Anti-Japanese Sentiment in the Pacific War and its Contemporary Repercussions in East Asia

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TOPIC

Despite its rise in global prominence, East Asia remains one of the most politically divisive and hotly contested regions in the world. This reality, scholars posit, is in large part due to the existence of anti-Japanese sentiments deriving from the experiences felt by China and Korea during the Pacific War in World War II. To give a brief overview of these historical memories, one can only paint a very grim picture. With atrocities as the "Rape of Nanking" and the inhumane human experiments seen in the case of Unit 831, China suffered around 10 to 19 million casualties by the Japanese Imperial Army. Young women from both China and Korea were kidnapped and made to serve as "comfort women"- institutionalized sex slaves - for Japanese soldiers. Despite clear historical knowledge and evidence of these horrific incidences, the Japanese government has largely forwarded a revisionist historical stance. For instance, recently approved national history textbooks in Japan downplay the Nanking Massacre as well as the issue of forced prostitution during the war. Prominent members of Korean civil society believe that Japan has never "morally" apologized for its past deeds, especially in relation to the "comfort women" issue that still assumes center role in the debates surrounding current Korea-Japan relations. This animosity and general feelings of mistrust have led to points of severe diplomatic tension. The territorial disputes of the Senkaku Islands and the Liancourt Rocks symbolize China and Korea's resistance against the vestiges of past Japanese colonial expansionism. For interstate peace and commercial synergy to be improved in the crucial East Asian region, a cooperative ideal must be expressed among all three states. Seeing that anti-Japanese sentiments are largely responsible for the rift between these relations, it is vital to conduct research to clearly delineate the respective states' truthful historical experiences during and after the Pacific War.

China and Korea in the past decades have responded and reacted to the Japanese wartime impact in very distinct terms. The largest difference is in that although China has consistently shown high levels of anti-Japanese sentiments throughout its history, these feelings have vacillated in intensity for Korea. For example, during the Park Chung-Hee regime in the 1970s, Korea followed the Japanese development model and even took pro-Japanese diplomatic positions to achieve economic goals. In more recent years, however, the Korean state has once again brought up anti-Japanese topics, as in the territorial dispute of the Liancourt Rocks or "Dokdo". In general however, these issues have always been relatively sanitized, specific for certain party stances, and concentrated at the diplomatic level. But while the state has wavered in its stance on these issues, Korean civil society (organizations for comfort women, chiefly) has consistently served as the face of anti-Japanese sentiments. Still, their anger and demand for reparations are not directed toward the Japanese people, but rather against the Japanese government. In turn, the Chinese Communist Party has historically used anti-Japanese sentiments as an effective nation-building tool, using them to fuel nationalist pride and resentment against a common enemy. For China, these sentiments are less focused on specific issues of historical contention, but rather encompass hostility towards the *entirety* of Japanese civilization. This is seen in the cases where Chinese civilians specifically assault Japanese citizens, and destroy Japan-made products. Through this research project, I hope to compare the development of China and Korea's differing representations of anti-Japanese sentiments: the

former a largely top-down phenomenon, instituted by the state, and the latter, a bottom-up evolution resulting from a vocal Korean civil society.

A temporal examination is key to understanding the modern day political trajectory of East Asia as an ideologically segregated region. Through this exploration, I hope to reveal avenues of future scholarly discourse and illuminate confounding questions as: Why are violent anti-Japanese protests not as frequently seen in Korea as in China, despite the former's past as a Japanese colony? How is the United States going to pursue a trilateral relationship with Korea and Japan given that it has historically given more weight to Japan as a "mature" democracy, despite the pervasive anti-Japanese sentiments in the region? If these ideological rifts can be mended, could countries of East Asia form a regional body akin to ASEAN? In this sense, the contemporary implications of this project are not only localized in East Asia, but are international in scale and scope. A case study of Korea and China can yield fruitful data conducive to understanding broader modern-day international relations.

QUALIFICATIONS

Having extensively studied and interviewed low-income residents and landlords as a research intern at the Poverty and Inequality Lab (PIRL), I possess more than a year's worth of qualitative research experience. Through my association with PIRL, I have learned to use different database programs such as Microsoft Access and MAXQDA in order to code, interpret, and analyze empirical patterns revealed through the data. By working closely with expert scholars and researchers, I am now part of a network of mentors experienced in developing their own unique project plans. My research experience has given me the intrapersonal skills needed to conduct intensive interviews, the analytical prowess to detect substantive patterns from large data, and a web of highly qualified researchers, through which I can receive tangible advice.

Furthermore, this research project is largely a continuation of my current independent study with Professor Huei-Ying Kuo. Focusing on the economic "globalization" of Qing China during the 19th century and its implications on the development of the modern Communist state, I took the initiative to create my own syllabus, research credible sources, and individually speak to associated scholars to pursue a self-driven project. In a way, I have already begun gathering preliminary data for this project through my independent study, as contemporary history of China is deeply rooted in the development of the Chinese Communist Party and growing anti-Japanese nationalism. My independent study is also training me in broader abilities such as pacing myself when analyzing a long temporal framework, and to categorize my research methods into tangible thematic focuses.

I have also taken a substantial amount of qualitative and quantitative research-based courses under the Global Social Change Development track. In "Research Tools and Technologies", I designed my own research project, engaging with pertinent literature and indicators to study the connection between globalization, manufacturing, GDP per capita, and unemployment. In "Introduction to Social Statistics", I gained insight in conducting fundamental statistical tests and analyses, and understand its importance in producing generalizable and statistically significant data. I also have a strong academic background in international relations, economics, political science, language, and social theory, which allows me to conduct research from a multidisciplinary approach.

METHODOLOGY AND TIMELINE

The data-collection process will be divided into three parts: a thorough literature review, analyses of primary sources that indicate anti-Japanese sentiments by both the Chinese and Korean governments, and in-depth interviews with historians, researchers, and officials from the Foreign Ministry across Korea, China, and the United States. The latter two methodological components will necessitate traveling to China and South Korea.

Traveling is an essential component of this project. The richest and most pertinent primary sources are readily available only in China and Korea, either in libraries (e.g. SAIS Nanjing), museums, or government archives. Nevertheless, I will endeavor to gather data from libraries at Hopkins and SAIS, when not traveling. Furthermore, many potential interviewees are available only in their home countries, and physical face-to-face interviews will glean more fruitful data than through Skype or phone-interviews. The cultural biases that are expected to arise from researching abroad are the very elements necessary for understanding how Korea and China have developed from the experiences of the Pacific War and onwards, all from their unique perspectives and historical memories.

At the end, I will compose an extensive research report highlighting my findings, discussing observed patterns and phenomena, and analyzing possible avenues of further academic discourse. This report may serve as a starting platform for a future senior honors thesis. I will further endeavor to publish the report at a Hopkins-affiliated journal, such as the East Asian Studies Journal. Additionally, I intend to present my paper at an undergraduate research symposium and at poster sessions.

The following is the timeline for my project:

Activities	Spring '16	Summer '16	Fall '16	Winter '16-'17	Spring '17
Literature Review	██				
Develop Interview Instruments	██				
Select Interview Sample	██				
Travel to Korea and China		██		██	
Administer Foreign Interviews		██		██	
Compile and Analyze Data		██	██	██	
Gather Primary Sources (China, Korea, US)		██	██	██	
Write Report					██
Presentation of Findings					██

ITEMIZED BUDGET

Description	Total Cost
Travel	

• Summer round trip flight from US to Korea (Air Canada)	1246
• Summer round trip flight from Korea to China (China Southern Airlines)	152
• Winter round trip flight from US to China (Air Canada)	708
• Winter round trip flight from China to Korea (Korean Air)	365
• Public transportation in China	120
• MARC round trip train rides from Baltimore to Washington D.C.	160
Interview Recording Equipment	
• Tascam DR-40 (Recorder)	100
Printing	
• Articles and journal papers	50
• Forms and Documentation	15
TOTAL	2916

Liberia's Ebola Survivors: From Ebola Response to Sustainable Public Health Systems

THE EBOLA OUTBREAK

The 2014-2016 Ebola Outbreak was a public health disaster that not only exacerbated the health systems of Guinea, Liberia, and Sierra Leone, but it also overwhelmed the capacity of traditional global health organizations (e.g. WHO–World Health Organization, MSF–Doctors Without Borders, CDC–Centers for Disease Control and Prevention). Ebola took more than 11,000 lives, decimated West African socioeconomic infrastructure, and triggered massive international panic.[1] On January 14, 2016, WHO announced that all known chains of Ebola transmission within the region have been stopped. However, an unprecedented number of virus survivors remain highly stigmatized with limited clinical and psychosocial support.

IMPACT ON LIBERIA

Liberia suffered more damage and death than any other West African nation. As part of the recovery process, Liberian officials are rapidly seeking ways to better prevent, detect, and respond to health threats in the country. The Liberian Ministry of Health (MOH) recently published its *Investment Plan for Building a Resilient Health System in Liberia (2015-2021)*, which complements the country's *National Health Policy and Plan (2011-2021)*. Both of these policies give high priority to the establishment of a comprehensive and integrated health information system (HIS). Although these policies detail many problems with Liberia's current HIS, they lack in-depth recommendations regarding one critical component: Liberia's Ebola Survivor Network, which is a consortium of several government-supported groups led by survivors. These individuals face tremendous stigma as they attempt to re-integrate into Liberian society, made worse by the discovery that Ebola can stay in certain body fluids (e.g. semen, breast milk, ocular fluid) long after the initial recovery. Abandonment by families, unemployment, and depression are suspected to be widespread psychosocial issues. The extent of medical conditions among survivors is not well known—initial reports suggest that many experience persistent joint pain, eye problems, kidney impotence, headaches, and other chronic health concerns. In order to implement Liberia's overall HIS, effective organization and analysis of Liberia's Ebola Survivor Network is needed to identify critical factors across high breakout areas and thus mitigate the socioeconomic, medical, and psychosocial effects of Ebola for both immediate treatments and recovery integration.

PROPOSED RESEARCH PROJECT

Over the past two years, the Johns Hopkins University (JHU) and its affiliates have played an extensive role in the West African Ebola outbreak response, including providing analytic and strategic advice, convening public forums, designing innovative protective suits, implementing medical countermeasures, and training frontline health workers. More recently, a CDC-funded project managed by Professor David Peters (Chair of JHU Bloomberg School of Public Health's Department of International Health), which specifically supports MOH efforts in strengthening Liberia's HIS, is now underway.

(1) Team Setup: From June 12, 2016 to August 8, 2016, I, Anna Du (JHU Krieger School of Arts & Sciences, Class of 2018) will work in Monrovia, Liberia—under the guidance of Dr. Peters—as the sole undergraduate member of the JHU team (alongside two full-time JHU doctoral students and several interagency partners). The project will by then be in its second quarter. Offices, housing, and transportation resources have already been established. In preparation before my departure, extensive communications will be carried out between the team in Liberia and myself. I will also receive regular emails, Skype calls, and daily supervision from the country director (and Dr. Peters) during my assignment. (2) Objectives: My proposed work plan centers on the following research question: *What are*

[1] 2014 Ebola Outbreak in West Africa – Case Counts. Centers for Disease Control and Prevention website. http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html. Updated February 3, 2016, Accessed January 13, 2016.

the specific Liberian health policy recommendations needed to support the country's Ebola survivors?
This research project aims to study the clinical conditions and socioeconomic ramifications of the virus on Liberian survivors. (3) Data and Tools: The first part of my investigation includes working with MOH and Liberia's Ebola Survivor Network to develop a comprehensive Liberian Ebola survivor network electronic database that will be secure, confidential, and open-source. Currently, Liberian Ebola survivor groups have been collecting data on pen and paper. My role will be to take the lead in compiling and digitizing this information via software via programs such as R Studio, Stata, and Microsoft Excel. I will then work with Liberian partners (e.g. MOH officials, Ebola survivor network administrators) to use the database and write initial baseline descriptive analysis on Liberian Ebola survivor cohorts.

I anticipate that my proposed research project will provide significant insight into the burdens of clinical conditions facing survivors. For example, there are potentially high levels of syphilis among survivors. The goal is to identify the factors or patterns that led to such breakouts. To accomplish this, I will analyze patient records, examine survivor demographics, utilize disease surveillance dashboards, conduct interviews (with Liberian government officials and public health personnel), and perform statistical analysis. Tests such as multivariate regression, correlation, and statistical significance will be conducted to identify quantitative measures of risk and transmission. My research project will not involve medical intervention practice or interaction with Liberian Ebola patients and survivors.

(4) Expected Outcome: The outcome and applications of this research project are manifold. First of all, it will establish a cohesive Liberian Ebola survivor network database. Secondly, I have an opportunity to be an author of a report or paper on the descriptive analysis regarding the clinical conditions and socioeconomic problems of survivors. This analysis can also be disseminated through paper-based or electronic means as part of broader HIS programming and coordination tasks. Additionally, it can be applied to support general retrospective Ebola initiatives and enhance survivor tracking or hospital records. The third outcome is providing recommendations to MOH regarding key public health policy and disease surveillance decisions that must be made at the country's national, county, district, and community levels. The proposed research project (completion by December 2016) is extremely relevant to ongoing Liberian health initiatives and will ultimately clarify the best means of support for Liberian Ebola survivors and their families.

ITEMIZED BUDGET
All estimated costs below are provided in USD. Housing costs are excluded. There are currently no U.S. airlines that fly to Roberts International Airport in Monrovia, Liberia. A typical Liberian taxi costs $5-$10 per hour, and Liberian food prices can range from $5 to $20. I will need to travel to neighboring counties around the capital.

Item	Qty	Unit Cost	Estimated Cost
Housing	1	NA	$0.00
Travel Clinic Office Visit	1	$75	$75.00
Liberian Visa	1	$131	$131.00
Malaria Prevention Pills	1	$200	$200.00
Yellow Fever Vaccination	1	$225	$225.00
Travel Supplies (Includes books)	1	$369	$369.00
Local Transportation	1	$400	$400.00
Food	60	$30	$1,800.00
Round-Trip Airfare (DTW to ROB)	1	$3,000	$3,000.00
TOTAL			$5,400.00

SUMMARY OF QUALIFICATIONS

I have always had a keen interest in research—particularly the kind of research that can improve the wellbeing of others. In high school, my historical paper on New Deal federal housing reform won a National History Day award; I also traveled to the rural region of Liangshan, Sichuan Province, China to study women's health issues (i.e. HIV/AIDS) within the indigenous Yi ethnic minority population. After coming to JHU (where I am now a Dean's List sophomore majoring in Public Health Studies and minoring in Entrepreneurship & Management), I published an article in the Johns Hopkins Undergraduate Public Health Research Journal and gave a presentation at the 2016 JHU Public Health in Asia Symposium regarding my Liangshan experience.[2]

My solid experiences in research accelerate my growth as an individual and motivate me to continue exploring my interests. I have excellent data collection, statistics, and critical reasoning skills that derive not only from classroom learning, but also from my applied experiences in the health, business, and government sectors. This past summer, I worked at the United States Department of Defense (DoD) as a policy intern in the Secretary of Defense's Office of African Affairs. I designed a research project that examined lessons learned from DoD's unprecedented move of sending U.S. military troops to Liberia during the recent Ebola outbreak. My work culminated in writing a memo on formalizing DoD's global health security policy and presenting my findings to senior defense officials.[3] I gained tremendous perspective on the complexities of public health policy (e.g. stakeholder coordination, prioritization, and disease technicalities) and the impact high-level decisions can have on personnel at all levels. As final projects for two courses that I took last semester, I wrote an analytical paper on the 1960's Native American Civil Rights Movement and an extensive marketing plan for Fitbit Inc. I am also a top-notch communicator, which is best exemplified by my role as twice-elected JHU Class of 2018 President. (See resume for additional details regarding relevant coursework and qualifications.)

Creating a workable database and analyzing Liberia's Ebola Survivor Registry are challenging tasks, but I am confident that my qualifications match the skills needed for this proposed research project. Moreover, my proposal fits within the scope of Dr. Peters' project. I am an individual who takes initiative and brings tremendous energy to my work. I look forward to actively contributing and applying my skills towards strengthening the support network for Liberian Ebola survivors—a pressing post-Ebola public health issue that must be addressed in order to ensure proactive Liberian health policy decisions.

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[2] Du A. Pilgrimage to Liangshan: A Firsthand Glimpse at the Yi Minority's HIV Epidemic. *Epidemic Proportions*. The Johns Hopkins Undergraduate Public Health Research Journal. 2015; 12(1): 33-35. Published April 2015. Print.
[3] Submitted for publication in the April 2016 issue of *Epidemic Proportions*.

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Developing an Electronic Record System of First-time Stroke Patients in South London

- **The topic to be explored**

Although it is one of the leading causes of death worldwide, stroke continues to be an invisible public health challenge. Many cases are left unreported due to a lack of an effective surveillance system. Consequently, limited availability of data has restricted research efforts toward addressing this widespread yet preventable illness. In response, strategies to address weaknesses in current stroke registry systems, particularly shifting from paper to an electronic system, will help increase data availability for researchers. In this way, widespread accessibility of stroke data will lead to a better understanding of the complexity of the disease.

Specifically, the South London Stroke Register (SLSR) at King's College London is an ongoing population-based stroke system that systematically records first-time cases of stroke patients living in 22 wards in Lambeth and Southwark in inner-city South London. The Department of Health primarily utilizes SLSR data to implement the National Stroke Strategy, a framework designed to improve the quality of care for stroke patients and their families. This has driven successful initiatives for the redesign of stroke delivery services in London to reduce stroke deaths. While the SLSR is an important tool, it is challenged by a dated system. The project aims to develop an electronic record system to better centralize and streamline the current system that primarily relies on paper. Transitioning to an electronic record system potentially improves the coordination of care, which enables meaningful improvements in stroke treatment and services.

- **Your qualifications for conducting the research**

This past summer, I was a research assistant with the Global Obesity Prevention Center (GOPC), where I assisted with entry of post-intervention data into the electronic database system of a multi-level child obesity prevention research trial. In addition to developing my research skills, this public health research experience strengthened my leadership, independent action, and critical thinking skills. It gave me valuable first-hand insight into the process of how information is gathered and analyzed in a research

project, from data collection on the field to electronic database entry in the office, and then finally to data checking for quality control. I learned the importance of being organized, patient, and detail-oriented when conducting research. Similarly, I plan to further strengthen my analytical and technical skills by assisting with data entry of the electronic data system for the SLSR, which would help improve the flow of vital patient records. While this process will require time, it will serve as an important foundation for future stroke research initiatives.

In addition, this past fall semester I gained exposure to the clinical research environment in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins Children's Center. I assisted with maintaining electronic health records, the patient data tracking system, and various clinical assessment measures. By working with a variety of patient records, I gained awareness of the importance of patient confidentiality. Although I will not be working directly with patients with SLSR, I will be working with patient records on a regular basis. I hope to apply the first-hand knowledge I have gained by working with electronic health records to ensure patient safety.

My public health courses have given me background knowledge and practical tools that I can apply to my internship with the SLSR project. Last spring semester I took Fundamentals of Health Policy and Management, where we did comparative learning of the healthcare systems of various countries, particularly the National Health Services (NHS) of the UK. What intrigued me the most was that although the nation spends significantly less on health, the UK has better health outcomes than the U.S. By being involved in developing electronic records, I will gain a deeper understanding of how technology can be used as a beneficial tool to not only improve accessibility of stroke data but also potentially improve patient health outcomes. Furthermore, this past fall semester I gained basic epidemiological skills to analyze and interpret data in Fundamentals of Epidemiology, which I can utilize when working with sets of population-based data on stroke incidences in South London.

- **Your timeline for completion of the project**

For the timeline of my project, I will be working 25 hours/week for the duration of 8 weeks, from June 26th to August 27th. Since I will be primarily working with data management in a research/office-based setting without contact with patients, the project will not require IRB approval. For the first two weeks (June 26 – July 9), with my supervisor Anita Desikan, I will learn the logistics of the stroke register system and assist with set up of the electronic record system. I will prepare research materials and

conduct data checking of paper records for quality control, noting any issues to be addressed prior to data input. For the following three weeks (July 10 – July 30), I will assist with data entry of patient records into the electronic database. For the next two weeks (July 31 – August 13), I will examine population-level data on stroke incidence via electronic records and review literature related to my findings. For the remaining two weeks (August 14 – August 27), I will begin synthesis of data, review notes transcribed during the previous weeks, and share my progress with my advisor and research group.

- **Expected outcome of the project**

As a result of the project, the SLSR will be strengthened by a newly developed electronic record system that serves as a basis for future stroke initiatives. Most importantly, improving access to essential health data would help improve timeliness of care to avoid future preventable stroke-related deaths. With limited resources, the SLSR has a staff of one specialist and three researchers. By being involved in this internship, I hope to assist in making the transition to an electronic record system possible.

Through the experience, I aim to gain a deeper understanding of the important role of electronic data in not only informing researchers but also empowering health authorities and healthcare professionals in the movement toward a more coordinated system of care for first-time stroke patients and their families. A digital record system has the valuable capacity to further expand its reach in the South London area.

In addition, I will complete a 8-10 page final paper that will serve as a summary of my research. I will also submit biweekly reports reflecting upon my experiences to help track my progress throughout the research process.

- **An itemized budget**

Flight:	$460	x	2 (roundtrip) =		$920
Housing:	N/A	(Free through family contact)			
Food:	$100 /week	x	8 weeks	=	$800
Transport to work: (Metro card)	$30 /week	x	8 weeks	=	$240
Total Requested:					$1,960