respiratory diseases and neurological diseases in 1926, acute infectious diseases, followed by tuberculosis-related diseases and respiratory diseases in 1936, and infectious tuberculosis, followed by respiratory diseases and acute infectious diseases in 1941. Because pneumonia, pleurisy, and bronchitis were often caused by tuberculosis, tuberculosis-related diseases must have been the frequent cause of death in reality. Because "tuberculosis is transmitted through air," "the disease begins at the start of the respiratory system, and as countless germs exist, spreading through cough." "When there is a carrier among the employees of the post office, the risk of infection becomes the highest as they stay together almost all day long in a confined indoor space" (Hirase 1933, 50-51). "The relationship between tuberculosis and age," too, reveals that the number of patients aged 21-25 was the largest as of December 1931, followed by those aged 26-30 and those under 20.

Because longer working hours and malnutrition were often unavoidable in wartime, it was inevitable that the rate of deaths from tuberculosis-related diseases and respiratory diseases would rise. In the above age groups, the Japanese youth who were only in their teens lived together in their accommodation provided by the post office, and thus they were exposed to risks of infection from those who had already contracted infectious diseases

(Fujisawa 1940, 71-75; Tsuruta 1941, 56-65; Takahashi 1941, 28-29; Chosen Postal and Telecommunication Association 1942b, 51; Kudo 1942, 41-44). At the Gyeongseong (presently Seoul) Post Office, among the 80 new recruits hired as telegraphers in early 1942, as many as 30 resigned within the next three years due to diseases, "six of who unfortunately died" (Ura 1942, 10-17). In terms of the physical conditions at the time of employment, nine were found in very good condition, 18 in average condition, and only three were found to be very weak. However, not long after employment, the aforementioned employees resigned from their work having contracted tuberculosis. The situation was so serious that people at the time would even say, "If your line of business is telegraph, you are bound to fall victim to tuberculosis" (Ura 1942, 10-17).

When we examine the death rates by using the Mutual Aid Association's statistics for 1936 in terms of organization, position, ethnic group, and gender, the following results are obtained: by organization, it was 5‰ for the headquarters of BPT, 0.0‰ for marine branch offices, 8.1‰ for savings management offices, 5.5‰ for post offices, 11.4‰ for telegraph offices, 0.0‰ for telephone offices, 4.7‰ for post branch offices, 0.0‰ for airfield offices, with a total of 79 employees at 5.0‰. By position, the death rate of telecommunication officers was 4.7‰, higher employees 5.2‰, ordinary lower employees 4.0‰, skilled lower employees 10.0‰, and grade B employees (part of non-field workforce) 0.0‰. By ethnic group and gender, the death rate of Japanese male employees was 8.5‰, Japanese female employees 4.7‰, Korean male employees 3.7‰, and Korean female employees 2.1‰. Although the number of the deceased was larger at the post offices and the post branch offices, to which a greater number of employees were assigned in the first place, the death rate was higher at the savings management offices. By position, skilled lower employees consisting of craftsmen had the highest death rate, and the same rate was higher among higher employees who managed lower employees, rather than ordinary lower employees consisting of postmen. By ethnic group, the death rate of Japanese males was dominantly the highest. Overall, the risk of exposure to infectious diseases and subsequent death was the highest among Japanese male employees who were believed to be in a favorable working environment and higher positions.

Figure 5. BPT Employees' Retirement Rate due to Disease (Unit: ‰)



Sources: Bureau of Posts and Telecommunications annual editions a, b, c, and d.
Note: Non-field workers, field workers and Total 1 are confined to employees exclusive of lower employees. However, the retirement rates of Japanese, Korean and Total 2 include lower employees.

However, one must note that an effect of a disease is not limited to two possibilities—recovery of health and death—only. That is, when an employee lost his or her labor ability due to an injury or a disease, he or she was much more likely to resign from work than to die. In fact, the number of employees who resigned from work far exceeded the number of the deceased. The rate of resignation or retirement, which was calculated from the number of those who resigned due to disease as Fig. 5, was very high, especially among Japanese employees at the end of the 1910s, declined a little in the 1920s, rose slightly at the end of the 1920s, fell again in the 1930s, and then went up slightly in the 1940s. The rise in the 1920s conformed to the increased morbidity rate, but displayed a rather different tendency in wartime. Even the rate of retirement due to diseases was higher among the Japanese and field workers than among Korean employees and non-field workers.[6]

6. Only the details for the year 1919 can be confirmed. The retirement rates due to disease by Japanese, Koreans, and the entire workforce, are as follows: 3.2‰, 3.3‰, 3.2‰ for acute infectious disease, 52.9‰, 11.1‰, 44.9‰ for neurological diseases, 13.8‰, 3.3‰, 11.8‰ for respiratory diseases, 4.0‰, 0.0‰, 3.2‰ for circulatory diseases, 8.7‰, 4.5‰, 7.9‰ for digestive diseases, 1.3‰, 0.0‰, 1.1‰ for tuberculosis-related diseases, 0.5‰, 1.1‰, 0.6‰ for urogenital diseases, 0.0‰, 2.2‰, 0.4‰ venereal diseases, 0.3‰, 0.0‰, 0.2‰ for auditory disorders, 0.3‰, 0.0‰, 0.2‰ for olfactory disorders, 0.5‰, 0.0‰, 0.4‰ for ocular disorders, 0.5‰, 0.0‰, 0.4‰ for musculoskeletal diseases, 2.1‰, 0.0‰, 1.7‰ for external injuries, and 88.1‰, 25.6‰, 76.1‰ for total, respectively (Bureau of Posts and Telecommunications annual editions a). These figures do not include lower employees.

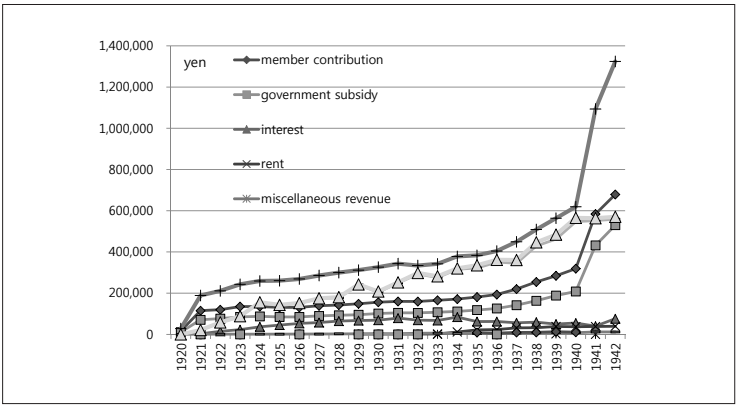
Like this, although the Japanese were in an advantageous position in terms of wage and promotion, their general health conditions were inferior to those of the Koreans based on rates of morbidity, death, and retirement due to diseases. This is because the Japanese were more likely to be paradoxically exposed to health risks including infectious diseases as they mainly worked indoors and lived communally in urban areas.

Measures by Postal and Telecommunication Authorities: Mutual Aid Association, Part-Time Physician System and Sports

It was already pointed out that a lot of people had fallen victim to the outbreaks of the Spanish influenza and other officially designated infectious diseases by the end of the 1910s. This greatly affected how the BPT devised its measures to cope with the situation. However, the BPT was by all means not early in taking these measures compared to other organizations. That is, the BPT came to implement the Mutual Aid Association program in January 1921, which was after "Mutual Aid Associations had already been established by the Department of Railroad, Bureau of Monopoly, Bureau of Printing and the Department of Railroad of Taiwan, and more recently by the Police Office" and the existing part-time physician program was expanded in September the same year (Nomura 1921, 15-19). Looking at the action of the authorities to the health of the BPT Workers, it was very late compared to the Bureau of Railways of GGK. Because the railway administration involved casualties and it took a long time to bring up a train service worker including an engineer, the relief association system and railway hospitals were established from the beginning of its business (Lim 2011a). However, BPT finally implemented the mutual aid system in January, 1921 and extended the part-time physician system from September of the year. These differences came from the fact that the railroad and communication had different roles for the colonial management and military operations, and government general authorities differently recognized their operation methods. Nevertheless, it cannot but be said to be very late the fact that the mutual aid association system and the part-time physician system was implemented in earnest in 1920s. With the establishment of the Mutual Aid Association for Field Workers of Postal and

Telecommunications Organizations, disaster relief, financial assistance after retirement, and longer years of service were anticipated.

Figure 6. Financial Management of the Mutual Aid Association of BPT (Unit: yen)



Sources: Bureau of Posts and Telecommunications annual editions e.

As shown by Fig. 6, government subsidies and member contributions were used as capital (in addition to interests and other earnings), and it was mandatory for field workers below the level of higher employees to join the association as a Grade A member, and enrollment of other employees as Grade B members was also recognized. And the members received relief benefits (Bureau of Posts and Telecommunications 1929; Bureau of Posts and Telecommunications annual editions e). In terms of fund management, withdrawal benefit was paid out based on the sum of the member's total paid contributions and an annual 5% compound interest, whereas other benefits were covered by the government subsidies (Ichinomiya 1926, 2-11). Initially, benefits were given to those who suffered an injury or died while on duty (death on duty, injury, disease, recuperation, death, withdrawal, disaster relief, seniority allowance[7]), but after several amendments to the provisions, medical funds for death and injury, funeral expenses for the bereaved family, and maternity benefits from 1926, and special benefits to members who withdrew from the association due to tuberculosis-related diseases "only when their service had been more than one year, in addition to other various benefits in

7. This benefit was established in 1921 to be given to the members who withdrew from the association after three years of membership.

order to root out tuberculosis from the organization" since 1927 (Hirase 1933, 47). As such, 12 different types of benefits—death on duty, injury, disease, special symptom, recuperation, medical treatment, maternity, death, funeral expenses, disaster relief, withdrawal and seniority allowance—were provided.

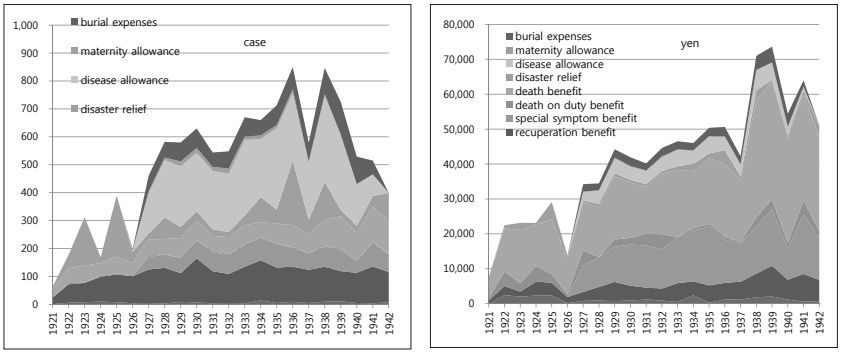
Non-field workers started demanding the same benefits as field workers, and the scope of membership expanded continuously.[8] The amendment in May 1927 made it possible "to expand the scope of membership to include lower employees belonging to the BPT, and higher employees engaged in inspection, telegraph handling and telephone operation, and employees at maritime branch offices and offices for marine aids to navigation" (Bureau of Posts and Telecommunications annual editions a). In April 1941 during the war, "in compliance with the implementation of the Mutual Aid Association program for government employees in Korea," "the rules of the association were amended substantially to make it mandatory for clerical officials or their equivalents, part-time employees and non-field work higher employees to join the association as field work employees." Subsequently, administrators 奏任官 (*sonikan*) and their equivalents with annual wages higher than 1,820 yen became members of the association in March 1943 (Nitta 1943). Accordingly, the types of payments were renamed occupational injury compensation, recuperation benefit, special symptom benefit, withdrawal fund, death on duty benefit, death benefit, and disaster relief. In addition, a framework for new healthcare benefits was established to provide recuperation expenses, disease allowance, burial expenses, labor and delivery expenses, and maternity allowance (Chosen Postal and Telecommunication Association 1942c, 2-9). The expenses of the Mutual Aid Association (Fig. 6) show that the fiscal soundness of the association improved greatly thanks to the expanded scope of membership and a wider gap between income (which had been increased owing to member contributions and government subsidies) and expenditure (most of which was disbursements).

Other than this, a low-interest loan program was launched in April 1925

8. For example, "telephone operators, supervisors and office boys who were working at branch offices were considered field workers, while employees in the same positions at the headquarters were not considered field workers, and thus were not entitled to various benefits that ordinary field workers would normally enjoy, nor were they eligible for membership at the Mutual aid association" (Hamasawa 1926, 7-13).

as part of the association's additional operation in response to members' request to establish "a lending institution" in case "a member falls into a miserable state resulting from a family member's illness or a disaster not included in the provisions" (Ariga 1922, 27). In addition, a purchasing association was organized as a welfare facility in September 1927 to supply daily necessities to the members. A mutual benefit pension was also put in place to help the employees secure stable life after retirement, and "a fixed amount was paid each year until death," like pensions for managers (Bureau of Posts and Telecommunications 1929).

Figure 7. Benefit Payments of Mutual Aid Association of BPT (Unit: case, yen)



Sources: Bureau of Posts and Telecommunications annual editions e.
Note: 1. This figure does not include withdrawal fund.
2. The grouping of benefit payments is based on the standard of 1941.

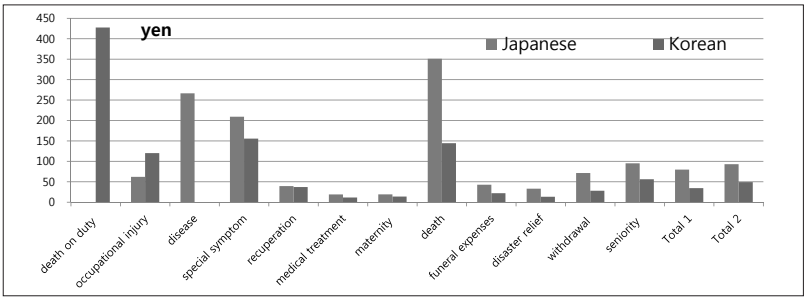
Specific details of payments (Fig. 7) by the Mutual Aid Association to postal and telecommunication field workers under the GGK are as follows: as expected, the number of cases and the payout amounts started becoming substantial from 1927, and continued to expand from such levels. Because the number of cases and the amount of withdrawal payments are huge and the payments related to insurance cannot be verified, the withdrawal payments were eliminated from the figure.[9] As of 1939 when the total amount of payments was at its peak, the number of payments for medical expenses was the largest at 268, followed by death benefit, or funeral expenses at 117, recuperation benefit at 108, special symptom benefit at 76, disaster relief benefit at 22, occupational

9. The withdrawal benefits accounted for 86.9% of the 12,646 cases and 83.5% of 462,348 yen in 1939 when the payout amount was the greatest.

injury benefit at 11, death-on-duty benefit at 4, and maternity benefit at 2 cases. However, in terms of the amount paid out, the order was different: death benefit (33,816 yen) being the largest, followed by special symptom benefit (16,225 yen), recuperation benefit (8,771 yen), medical expense benefit (4,931 yen), funeral services (4,502 yen), death-on-duty benefit (2,808 yen), occupational injury benefit (2,052 yen), disaster relief benefit (459 yen), and maternity allowance (28 yen). This discrepancy in the orders is obviously attributable to the amount per payment. The fact that the number of cases for recuperation and medical treatment was maintained at a similar level indicates that the Mutual Aid Association played a role of medical insurance.

How much did different ethnic groups "benefit" from the payments? The Koreans earned 55% of what their Japanese counterparts did. Did the same trend hold for the benefit payment? To answer this question, we look at 1936, just before the war started (Bureau of Posts and Telecommunications annual editions e). By ethnic group, the total number of payout cases for the Japanese was 2,670 at 213,124 yen, whereas the Koreans had 3,989 cases with a total payment of 137,397 yen, meaning that the collective amount was larger among the Japanese and the number of cases was larger among the Korean employees. Of these, when the withdrawal payments are eliminated, the figures for the Japanese are 1,047 cases and 97,322 yen, and for Koreans, 1,208 cases and 59,433 yen. When the number of the recipients is divided by the number of the association members to calculate the receipt rate (exclusive of withdrawal payments), it came at 16% for the Japanese and 13% for the Koreans.

Figure 8. The Benefit Payment Per Person of Mutual Aid Association of BPT in 1936



Sources: Bureau of Posts and Telecommunications, annual editions e.

Note: Total 2 is to be exclusive of withdrawal fund.

Figure 8 shows the benefit payout amount per person by ethnic group. Although the Koreans received double the amount of payments (193.7%) relative

to the Japanese in terms of injuries, this simply indicates the severity of injuries the Korean employees sustained. Apart from this, the rate of benefit payment for the Koreans compared to the Japanese was 74.4% for special symptom, 94.0% for recuperation, 59.9% for medical treatment, 72.1% for maternity, 41.2% for death, 51.5% for funeral expenses, 40.3% for disaster relief, 39.3% for withdrawal, and 59% for seniority allowance, totaling 43.2%. Of these, when the withdrawal payments are eliminated, the Korean employees received an average of 52.9% of what the Japanese received, which is a similar level to the aforementioned disparity in wages. However, the ethnic disparity in terms of recuperation and medical treatment, both of which are related to physical recovery, was smaller than that for payments unrelated to workers' recovery of health.

Like this, the Mutual Aid Association played an important part of labor hygiene-related measures at the time. As introduction of this new system was anticipated at the end of the 1920s, the employees cited their "bitter experience during the previous outbreak of a malignant flu [Spanish influenza: the author]" and requested hiring of part-time physicians and provision of actual expenses for medical treatment from early on (Chosen Postal and Telecommunication Association 1921, 15-17; Hirase 1933). In response to this request, the part-time physician system, originally initiated under the telecommunication department of the Residency-General in 1910, was expanded in September 1921, and the number of part-time physicians nationwide hired specifically for this program reached 28 (20 internal medicine specialists, 2 surgeons, 3 dentists, 1 dermatologist/urologist, and 2 ophthalmologists) by the end of 1932. The authorities recruited these part-time physicians from medical practitioners to take charge of health and medical care for employees working at major departments (with over 50 employees). Their responsibilities included giving advice and instruction on hygienic facilities, performing medical examination of employees, physical examination of higher employees, lower employees, and telecommunication apprentices upon employment, and providing medical treatment of officials, employees, and their families. A monthly compensation of 30-50 yen was offered, "and a 20-30% discount from original prices of medicine and treatment determined by payment provisions of each physicians' association was to be provided" (Hirase 1935a, 88-95; 1935b, 90-96; 1935c). Then, in the aftermath of the Great Depression, administrative reorganization was carried out in 1932 and as a result, the monthly allowance was abolished and only a one-time annual

compensation was provided. This led to refusal of contract or reduced discount rates. In 1933, medical services were further expanded as the headquarters of BPT and its branch offices in Seoul, Busan, and Wonsan purchased medical equipment and operated an in-house medical room to respond to sudden occurrence of disease among employees while on duty.

Following the launch of the Korean postal life insurance program in 1929 by the BPT, the Gyeongseong Postal Health Counseling Center (Postal Insurance Diagnostic Center, afterwards) was opened three years later in 1932 to provide free medical examinations to all subscribers (Tazaki 1935, 100-05; Yoshimura 1936, 75-86; Kurashiki 1940, 119-22). Health counseling centers were established in Busan, Pyongyang, Daegu, Incheon, and Wonsan, in addition to the one in Gyeongseong. BPT also used private automobiles to conduct a patrol health consultation for the areas without a health counseling center. Health counseling centers were available to whoever was a postal life insurant. Of course, there were requests from postal and telecommunication workers to establish full-scale diagnostic centers.[10]

Because the railroad business had a high risk of accident occurrence due to complicated works in the railway factory and the manual labor of the building construction sites, the Bureau of Railways of GGK established Yongsan Dojin hospital transformed into the railway hospital afterwards, and clinics were opened in other areas (Lim 2011a). In addition, it always goes without saying that the army and navy also prepared their own medical systems because they were always assuming a battle. Judging from details of business affairs, physical risk factors of BPT were fewer than other organizations. Nevertheless, Mutual Aid Association of Ministry of Posts and Telecommunications (MPT) established local clinics in Japan inland since 1922, which changed into state-owned clinics, and the hospital of MPT was built in 1938 (Health Division 1951). The dissatisfaction for this was strong as follows: "Look at the armed forces and the navy. Look at the railroad. Their grand hospitals! Aren't they mercifully reaching out to their employees through various other facilities? Our facilities within the Korean National Bureau of Posts and Telecommunications,

10. "Look at the armed forces and the navy. Look at the railroad. Their grand hospitals! Aren't they mercifully reaching out to their employees through various other facilities? Our facilities within the Korean National Bureau of Posts and Telecommunications, on the contrary, are simply too poor" (Hirase 1933, 60).

on the contrary, are simply too poor" (Hirase 1933, 60). However, the requests never materialized, and the part-time physician program remained the main framework of medical services provided to postal and telecommunication employees (Ike 1926, 2-8; Hirase 1935, 88-95).

At the workplace level, the postal and telecommunication authorities emphasized enhanced awareness of health and hygiene, cleaning (everyday cleaning, weekly major cleaning, and temporary cleaning twice a year in spring and fall), laundry and sterilization, prevention of infectious diseases (use of saline solution and Lysol, and catching flies), and promotion of physical exercise (tennis, picnics, and swimming) to promote health among the employees (Kato 1926, 34-37). In particular, the Postal and Telecommunication Sports Association was founded in May 1929 with the goals of "nurturing the mind and body of the members, cultivating healthy attitude and cooperative mind, and building friendship among the members through sports activities," and archery, baseball, and tennis clubs were formed under the association. These sports clubs not only had competitions within the BPT, they also organized matches with teams of other organizations, thereby contributing greatly to enhancing the members' overall health (Chosen Postal and Telecommunication Association 1931, 67-68; Koiwai 1935, 196-201). Radio exercise was practiced and encouraged during regular working hours. Combined with the promotion of "pro-Japan" and "national spirit" in wartime, such activities became a means of "training" along with ablutions 禊会 (misogikai), drills, and shooting. Moreover, after the Friendship Association 局友會 (Kyokuyukai) came into being in November 1940 with the goal of training the body of the postal and telecommunication employees, the physical strength of the BPT employees drew attention to them as good candidates for all-out mobilization (Chosen Postal and Telecommunication Association 1942a, 28-33). "Now more than ever, full mobilization and stronger home front represent robustness, that is 'health first'" (Chosen Postal and Telecommunication Association 1941, 2-6).

Conclusion

At the Bureau of Posts and Telecommunications, division of labor under the colonial employment system centering on the Japanese was established to place Korean employees in lower positions, allowing only a few to move upward to

higher employee positions. When it was difficult to recruit Japanese employees in wartime, the Japanese were assigned to higher positions of supervisory organizations and field work organizations, and the resulting vacancies were filled by Koreans, offering the latter a new opportunity for a better social status. However, one must note that the disparity in job positions became wider between the two ethnic groups considering that more than half of the Japanese personnel were promoted to be clerical officials. Moreover, the Koreans received a little over 50% of what the Japanese earned. From these observations, one can assume that the Japanese were healthy while the Koreans were less healthy.

However in reality, while Koreans were engaged in relatively dangerous tasks, their morbidity and death rates, as well as the rate of disease-related retirement were lower than those of the Japanese. In other words, the Japanese had higher morbidity and death rates. As for the cause, a large number of Japanese employees died or resigned from work due to infectious diseases such as tuberculosis. As in the railway business, the Japanese mainly worked indoors and lived communally in the urban area, and as such, they were more vulnerable to epidemics of infectious diseases. However, despite the surge in the morbidity rates since the mid-1930s, the resulting death and retirement rates did not increase as much.

The drive to "make one's body healthy" by the postal and telecommunication authorities was aimed at reducing deaths and retirement from diseases, not by reducing the diseases but rather by curtailing their increase by devising appropriate responses to them. In other words, it can be considered as managed health. The institutional foundation that helped achieve this goal was the Mutual Aid Association, combined with the part-time physician system. The Japanese were of course given priority for these programs, and the payout amount of benefits per person was about the same as their average wage. However, the disparity between the two ethnic groups was smaller in terms of the benefits for physical recuperation.

What is notable in comparison with the railway business is that the postal and telecommunication authorities did not have in-house hospitals and clinics, and when a patient was suspected of carrying an infectious disease, he or she was discharged from the organization by using the benefit for special symptom. The railway authorities, on the contrary, had established an independent medical system in the forms of hospitals, clinics, and recuperation

centers. From the perspective of the government, railway workers were engaged in highly demanding labor and tasks, and had high levels of skills, and thus it was costly to dismiss skilled workers and to secure new labor from the market and train their skills. In other words, because the nature of postal and telecommunication work required daily service, and did not require a high level of skills other than some telegraph- and telephone-related tasks, employees were often released from the organization in the form of "retirement due to disease" rather than being treated internally. Naturally, this accelerated the wartime workforce shortage.

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Abstract

The task of the present study is to elucidate the reality of labor hygiene in Colonial Korea by reviewing the employees' health conditions in the Bureau of Posts and Telecommunications (BPT) and the BPT authorities' measures taken against it. A colonial employment structure, which emphasized the role of ethnic Japanese in the division of labor system, was built in to the BPT. Ethnic Koreans were assigned mainly to the lower classes of the hierarchical system and relatively to dangerous tasks with the wages amounted to only more than half of those of the Japanese. Nevertheless, the health indexes, e.g., morbidity rate, death rate, and turnover rate from diseases of the Koreans were lower than those of the Japanese, which means that the physical conditions of Koreans were better than those of Japanese. Even though Japanese employees often worked indoors and lived communally after work, the very comfortable life style was the cause that increased the likelihood of their exposure to infectious diseases. To cope with these situations, BPT authorizes established the Field Worker Mutual Aid Association and strengthen the part-time doctor system. However, while the morbidity rate showed an upward trend from the mid-1930s, the mortality rate and the disease turnover rate were not high. "The good body-making policy" of BPT authorizes was not to decrease the diseases but to hold down the deaths and retires concomitant with the increase of diseases.

Keywords: labor hygiene, Bureau of Posts and Telecommunications, morbidity rate, death rate, Field Worker Mutual Aid Association

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