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Sorokdo: From the Island of Stigma to the Island of Historical Reflection

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Sorokdo: From the Island of Stigma to the Island of Historical Reflection

Abstract

This article focuses on Sorokdo Island (Jeollanam-do, South Korea) as a remnant of the stigmatized landscape reflecting Hansen's Disease and the Japanese colonial power. Sorokdo began to be stigmatized due to the Japanese colonial rule in the early 20th century when patients with Hansen's Disease were forced to relocate there, suffering from human rights violations and labor exploitation. Isolation and the management of the patients by suppression and control were justified with the logic of modern values of sanitization supported by the colonial rule. Stigma has remained even after the liberation from the colonial power. Continuously recognized by people as an isolated, remote island with a significant concentration of patients with Hansen's Disease, Sorokdo still is being poorly preserved and overlooked by the public and the government. Based on a literature review and field research, this article illustrates how stigmatized landscapes remain in the hospital, detention/testing rooms, the Japanese Shinto shrine, and Central Park, among others. This article points out the necessity to preserve the landscape so that Sorokdo can be used as a space to educate and reflect on history. The suppression of the patients and workers on this island also should be illuminated. This article further emphasizes that social consensus is required regarding how Sorokdo can be carefully managed as a place that reflects its traumatized colonial history.

Keywords

colonial power, Hansen's disease, modern cultural heritage, Sorokdo, stigmatized landscape

1 INTRODUCTION

1.1 Background

COVID-19 reminds people of how negatively humans have perceived infectious diseases and how the authorities have enacted quarantine to control such diseases. Quarantine has been considered one of the most efficient yet coercive ways of controlling infections (Gensini et al. 2004). Infected patients have often been quarantined to facilitate treatment and management and to keep uninfected people from the contagion. Such as with recent examples of many cities that experienced intensive city- or nation-wide lockdowns, it has been historically shown that places with a concentration of infected patients as well as places which are quarantined often have been stigmatized as those with high risks of infections that should be avoided (Viladrich 2021).

This study focuses on Sorokdo Island (hereafter Sorokdo), which historically represents the authority's power to quarantine Hansen's Disease patients in the 20th century in Korea and has been stigmatized through the process of isolating infected patients. This study considers both the commonalities and uniqueness of Sorokdo compared with other similar Hansen's Disease colonies. In East Asia, isolating infected patients was intermingled with the colonial history and the logic of modernity imposed by the colonial ruling parties (Henry 2005). This study provides new insights into this notion in that we apply the analytical lens of landscapes developed by cultural geographers in interpreting Sorokdo's colonial landscapes. In addition, this study develops the concept of stigmatized landscape and seeks how the landscape can be transformed into that of historical reflection. Specifically, in examining Sorokdo and its landscapes in relation to its colonial history and Hansen's Disease, this paper argues that, while the landscapes have been stigmatized, they have the potential to be illuminated as those for historical reflection—the landscapes that exemplify the reasons for and problems with place stigma and how stigmatization can be overcome by reevaluating them as landscapes with historical lessons. In so arguing, this paper highlights the unique processes of the island's stigmatization after considering that this island has been used as a place to quarantine patients with Hansen's Disease since the early 20th century when the Japanese colonial rule dominated Korea. In other words, this paper reveals how the stigmatization of this island is intermingled with the colonial history of the country and how the remaining landscapes reflect the dark side of the history even today. In sum, the objective of this study is to understand Sorokdo through the lens of stigmatized colonial landscapes where isolation, monitoring and controlling, forced work, and worshipping were intermingled. This study is expected to provide implications on its transformation as a landscape of historical reflection. Specifically, this study identifies the issues with stigmatized landscapes and discusses the management and preservation of such landscapes with historical sensitivity.

This study is significant in that the findings of the study can provide implications for the management of stigmatized landscapes so that people can acknowledge them as landscapes for historical reflections. While previous studies have pointed out a lack of awareness and the importance of preserving the colonial landscape of Sorokdo, they have failed to discuss how the landscapes can be managed by interpreting the landscapes of each site on this island. As a result, Korea has been suffering from a lack

of adequate maintenance of such landscapes (Lee and Hong 2019) even after the designation as registered heritage sites (Lee et al. 2015). Findings from this study are expected to provide insights into not only Sorokdo but also other regions in Korea and other countries where cultural heritage or landscapes that reflect negative histories fail to be managed properly, causing the histories to be forgotten and the stigma to remain.

1.2 Research Methods

This multi-method study was based on the review and analysis of relevant documents about Sorokdo and its history, on-site landscape observation, participant observation that involved interviews with the residents of Sorokdo and Korean visitors, and off-site interviews with Korean non-residents as well as a telephone interview with a Goheung local government official. During the on-site fieldwork in April 2015 and April 2018, the first author approached people living in and visiting Sorokdo and conducted interviews relevant to the main research objective. Based on the results from the on-site interviews and observation, questions were developed for structured qualitative interviews to examine how Sorokdo's landscapes were perceived by people with and without visiting experience on the island. Interviewees for off-site interviews were recruited with snowball sampling. Off-site interviews were conducted from December 2019 to January 2020 and September 2022.

Table 1 summarizes the profile of the 37 interviewees who participated in the interviews from 2015 to 2020. A total of 26 people were interviewed during the fieldwork. The remaining 11 were interviewed off-site. The interviewees included 12 residents, 16 tourists, and nine non-tourists. Twenty-four were male and 13 were female. About half of the interviewees were under 50 years old.

Table 1. Profile of the interviewees (2015-2020).

Year	2015	2018	2019-2020	Total (%)
Type of Interviewees				
Residents	5	7	-	12 (32.4)
Tourists	4	10	2	16 (43.2)
Non-tourists	N/A	N/A	9	9 (24.3)
Gender				
Male	8	10	6	24 (64.9)
Female	1	7	5	13 (35.1)
Age group				
Under 20	2	2	0	4 (10.8)
20s	0	0	2	2 (5.4)
30s	0	0	3	3 (8.1)
40s	1	6	3	10 (27.0)
50s	3	3	1	7 (18.9)
60s	0	3	1	4 (10.8)
70s	3	3	1	7 (18.9)
Total (%)	9 (24.3)	17 (45.9)	11 (29.7)	37 (100)

2 THEORETICAL BACKGROUNDS

2.1 Landscape Research in Cultural Geography

Sorokdo's landscape can be interpreted by following and advancing the theoretical lens of new cultural geography that has enabled the understanding of landscapes as outcomes of the accumulated memories and experiences of people. This viewpoint, originally developed by Western scholars, can be advanced in application to the Korean cases with additional contextual consideration of interpreting the stigmatized landscape originating from Hansen's Disease layered with the colonized history.

Cultural geographers have developed insights into understanding layers of historical experiences by focusing on cultural landscapes. Landscapes can be read and decoded as a synthesis of the memories of people and accumulated affections that people have about the surrounding environment. New cultural geographers such as Jackson (1989) have asserted that culture is the domain where social relations of political dominance and subordination resolve and dissolve. This stream of research has also supported that the political entities reorganize the landscape with the change of regimes in order to politically use the landscape and justify their domination (Jackson 1989; Cosgrove 1984). Restructured ideologies affect how members of a society perceive and experience the landscape. New cultural geographers have argued that the rulers impose ideologies to persuade the ruled to justify the imbalance between the classes (Jackson 1989). Comprehensive viewpoints are required to understand cultural landscapes by considering the physical characteristics, the social functions, and the symbolic meanings of the landscape altogether (Park 2021).

Landscapes can also be interpreted to identify the underlying power which shapes a certain form of visualized as well as hidden elements such as monuments, buildings, and signage and the processes which form such elements. According to Cosgrove (1985), the meanings of landscapes evolve within the realities of social, economic, and political power. In other words, landscapes reflect the historical experiences of particular social groups vis-a-vis the power relationships that exist, for example, between states and citizens. In addition, Cosgrove (1985) pointed out that landscapes reflect the meaning that people from certain social classes give to the landscape in relation to them. Colonial landscapes reflect the practice of the ruled during the colonial period in addition to the gaze of the ruling parties (Shin 2017). Following such insights, Sorokdo's landscapes are expected to be read to discover the underlying power that shapes such landscapes: the process of the colonial power which controlled the patients and workers and the surrendering and resistance of the subordinates.

Cultural geographers have asserted that landscapes address the social, economic, and other inequalities that shape human life (Wylie 2007; Mitchell 2003, 1996; Zukin 1993; Wilson 1991; Smith 1990). In understanding this, Mitchell (2003, 1996) and Wylie (2007), among others, have focused on the landscapes formed by the labor class. Mitchell (2003, 1996) emphasized that landscapes are formed by the labor of the weak and underprivileged. Similarly, according to Wylie (2007), landscapes should be interpreted as outcomes of labor. Many of Sorokdo's landscapes are expected to reflect these viewpoints and can be interpreted as outcomes of the labor of the

patients during the colonial period.

Above all, the stream of research on new cultural geography has explored the multi-layered aspects of landscapes. While this study follows such a research stream, it particularly focuses on identifying the symbolic meanings of the landscapes and delves into the power underlying the landscape in relation to its society, economy, and politics by considering the unique regional context of Korea and Sorokdo in specific. Similar to Western new cultural geographers, Korean scholars have explicated the historical and cultural meanings of places by interpreting the diverse layers of cultural landscapes (Ryu 2009). Having thousands of years of history, Korea has landscapes that represent a diversity of cultural meanings, including cultural diffusion, humans' interactions with nature, sociopolitical processes reflected in the landscape, and the landscape as an outcome of political relations. Ryu (2009) emphasized that since many landscapes in Korea are outcomes of sociopolitical processes, the perspectives of the new cultural geography can be applied to interpret the landscapes in Korea. In addition to exploring the applicability of the ideas from the new cultural geography—developed mainly in the West—to this Korean example, this study theoretically attempts to combine new cultural geography with the research stream that has examined the landscapes reflecting colonialism and stigmatized landscapes that the following sections illustrate. In doing so, we reveal the multiple layers of visible and hidden, preserved and rebuilt, colonial and medical landscapes.

2.2 Colonialism Reflected in the Landscape and the Process of Stigmatization

Colonialism produces and reproduces many discourses that justify both tangible and intangible aspects of colonial occupation. The former supports the physical conquest of territory, and the latter highlights the less tangible conquests of the mind, self, identity, and culture of the colonized territory (Sharp 2009). Colonial spaces are distorted, and forms of colonial presence and rule are preserved within them, in part because purported knowledge about the past and its value can itself be a tool of colonial power (Yeoh 1996). In addition, colonial endeavors project images of identity and difference onto space as a way of maintaining unequal power relationships through the landscape (Oh 2013). Colonial landscapes are organized, sterilized, and changed to be better regulated and structured for economic activity (Sharp 2009). Therefore, these landscapes represent not only colonial economic aspirations but also techniques of social rule and control. The colonized are forced into cities, villages, factories, etc., as part of a colonial strategy to discipline, monitor, coordinate, reform, and dominate the subordinates (Sharp 2009). As such, landscapes under colonial rule are intentionally made to negatively impact the daily lives of colonized people. Based on this notion of landscape reflecting colonialism, this study explores in detail in which aspects the landscapes were created to affect the people who were quarantined in Sorokdo and how residents on this island are still affected by this colonial legacy. This study also discovers the perception of non-residents of Sorokdo about this island that used to be the settlement of those who were quarantined under colonial rule.

The intentionally created landscape functions as a political zone (Duncan 1992). People who live in these places are better utilized by colonial powers due to the power of the landscape phenomena; they read the landscape and understand it

subconsciously, as people can approach, touch, and believe the landscape naturally and easily (Duncan 1992). Thus, the landscape of a colony is created so that rulers can function through power metaphors and in this way intentionally overpower the subjects they rule. In particular, the public buildings or main buildings of a colony are designed to give a strong impression of the rulers, so that the ruled will see and recognize the new symbols of power inherent in the landscape, which implies an intention to firmly impress the power of the new rulers on their subjects (Duncan 2002). Conversely, the spaces of the ruled are set up to facilitate monitoring by the rulers through strategic planning using the panopticon form (Foucault 1977), complete with a central monitoring tower, as if in a concentration camp. In the end, the colonial landscape reflects the unequal power relationships that characterize colonial society and becomes a space that embodies the coercive negotiation of power between the ruler and the ruled (Yeoh 1996).

Following such insights, colonial landscapes including those in Sorokdo, represented by the hospital and concentration camps among others, are not only expected to enforce but also to legitimize and justify surveillance, control, and colonial rule. In constructing and populating such landscapes, colonial power could bring together the population to reconfigure them (e.g., as patients and workers) via supervision and control. Legitimizing discourses of ethnicity, moral degradation, disease, material squalor, and political disorder are often employed to justify separation, political domination, and the necessity of physical labor and punishment for subjugated populations (Duncan 2002).

Such legitimation was facilitated with the discourse of hygiene and sanitation of the Japanese colonial power (Henry 2005). Sorokdo's hospital, camps, and residences are the representation of the colonial discourse of sanitization through the isolation and management of those who were infected (Choung 2018). In other words, Sorokdo was a colonial space that rationalized the Japanese occupation by creating room for the occupying power to pose as a benevolent force undertaking the necessary work of improving and treating the so-called wrongful and defective Koreans. Sorokdo under the Japanese rule reflects the presence and power of this discourse.

Most examples of modern cultural heritage remaining in Korea have not been recognized as vestiges of the Japanese colonial occupation because of the negative perception that "a heteronomous transplant was applied in a time when the country did not have an autonomous capacity for accommodation" (Lee and Park 2005: 64-65). Furthermore, these perceptions and the prioritization of economic development have made it difficult for Korea to preserve these landscapes at the national level (Choung 2016; Pan et al. 2009). Sorokdo has also been a forgotten space where the history of the Japanese colonial era has not been properly reflected while, ironically, during the development era after the Korean War, Sorokdo's colonial landscape was not destroyed mainly because of its isolated and remote location, ignorance, and the functional value of the island as the place where Hansen's Disease patients continuously were concentrated. Previous literature supports that Sorokdo's landscape which reflects the meaning of discrimination and stigma should be re-evaluated (Lee et al. 2015). This is based on the notion that a lack of the correction of misinformation about Sorokdo and Hansen's Disease aggravated the stigmatization of the landscape. In addition, a lack of

proper management of the landscape is expected to cause even the visitors to perceive Sorokdo as dilapidated. This is illustrated more in detail in section 3.

2.3 Isolation of Hansen's Disease Patients during the Colonial Period

While Hansen's Disease has existed throughout history, the logic that has justified the stigmatization and isolation of the patients with a combination of colonialism has shown different patterns. Countries such as Norway and Sweden were passive about quarantining Hansen's Disease patients; on the other hand, Japan actively accepted the logic of quarantining the patients (Kim 2020, 2019b). Sorokdo is a typical example that reflects such a colonial justification for isolating the patients (Kim 2019b).

Similar examples include colonial Taiwan during the Japanese occupation and Colonial Malaya under British colonial rule (Tanaka 2022; Kim 2020; Hoshina 2019). Recent studies that have exemplified the isolation of Hansen's Disease patients in Taiwan during the Japanese occupations have attempted to reveal hidden aspects that not only highlight isolation of the patients and its logic of justification but also how the patients perceived the isolation and expressed their identities under the colonial rule (Tanaka 2022; Hoshina 2019). Works by Hoshina (2019) and Tanaka (2022) are examples that have focused on the writings of Hansen's Disease patients in colonial Taiwan to explore how their identities and situations were expressed through the patients' literature. Their studies reflect the Japanese principle of eradication of Hansen's Disease through isolation and show that the controlling of the patients was linked to the Japanese strategy to improve its national status as a modern state and was also based on the principles of ethnic cleansing and eugenics.

Kim (2020) focused on the examples of the British empire's attitude towards the isolation of Hansen's Disease patients in Colonial Malaya during its occupation. He illustrated that during the initial stage of colonialism, the British government had passive attitudes toward the isolation of Hansen's Disease patients. Yet, with an increase in Hansen's Disease patients, it became important for the British colonial rule to control the patients. At that time, the patients started to be isolated and the logic that justified stigmatization and discrimination against the patients followed. Noticeably, Kim's (2020) study also highlighted the transformation of the approaches to Hansen's Disease patients with the development of medication and humanitarian approaches to treat the patients. Also, Kim (2020) highlighted that the patients not only had been portrayed as victims of stigmatization, but also their active reactions to and resistance against the discrimination through bondage—that at least partly enabled them to transform the incarcerated areas into their everyday living space—had been pointed out. An example, Sungai Buloh Leprosarium, which is now on the tentative list of UNESCO's World Heritage sites, shows the efforts to designate such sites as cultural heritage to preserve the community for Hansen's Disease patients and to better connect the community of the patients to the outside world.

While there existed other Hansen's Disease colonies in Korea, studies on isolated places for Hansen's Disease patients in Korea mostly focus on Sorokdo (Yang 2014; Kim 2012) because Sorokdo was the biggest Hansen's Disease colony. Nowadays, there are a total of 17 National Registered Cultural Heritage sites on this island. They have been considered to have historical significance because they represent unique functions and

characteristics for Hansen’s Disease patients (Lee et al. 2015). The uniqueness of the landscapes related to Hansen’s Disease in Sorokdo lies in the fact that it has witnessed how spatial elements are allocated as a combination of natural conditions of an isolated place such as an island, historical elements, and man-made spatial elements that have enabled functions of treatment, residence, education, incarceration, and death.

3 SOROKDO: A LANDSCAPE OF STIGMA

3.1 Sorokdo and Its History of Stigmatization

Sorokdo is situated in Goheung-gun, Jeollanam-do in Korea, and the island covers an area of about 4.4km². Resembling a small deer, this island was named after the animal (Figure 1). Sorokdo used to be considered the island whose main residents were Hansen’s Disease patients and hospital staff. Later, as its beautiful landscapes became known to non-residents, the island started to be visited by the general public. However, the historical fact that the island was a place of human rights violations mainly caused by the forced isolation policy cannot be erased.

Sorokdo has a particular significance because its landscapes uniquely represent the colonial power imposed both by medically treating patients with Hansen’s Disease and by using them as compulsory laborers. The discourse of the colonial power on the island is visualized through the whole island itself, which has been considered a concentration camp (Eum 2021). The hospital, detention/testing rooms, the Japanese Shinto shrine, and the Central Park, among others, emphasized modern values of sanitization and isolation and management of the infected patients by suppression and control.

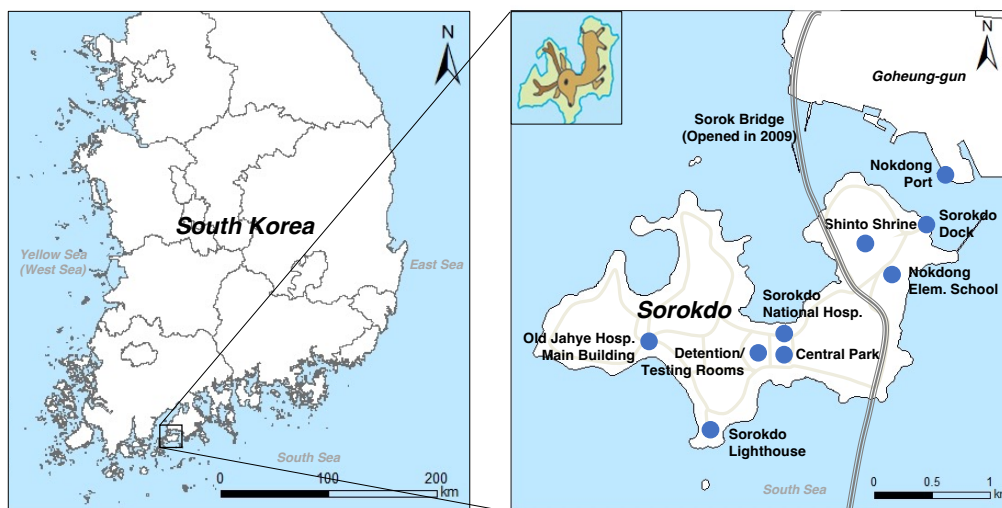


Figure 1. Map of Sorokdo (Source: Author).

Mitsuda Kensuke, who led policies related to Hansen’s Disease in Japan, submitted Opinions on the Prevention of Hansen’s Disease (癩予防に関する意見) to

the Japanese Ministry of Internal Affairs in 1915. His suggestion was realized in Sorokdo becoming an isolated island from mainstream society (Seo 2022; Jang and Kang 2018). Sorokdo is a typical example that shows how the natural condition of being an island provided a larger-scale isolation for the patient. It also is an example of the attempt to keep suppression at the island scale.

Reflecting on the policies to quarantine the infected patients, Sorokdo's history as a place of isolation started from the era of Japanese occupation. Sorokdo Jahye Hospital (currently known as Sorokdo National Hospital) was built on February 24, 1916, by Joseon Governor-General's office to isolate, accommodate, and treat Hansen's Disease patients (Jung and Kim 2016). The hospital and surrounding village came to be established at Sorokdo because the island met the conditions to quarantine the patients. Firstly, the island was naturally isolated, so it was a suitable place for a hospital intended to quarantine its patients. Secondly, the island's climate was mild and there was plenty of fresh water. Lastly, Sorokdo was close to land and had an ease of access for the transport of goods (Sorokdo National Hospital 2017a). Given these features, the island was designated by the Japanese occupying authorities as a collective village for Hansen's Disease patients.

The opening of the hospital expedited the concentration of Hansen's Disease patients to Sorokdo (Jeon et al. 2019), and all the actions against humanity committed on this island caused the stigmatization of this place. Sorokdo was a place for social outcasts removed from their ordinary dwellings, separated from their families, and transported to an island, which housed a hospital and operated as a concentration camp for its inhabitants (Eum 2021; Kim 2020; Han 2010). Based on the principle of the imperial Japanese government, patients in Sorokdo were quarantined for life. It was a discriminatory place where Koreans, who were simultaneously patients and workers, were forced to work and where human rights abuses occurred routinely (Sorokdo National Hospital 2017b; Han 2010). Under such circumstances, the patients were also abused regularly (Choung 2016; Ahn and Suh 2002). Specifically, the patients were subjected to a curfew and were forced to visit the Shinto shrine, attend the roll call, and recite the instructions and regulations of the sanitarium (Ahn and Suh 2002). Patients were mobilized for various types of construction work to build facilities in Sorokdo, and they were forced to make bricks and charcoal as well as collect oysters, rosin, laver, etc. (Kim 2012). The patients were isolated from the outside world and controlled and monitored (Kim 2019a; Sorokdo National Hospital 2017b). Isolation of the patients on the island was mainly to stigmatize and expel the patients from the general population to enhance sanitation among the non-infected people rather than to take care of and treat the patients (Han 2014). Such continuous processes have reinforced the stigmatizing processes of this island.

It is true that the discourse of development and elimination of the colonial remnants went side-by-side at the national level, yet regional variations existed. While overall such a national movement was dominant, there was regional variance. Especially at the local level in isolated regions like Sorokdo, the logic of development at the national level was not that prominent. Park (2010) corroborated that there has been no room in the discourse of the management of the island and its landscape throughout the development periods after the Korean War regarding whether or not the colonial remnants should be destroyed. Park (2010) supported that the discourse about Sorokdo

as a place to isolate the Hansen's Disease patients has continued to be dominant. Park (2010) also attested that Sorokdo has continued to have a dominant image as the place to be isolated as a Hansen's Disease colony rather than a remnant of the Japanese colonial rule that should be eliminated. This fact is also reflected in the interview with a Goheung local government official.

Those who have visited Sorokdo are not well aware of the fact that Sorokdo was formed during the Japanese colonial period, and they only know it as a Hansen's Disease cluster. There are not many people who think of Hansen's Disease patients as victims of the Japanese colonial period. Even though the history of the Japanese colonial period remains as buildings, very few people consider them as victims. There is still a lot of ignorance about history.

In that sense, Sorokdo continues to be the place to be 'gazed at' by people outside Sorokdo, and people's prejudices do not change with accumulated institutional and individual forces. Park (2010) pointed out that the ongoing isolation caused tourists to misbehave, such as treating the patients like animals in a zoo. This echoes the results from the interviews with the residents of Sorokdo; the residents expressed, "We are, again, treated like animals. Some of the visitors swear at us, using derogatory expressions."

However, Hansen's Disease is now recognized as a treatable disease instead of a chronic epidemic, and Sorokdo is gradually transitioning from a place of isolation and concentration to a place of treatment, care, and welfare as well as historical reflection. The opening of the Sorok Bridge in 2009 and the subsequent influx of tourists have also expedited the transition (Jang and Kang 2018). It should be noted that the increase in tourists is mainly due to the increased accessibility to Sorokdo rather than the increased interest in the island and also due to the island's location as a stopover destination on the way to Geogeu Island (Yoon 2021; Ministry of land, Transport and Maritime Affairs 2011). Unfortunately, the misconceptions and prejudices about Hansen's Disease patients on this island still remain (Jeon et al. 2019). Statements of the interviewed visitors to the island, such as that of Mr. Park, vividly illustrate the perceptions of the general public:

To be honest, I came here (i.e., Sorokdo) because the cost is low to come to travel to this island, not because I like it. It is the place where patients are concentrated. It has good scenery though. (Mr. Park, in his 50s, April 21, 2018)

With the opening of the Sorok Bridge and considering the increased competition among different regions to attract tourists in the neoliberal era, one may question why Sorokdo still does not attract visitors. Official information including notification on the official website of Sorokdo National Hospital (2022), managed by the Ministry of Health and Welfare, which is a department of the Korean national government, shows that Sorokdo has been closed from the public because of COVID-19. Because of its unique functional characteristics as a place to treat patients, it has been hard to consider the tourism development of the island. Furthermore, even since the outbreak of COVID-19, the Naro Space Center from Goheung has gained significant popularity among the

public, and the focus of tourism promotion from the local government has been this center.

This can be supported by the number of news articles about Goheung and its vicinities from the BIG KINDS (2022) database as well as the interview with the Goheung local government official who confirmed that the Space Center is mainly promoted by the tourism division of the local government. According to the BIG KINDS database, which shows the statistics based on the text from newspaper articles, with the search term 'Goheung' and 'tourism', the main keywords from 1,043 newspaper articles for two years before COVID-19 (i.e., January 2018 to December 2019) included 'the Ministry of Land, Infrastructure and Transport', and 'vitalization of local economy'. Neither 'Sorokdo' nor 'Naro Space Center' were identified as key terms according to the database. However, after COVID-19 (i.e., January 2020 to September 2022), along with 'local governments' and 'vitalization of local economy', 'Naro Space Center' started to be identified in the main keywords among a total of 1,491 newspaper articles. More important, Sorokdo still did not appear as a main keyword. The local government official of Goheung corroborates this result: "Since Sorokdo is highly influenced by Sorokdo National Hospital, the local government has no choice but to focus on the Naro Space Center rather than to promote Sorokdo itself in Goheung tourism." She added,

While the local government intends to support tourism development of Sorokdo, main sites related to both the colonial past and Hansen's Disease are controlled more strongly by the Sorokdo National Hospital and the national government's Ministry of Health and Welfare which prioritize the treatment of the patients. The local government perceives a lack of control over the development and the management of the facilities from the perspective of tourism.

This also can be understood as an extension of the 'contest of different discourses of managing the region'. This shows the discourse of keeping the island isolated, prioritizing the functioning role of the island for the treatment of the infected and weak patients rather than prioritizing the correction of misunderstanding and prejudice against the patients, the island, and its landscape, especially during the pandemic. This also reveals the discourse of promoting a region during the neoliberal era for the survival of the region.

3.2 Sorokdo's Stigmatized Landscape and Its History of Stigmatization

Upon arrival at Sorokdo, the first visible object is the sign of Sorokdo National Hospital (Figure 2), which makes it seem as if the whole island is a hospital. The origin of this hospital dates to 1907, when the Japanese Empire legislated the Measure for Preventing Hansen's Disease and decided to isolate vagabonds and homeless people among others. In 1910, the Municipal Hansen's Disease Care Center was built, and in 1916 the Governor-General of Joseon officially opened Jahye Hospital (Figure 2) in Sorokdo, with funds provided by the Japanese Emperor Myeongchi a year earlier (Sorokdo National Hospital 2017a).



Figure 2. The sign of Sorokdo National Hospital at the entrance of the island (Left, Source: Taken by the author, April 25, 2015) and the old Jahye Hospital's main building (Right, Source: Cultural Heritage Administration).

During the Japanese occupation, patients with Hansen's Disease were blamed for undermining the development of the region and ruining the landscape of the area. They were considered dangerous people who needed to be controlled and confined so that healthy citizens could escape from the so-called sanitary crisis (Han 2010). As such, the isolation of these patients changed the spatial meaning of Sorokdo. Japanese colonial authorities stated that this was done for the sake of science and community safety (Jang and Kang 2018; Choung 2016; Han 2010).

Sorokdo has historical significance that reflects the colonial oppression and is a historical site of human rights abuse. Below, we address specific places on Sorokdo Island—the Shinto shrine, the detention/testing room, and the Central Park—all of which reflect not only the resentment, pain, and suffering of patients on Sorokdo but also embody and discursively enforce the Japanese colonial rule. While understanding the entire island as a place for controlling Hansen's Disease, this study focuses on these sites that reflect colonial landscapes where the power relations of the ruling and the subordinates were visualized and monitoring was justified, as Cosgrove (1985) pointed out. These landscapes can be interpreted as places where surveillance and colonial occupation were justified. The old Jahye Hospital building, the Shinto shrine, the detention rooms, and the testing rooms were designated as National Registered Cultural Heritage sites. In 2021, ICOMOS Korea suggested that the Cultural Heritage Administration propose them to be included in a tentative list of UNESCO's World Heritage sites. Most of all, the report prepared by ICOMOS Korea highlights that the historical memories of discrimination and prejudice against Hansen's Disease patients during the colonial period remain in the landscape of Sorokdo (Cultural Heritage Administration and ICOMOS Korea 2021). Nevertheless, most of these colonial landscapes are now old and dilapidated. In particular, the detention rooms and the testing rooms as stigmatized places are exposed to visitors without any restrictions on their visits to the site. This practice requires more control to preserve the site. An interviewed security guard expressed remorse that it is hard to control mindless visitors:

The heritage here is hard to manage. Mostly, we just let it go. Even if there are signs of damage, scribbling, or breaking. . . what am I supposed to do? What's the big deal? It's impossible to manage people one by one. (Sorokdo security guard, man in his 70s, April 21, 2018)

3.2.1 Landscape of Imbalanced Political Relations—Shinto Shrine

The Shinto shrine of Sorokdo (Figure 3) was built in 1935 to force patients to visit this Japanese religious space and worship the Japanese emperor (Sorokdo National Hospital 2017a). Considering that most patients in Sorokdo were Christians at that time, it was an effective means of cultural ruling (Jung 1997). The 1st and 15th days of each month were designated as the days to visit the shrine; all patients were forced to worship in Japanese ways. Furthermore, to enforce the patients to conform to the rules when participating in the ritual of visiting shrines on national events and festivals, Japanese soldiers strictly enforced surveillance and worship regulations. Furthermore, strong penalties, such as lashings and imprisonment, were imposed when patients refused to visit the shrine (Sorokdo National Hospital 2017b; Lee 2014). Thus, the Shinto shrine reflects the landscape of imbalanced political relations between the rulers and the ruled reflected as religious coercion, as Oh (2013) and Yeoh (1996) have also suggested.



Figure 3. Shinto shrine (Source: Taken by the author, April 19, 2018).

3.2.2 Landscape of Surveillance—Detention/Testing Rooms

The buildings accommodating the detention rooms and testing rooms represent the historical fact that the patients on this island were not simply medical patients, but they were subjected to surveillance mentally, physically, and ideologically. In the early 1930s, as the number of hospitalized patients in Sorokdo Jahye Hospital rapidly increased, it became important to manage patients with Hansen's Disease. In 1935, the Leprosy Prevention Act was enacted, and detention rooms and testing rooms were installed to

help control the patients in Sorokdo effectively (Kim and Oh 2016). These facilities reflect the colonial strategies to institutionalize the monitoring system of the subordinates, echoing Oh (2013) and Lee and Park (2005). Both were regarded as places associated with the most terrifying punishment among the various prosecution rules enforced under Japanese imperialism at the time. Those who were confined in this way were rarely allowed to be discharged, and physical violence such as medical experiments on a living body, quarantine, and detention were involved.

Most of all, the detention rooms symbolize the violation of human rights as their layouts resemble prisons, having an H-shaped corridor with still-barred windows (Figure 4). The patients were imprisoned, monitored, and punished without food being served in these rooms. Moreover, the detention rooms had a steel cage, which was placed in the corridor to prevent patients from escaping (Takio 2004).

As Duncan (2002) asserted, both detention and testing rooms exemplify colonial landscapes that were designed not only to control but also to easily monitor the ruled. When the interviewees were shown the pictures of detention rooms and testing rooms, the reactions included “deserted”, “fearful”, “feeling cruel”, “frightened to imagine that humans were suppressed of their free-will”. In sum, detention and testing rooms are the space where visitors can recall the loss of human rights of Hansen’s Disease patients.



Figure 4. Detention rooms (Source: Both taken by the author, April 19, 2018).

3.2.3 *Landscape that Reflects the Discourse of Hygiene—Testing Rooms*

The testing room (Figure 5) building is sectioned into two rooms—the first section was used for autopsies and the medical examination of the patients; the other section was used for sterilization (Takio 2004). In these accommodation facilities, Japanese soldiers unitized clinical treatments and eugenic sterilization in the testing rooms, which focused on control rather than treatment (Takio 2004). This reflects the discourse of hygiene and sanitation of the Japanese colonial power (Henry 2005).

In the early 20th century, there was a massive movement of Hansen’s Disease patients to urban areas as vagrants, and the infected patients were concentrated in the urban areas. Thus, there were strong social demands for isolating such patients. In combination with the logic of imperialism, racism, and eugenics, the process of stigmatization and discrimination was reinforced. Testing rooms reflect the prevalence of eugenics during that period. In order to justify the eugenics, Japanese colonial

authorities employed the discourse of hygiene and sanitation by describing multi-layered dichotomies. First, inherent national traits of the Joseon dynastic kingdom were framed with poverty, indecency, negligence, and most importantly, uncleanliness, while those of Japan were described with cleanliness and industriousness (Naoki et al. 2007). Such a dichotomy was combined with that of infected versus not infected.



Figure 5. Testing rooms (Source: Both taken by the author, April 19, 2018).

These two landscapes also exemplify that the signage of these rooms showing that they are included in the list of National Registered Cultural Heritage does not mean that such labeling guarantees to enhance the utilization of the landscape for residents and tourists. The efforts to provide interpretations of these heritage sites may be worth monitoring after the pandemic since the interpretation service launched a few years ago yet was ceased because of COVID-19. The official at Goheung-gun confirmed:

Detention rooms and testing rooms remain in the past, but no special management is being done. About three years ago, there was a heritage interpreter, but now he is not even coming out due to COVID-19. In fact, traces of inhumane treatment of Hansen's Disease patients remained in the testing room until the mid-1990s, but they all disappeared under the order of the director of Sorokdo National Hospital. Even if the local government wanted to manage the evidence, there was not much the local government could do because the National Sorokdo Hospital had greater authority.

Furthermore, the interview with the Goheung-gun government official further supports that the stigmatized history of Hansen's Disease was being emphasized by the heritage interpreter while Sorokdo's history originating from the colonial period was relatively overlooked in the interpretation. The government official thinks that, even after visiting the testing room and the detention room, with the heritage interpretation that emphasizes Hansen's Disease rather than the colonial history, some visitors tend to take for granted isolating the patients to the island instead of more deeply understanding the processes and political forces that forced the patients to be isolated on the island. This implies that the detention and testing rooms still fail to be

compellingly interpreted as landscapes of surveillance or those that reflect the discourse of hygiene—as they should be perceived.

3.2.4 Landscape of Forced Labor—Central Park

Sorokdo's Central Park (Figure 6) started construction in 1936 and was completed in 1940. Annually, about 60,000 residents were forced to cut down the forest and plant and grow trees to create 20,000m² of the park (Jung 2005). Without knowing the historical meaning of this site, the interviewees mentioned the park looked beautiful. The most direct appreciation for the interviewees who saw the pictures of this landscape was the "well-managed garden" (Mr. Sohn in his 30s, January 29, 2020) or the beauty of the garden, as Ms. Hwang stated as follows:

I felt that this is the most pleasant picture among other pictures of Sorokdo. If I had not been told that it is a picture taken in Sorokdo, I would have thought that it was a famous forest park or a natural walking path. (Ms. Hwang, in her 20s, January 31, 2020)

However, we can see the inherent tragedy in this seemingly beautiful space. The most representative is the Statue of the Director in Central Park. It is now demolished and only its foundation stone remains. It was built in 1940 to honor Masasue Suho (周防正季), who served as the Director of the hospital from 1933 to 1942. After building his own statue, he designated the 20th of each month as the day of appreciation (報恩感謝日) for the patients to worship there. Furthermore, Director Suho subjected the patients to forced labor and harsh acts. He was eventually killed by the patient, Chunsang Lee, on June 20, 1942 (Sorokdo National Hospital 2017a). Through the murder, Chunsang Lee attempted to appeal to the public by revealing the problems with the rehabilitation center. Despite this, he was executed (Jung, 2005).

The landscape of Central Park and the site of the demolished Statue of the Director are the remnants of what Mitchell (2003) argued regarding the landscapes formed by the labors of the underprivileged. Such landscapes also conform to the assertion of Wylie (2007) that landscapes are interpreted as outcomes of labors. After all, in contrast to the beauty of Central Park, its landscape ironically reflects and embodies the unequal power relations that characterize colonial societies (Myung 2018; Yeoh 1996).

Meanwhile, the old site of a brick factory is in Central Park. In 1933, the Director built the brick factory to build more facilities to accommodate the increasing number of patients (Figure 7). When much of the hospital's finances went into war expenses, the Director exploited the labor of the patients to cover the finances through the production of bricks (Sorokdo National Hospital 2017a). Due to the excessive construction work, patients suffered several injuries, which worsened the patients' illnesses. If someone was not good at their own job or protested, he was locked up in a detention room and had to undergo sterilization when he was released (Jeon et al. 2019). Some patients who could not endure this tried to escape by swimming or by

secretly taking a boat but were punished more harshly if caught, and some were shot or drowned while swimming (Jeon et al. 2019).

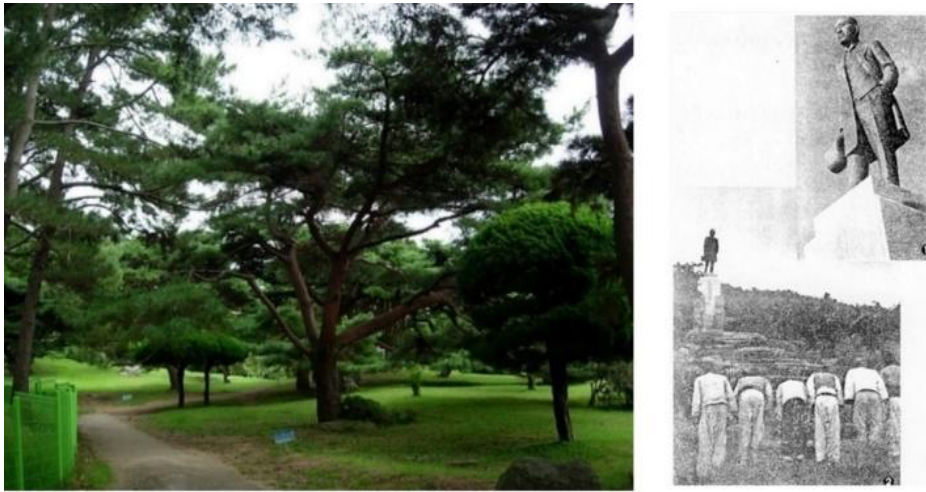


Figure 6. Sorokdo Central Park (Left, Source: Taken by author, April 25, 2015) and Statue of Masasue Suho (Right, Source: Sorokdo National Hospital Hansen's Disease Museum).

All these landscapes of this island layered with the suffering of Hansen's Disease patients from Japanese history remain until today, reinforcing the stigmatization of Sorokdo as the 'cursed land', stained with incarceration, body control, forced labor and a lack of religious and political freedom. Despite the National Liberation on August 15, 1945, Hansen's Disease patients were not liberated and the discrimination against the patients persisted. A massacre of the patients that took place just after the liberation exemplifies such a continuation of suppression and discrimination against the patients on the island (Jung 2005).

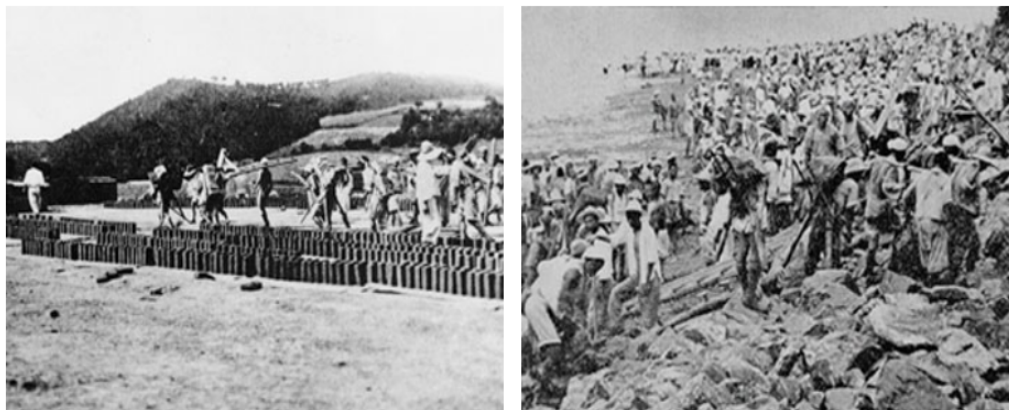


Figure 7. Labor of the patients in Sorokdo (1933, Source: Sorokdo National Hospital Hansen's Disease Museum).

4 DISCUSSION

4.1 Theoretical Contributions

In understanding Sorokdo, its uniqueness as a site in which isolation and forced labor were emphasized rather than treatment, and its extant colonial landscape were highlighted. The landscapes enable visitors to indirectly feel the suffering of Hansen's Disease patients. Specifically, at the island scale, the characteristics of being an island that facilitated the isolation of Hansen's Disease patients were pointed out. Additionally, this study is significant in that it also highlighted the layout of the landscapes themselves that enabled body control, surveillance, and forced labor and worship.

This paper also contributes to the theoretical understanding of stigmatized landscapes and how the stigma persists using the lens of the layers of icons of power. The landscapes reflect the colonial history, being additionally layered with the visible as well as visually hidden landscapes reflecting an infectious disease, reflecting imbalanced power relations between the ruling and the ruled, and further showing the contest of control between the central non-tourism department and the local government's tourism department. The study shows how the landscape reflecting colonialism and stigmatization was linked to the geographical characteristics of an island as the place for it.

Our contribution also lies in the fact that the theoretical discussion has been applied to the example of an island that has never been examined from the theoretical lens of cultural geography. Sorokdo in particular allows for analysis of a specifically stigmatized landscape originating from the colonial period and postcolonial persistence and aggravation of the isolation caused by ignorance and prejudice regarding Hansen's Disease. In doing so, our paper not only 'horizontally' shows the types of stigmatized landscapes by taking examples of key sites of Sorokdo but it also 'vertically' shows the layers and the processes of stigmatization by showing a combination of interviews from the Sorokdo residents with diverse demographic profiles, Koreans with and without a visiting experience to Sorokdo, and a Goheung-gun local government official. This study not only discovered the commonality of landscapes stigmatized by the colonial history and aggravated by uncorrected prejudice against the place in which infected patients resided, but it also revealed the regional uniqueness caused by an additional layer of the contest of power between a department of the national government and the local government. We further tracked that even with the increased voices to compensate the tortured patients and the local government's recognition of the necessity of 're-designing' the island and encouraging visitor arrivals through tourism promotions to overcome the traumatization, it is still hard to implement tourism development of the island because of "the contest of power" caused by the control from the Ministry of Health and Welfare (Sorokdo National Hospital).

4.2 Implications

In managing the site and the island as the landscape of historical reflection, above all, this study suggests that the historical meanings of each site need to be first re-

evaluated. For example, the landscapes related to surveillance and incarceration, such as the detention and testing rooms, should be well-researched and interpreted so that the historical meanings can be communicated appropriately to the visitors. Some landscapes that reflect forced labor and suppression should be reexamined and better communicated to the visitors with the historical implications including additional re-interpretation of historical incidents such as Chunsang Lee's murder of Director Suho. Further discussions are encouraged regarding how to utilize these landscapes for people to experience and learn from history and to realize that such suppression should never happen again. Considering recent ongoing trials for the Japanese government to compensate Hansen's Disease patients for their isolation and suppression both in Japan and Korea (Jeon et al. 2019), the role of Sorokdo as the place that witnessed and still has landscapes witnessing to historical misbehaviors is expected to increase. This study implies the need to discover more heritage elements on the island and to better manage the elements in order to attain a better preservation of Sorokdo. This can be achieved by remembering the island as a landscape that witnessed the violation of human rights and human suffering that led to the stigmatization of the landscapes and the people on the island.

The outbreak of COVID-19 has reminded people of the importance of understanding the history of other infectious diseases and their historical, social, and cultural implications, among others. Sorokdo's significance as combined landscapes reflecting on Hansen's Disease and the Japanese occupation formed by and through colonial power is worth being recognized. Thus, this study implies that the preservation of the landscape is justified for the following reasons. First, the history of the Japanese colonial rule that violated human rights remains in Sorokdo. Second, through the preservation of the landscape, Sorokdo can be used as a space to educate and reflect on history. Third, the suppression of the patients and workers, especially during the colonial period and the aftermath of colonial legacies, should be illuminated so that their suffering should be acknowledged. In order to transform these stigmatized landscapes into those of historical reflection and to manage the island more sustainably, a social consensus is required with regard to how this island can be carefully managed as a place that reflects its traumatized colonial history.

5 CONCLUSIONS: TOWARDS THE LANDSCAPE OF HISTORICAL REFLECTION

In Sorokdo, colonial remnants have remained for about 100 years as evidence of humanitarian violence and oppression of the patients with Hansen's Disease. Eventually, Sorokdo became a symbol of an oppressive and tightly controlled space that isolated society's weakest and most vulnerable. This study has illustrated Sorokdo as a stigmatized landscape which is an outcome of the colonial power from the period of Japanese occupation. Based on the notion that the entire island is related to the quarantine and incarceration of Hansen's Disease patients and thus worth a historical reflection, using the lens of new cultural geography, this study has interpreted landscapes of Sorokdo according to the perspectives of a landscape of imbalanced political relations, a landscape of surveillance, a landscape that reflects the discourse of hygiene and sanitation, and a landscape of forced labor.

It is true that there are more visitors to Sorokdo thanks to the opening of the Sorok Bridge. However, this paper showed that the exposure of the island to the public fails to contribute to the eradication of the stigmatization of the island, its landscapes, and the people. Stigmatization and prejudices cannot be corrected without efforts to better interpret the implications of the landscapes. This process begins with improved strategies to communicate with the public. It also involves the negotiation of the current contested power between the need to treat the patients through quarantining of the island, as in the case of a pandemic, and the need to open the island to the public and to promote the island with correct interpretations to encourage the general public to experience and realize that the landscapes are not to be stigmatized.

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