
PART IV

The Views of the Providers of Health Care

Part IV presents the analysis of the views of the providers of health care in the Korean community. The views, coming from distinctively different groups of health care providers, were valuable in their own right. They also clarified and supplemented the views of the health care users, especially about the socio-economic aspects of health and health care use.

Chapter 10, based on the interviews with biomedical and allied health practitioners including a physiotherapist, podiatrist and pharmacist, who are working in close cooperation, interprets their views on the health and health care use of Korean men in Sydney. Similarly, Chapter 11 presents the analysis based on the interviews with Korean traditional doctors and others. Both chapters also delve into the socio-economic aspects of health care services in the Korean community, which provide important indications of Korean immigrant life in Sydney and also influence health care use patterns.

The quotation below illustrates precisely the health of Koreans, according to Ha Ki-ho, a funeral director in the Korean community.

In my opinion, the chest or heart of Koreans is 'rotten' in the sense that they have too many problems and stress which they don't know how to resolve. ... They may look healthy, but they're carrying serious health problems with them. ... The absolute majority of those who pass away seem to die of 'stress' caused by the harsh immigrant life and economic difficulty. Some of them commit suicide. Some deaths are caused by heart attack which is an outburst of many problems which have accumulated over a long period of time.

Chapter 10

Work, health status and health care use: the views of biomedical and allied health practitioners

BIOMEDICAL DOCTORS

The Evolution of Biomedical Care in the Korean Community

When Koreans fall sick or are unable to work due to health reasons, the first institutional help they look for is from biomedical doctors (General Practitioners) in the Korean community. All the doctors in the community are charging fees to the government by bulk billing. Coming from a developing country where medical services were not as easily accessible as in Australia, the Korean attitude towards visiting biomedical doctors in the first instance is: 'The service is free so there is nothing to lose.'

By 1995, there were eight Korean speaking biomedical doctors practising in the Korean community (see Table 10.1). Six were trained in Australia, and two were trained in Korea and registered in Australia after completing a required course. All of the six Australia-trained biomedical doctors (five male and one female) are the children of amnesty migrants. (I refer to the only female doctor as a male in order to preserve confidentiality). As already

discussed, the majority of the amnesty migrants were drawn from lower socio-economic backgrounds in Korea. Although they had experienced life-threatening difficulties as wanderers in many parts of the world, they wanted their children to receive tertiary education. Parental persuasion was one of the most significant reasons for students deciding to enter medical school. This, however, is also why some Korean medical students have dropped out of the course and chosen other careers. The importance of education for social mobility is beyond question amongst Koreans in the homeland, as well as overseas. Although all the Australia-trained doctors in the Korean community are from lower socio-economic backgrounds they quickly adapted themselves to 'professionally appropriate' attitudes towards their patients.

Table 10.1: The number of biomedical doctors in the Korean community in selected years

Year	1987	1989	1990	1991	1992	1994	1995
No.	1	1	2	2	3	6	8

SOURCES: *The Sydney Korean Telephone Directory* 1989 – 1994
Chugan Saenghwal Chǒngbo 1995 July 14

High achievers in the Higher School Certificate from the Korean community prefer medical school to law school. It is understood amongst Koreans in Sydney that close links with the Australian-born population are necessary to be a successful lawyer but Korean General Practitioners would not necessarily need to interact with Euro-Australian doctors as there are enough Korean clients. It is not surprising to hear Dr Yi Chi-su saying, 'As I could not bear the effect of the White Australia policy I thought that doctors might suffer much less from it.' In 1996, there were about 40-50 Korean students studying medicine at the Universities of Sydney and New South Wales. Philanthropy may seem to be an important motivation for becoming

a doctor. However, prestige and economic prosperity seemed important as well. After all, it is a relatively well paid occupation.

What motivated you to become a doctor?

Medical school enables me to be engaged in a scientific study and gives me an opportunity to help people.

Doctors carry lots of prestige, don't they?

Yes. Most people and especially the parents of Korean students still think that doctors earn plenty of money (Dr Min Han-sik).

The level of prestige enjoyed by biomedical doctors is high in both Korea and Australia. Pride and satisfaction are particularly high amongst those parents whose children attend medical/dental school or practise in those fields. Although Korean doctors and particularly those trained in Australia, seem to think they are 'not authoritarian like doctors in Korea', they enjoy the prestige of the doctor's social position. The class barrier between the doctors and lay people has persisted in the Korean community as elsewhere.

For example, as can be expected in any clinic, some Koreans complain of one thing or another to the receptionist. The problems may arise because of some administrative mistake or delay or the slow action taken by the doctor. The receptionist often takes the blame. The patients would even shout at the receptionist. However, once the patients get to the consulting room, they quickly cool down and even become silent (Dr Kim Hyo-jun).

Ninety to ninety eight per cent of the patients of Korean doctors are Koreans. Appointments had to be made if they wanted to consult a doctor until a few years ago. However, in the clinics, there was a problem of wanting to jump the queue. One clinic abolished the appointment system and others followed. However, exceptions are made for Euro-Australian patients. I saw a Euro-Australian woman making an appointment and leaving a Korean doctor's clinic. Korean doctors keep two business cards, one in Korean and

one in English. As all the Korean doctors' clinics have abolished 'phone appointments', they work on the basis of 'first come first served'. Patients often come to the clinic, book a time, and then go shopping. When the person comes back to the clinic she or he would soon get to the consulting room. All biomedical doctors in the Korean community thought that fellow Koreans would benefit from an appointment system, but found it difficult to implement one.

A patient would make a time to see me at 5:30pm and turn up half an hour late. There're also patients arriving earlier and they want to be attended to earlier. Some come without an appointment. Such a situation puts me in a difficult position. All parties complain. I ended up abolishing the booking system. They can complain of only one thing: waiting for a long time. I adopted a first come first served rule. Well, they seem to be happy. ... (Dr Ha P'il-kwang).

Dr Yi Chi-su put the reason for not using appointments in a slightly different manner,

Until several months ago, appointments were made. Now, I have so many patients that they had to wait for a few days after making an appointment. That'll make emergency patients wait too long. I can't let them. As a non-discriminatory policy, I've abolished appointments. First come, first served (Dr Yi Chi-su).

As Koreans are not used to making appointments in advance irrespective of their length of stay in Australia, many Korean patients used to turn out to be 'emergency patients' of the clinics which operated on the basis of making appointments in advance. Therefore, abolishing the appointment system seemed to be a way to accommodate the needs of the patients.

All the Korean doctors are working in their own independent clinics, except one who is working in association with a number of non-Korean doctors. The clinics do not include living accommodation for the doctor. All the independent doctors maintain a Korean receptionist and facilities such as a waiting room, toilet, etc. The clinics displayed many kinds of current affairs

or women's magazines from Korea and newspapers published in the Korean community. I found only a few kinds of government or professional leaflets about health translated into Korean.

The general practitioners in the Korean community formed the Association of Korean Doctors and they meet a few times a year. The members have agreed not to advertise their practice excessively and the agreement is generally kept. However, they suggested that there is a clear sense of competition amongst members, but the competition is subtle.

Having Overseas Qualifications Recognized: 'Tedious Procedure'

The two Korea-trained doctors had many difficulties before they became registered in Australia. The problems were often similar to those of skilled and business migrants. Dr Son Chae-yŏng, now in his early 50s, was an experienced doctor in Korea. When he came to Australia for a holiday with his family in 1985, he enjoyed and appreciated many things in Australia, particularly the education system. He and his family migrated to Australia in 1989.

There is disparity between what I felt about Australia as a tourist and what I felt as an immigrant. It wasn't easy to come to grips with Australian culture and customs. It was most frustrating to have to go through all the registration courses with youngsters in their 20s. As an experienced doctor, I found it almost tedious to go through the retraining program (Dr Son Chae-yŏng).

During the program in Australia, Drs Son Chae-yŏng and Yi Man-ch'un suffered from a lack of peer group support. They felt structural discrimination inhibits capable NESB skilled migrants to make use of their qualifications.

When I kept quiet during the course because of my lack of English, I felt that I was regarded as no more than a fool. Finishing the retraining program, I had to work as a lowly-ranked doctor in a general hospital. ... Many Korean computer migrants have become mere manual workers,

and the victims of a stressful life and family breakdown. ... Even those who were born in Korea but mostly brought up in Australia have little chance of promotion in an Australian company so they feel discouraged to stay. This has a lot to do with the hidden side of the White Australia policy (Dr Son Chae-yŏng).

Dr Son's personal encounter with what he experienced as discrimination or frustration appears to have been intensified by his patients' experiences. In fact, Son's wife was also an experienced doctor in Korea. Now she works as a half-time receptionist for her husband's practice and spends the rest of her time with the family and other activities.

Although the two Korea-trained doctors were specialists in Korea, it is not likely that they would attempt to become specialists in Australia. This is partly because they do not want to go through another lengthy period of training under the supervision of an Australian specialist who may be much less experienced than the two Koreans.

At the time of writing, two Korea-trained doctors were registered as doctors and were members of the Australian Medical Association and opened clinics in the Korean community. Several other doctors are going through the pre-registration program. According to Dr Son, about fifty Korean biomedical doctors in total have migrated as business migrants to Australia since the late 1980s. Dr Kim Hyo-jun thinks that it is almost impossible to migrate to Australia as a physician because of the large number of doctors who qualify in Australia every year.

Most doctors from Korea are over 50 years old or retired. They wanted to register in Australia but they have given up. Well, they're rich. They brought an enormous amount of money with them. Some doctors, still running their clinics in Korea, frequently visit Korea (Dr Son Chae-yŏng).

Doctors' Views on the Health of Koreans: 'Depression' and 'Stomach-related Diseases from Irregular Meals'

Talking about common diseases amongst Koreans in Sydney, biomedical doctors generally agreed that the most common ailments are stomach-related problems, muscular pain, and depression (*Hanho T'aimjū* 1996b: 29). Stomach-related disease has been one of the most common ones in Korea, too, partly because many Korean foods are salty and hot. However, Koreans in Sydney are increasingly picking up problems, more frequently found in the West, such as high blood pressure, obesity, and cholesterol-related diseases.

Like most doctors, Korean doctors in Sydney did not fail to blame individual habits and culture for the illnesses of Koreans.

As soon as Koreans enter Australia, their diet changes rapidly. They start to eat lots of red meat that they couldn't frequently eat in Korea. This sudden change of diet leads them to heart disease or a stroke or paralysis. As they say, you're what you eat (Dr. Kim Hyo-jun, the first Korean doctor in the Korean community).

Is there any connection between work and illness amongst Koreans?

Maybe a bit. The important thing is life pattern, that is how to control food habit and stress. Cigarettes, drinking, hot and salty food are the major problems for ill health (Dr Ha P'il-kwang).

However, all of the eight biomedical doctors in the Korean community saw a connection between the illnesses of Koreans in Sydney and their immigrant life and work involvement.

Many Koreans have been involved in cleaning work. They have trouble with shoulders and backaches. ... Holding two or three jobs, they don't have regular meal times. Irregular meal times, over-eating when hungry, and tiredness exacerbated already existing conditions, such as tuberculosis or liver-related disease (Dr Ha P'il-kwang).

Just as Koreans in Sydney often categorize themselves as amnesty, skilled or business migrants, biomedical doctors also mentioned the health condition

of Koreans with reference to the three categories. While the views of the doctors were consistent with the views of the users, the doctors' views enriched the information I had previously ascertained. I found it particularly interesting to hear Dr Son's observations regarding the health and the level of satisfaction of immigrant life comparing 'two groups': amnesty; and skilled and business migrants.

If I talk about the level of satisfaction, there're largely two groups. The first is the group not well educated. They've lived in Australia for a lengthy period. Even though they've been involved in heavy manual work, their wage is much higher than that earned by labourers in Korea. Living in Australia, they do enjoy egalitarianism which they wouldn't have enjoyed in Korea. They're a group of happy people. The second group is well educated or rich. They had a respected social status in Korea. Now they don't have it. They aren't happy at all and some of them have returned to Korea. Now, talking about the illness, the first group of people have been heavily involved in labour intensive work. They tend to suffer frequently from physical illnesses such as arthritis, gastroenteric disorders, digestive problems, etc. Mental disorder isn't so common amongst them. The second group have more problems with mental problems such as sleeplessness, palpitation, hypertension, etc. (Dr Son Chae-yŏng).

With reference to business migrants, biomedical doctors find them frequently suffering from the consequence of business activities in Korea such as heavy drinking and little rest.

Unlike those who are doing cleaning work, business migrants rarely suffer from muscular problems. However, many of them seem to have problems with the stomach or liver, often related to too much drinking for the sake of their business [in Korea] (Dr Ha P'il-kwang).

Status anxiety and frustration with immigrant life seemed to bother business migrants significantly.

Is there a special problem suffered by Korean business migrants?

Mental illness is common amongst them. Most common are depression, over-anxiety and *hwappyŏng* [or the illness caused by an extremely high degree of frustration for various reasons]. I find it hard to suggest any advice because they're much older than me. I don't think there's any solution. But I try and listen to them to understand (Dr Yi Chi-su).

Biomedical doctors are clearly aware of the hardship the majority of Koreans have suffered. They include the doctors' fathers who had to leave their homeland to support their family and entered Australia without knowing what was going to happen to them and over-worked, doing two or three jobs at a time. Although Korean home ownership now in Sydney is relatively low, Koreans tend to be 'workaholic' in order to establish their life as quickly as they can, i.e., owning a home, a good car, and accumulating a high balance in their bank accounts. Koreans take only a short time to have their meals.

Eating fast can cause a number of diseases. Apart from eating salty and hot food, eating fast and having irregular meal times also contribute to stomach-related diseases. Korean immigrant life is often not balanced. Some aspects include too much work, little rest and eating fast. These all contributed to bad health conditions (Dr Kim Hyo-jun).

Is there any connection between work and illness amongst Koreans?

Gastroenteric trouble is common amongst Koreans. ... My experience tells me that the more stress patients have the more frequent instances of gastroenteric trouble. Immigrants in general work harder than Australians. Lack of qualifications has led many Koreans to work in factories or to do cleaning. Compared with Australians, Koreans work harder and longer. Overtime is frequent. Shop owners work 7 days a week. These might be all relevant. ... They have difficulties speaking English. They aren't used to Australian culture. Speaking fluent English and being familiar with Australian culture, I have trouble myself (Dr Min Han-sik).

Most Koreans in Sydney work too long. I wish they would cut their work hours. Those who are doing cleaning, shop keeping, removal, and various small business are working 7 days a week. More than twelve hours everyday. It's just too hard for them. Drinking and smoking are ways for them to overcome the stress from work. They hardly ever take a holiday. However, these are the things I can't mention to my patients. They work hard because they need money (Dr Min Han-sik).

There are some illnesses which are frequently suffered by Korean immigrants because of their involvement in 'immigrant work'.

Koreans suffer frequently from gastroenteric disorder. They have some common health problems, such as the illnesses resulting from psychological stress and heavy manual work, repetitive strain injuries of those working in factories, depression, and over-anxiety (Dr Yi Chi-su).

As discussed, a large number of Koreans are self-employed in small business activities. Although some of them predominantly deal with Korean customers, others are serving non-Koreans as well. When they are not able to communicate easily with their customers, this leads to depression, which also tends to cause stomach-related and other illnesses (Drs Kim Hyo-jun and Son Chae-yŏng).

While it is true that doctors consider the social aspects of illness on the one hand, some health problems, such as mental depression and stress-related problems, are quickly medicalized on the other hand. Dr Min To-jin told me that if a person is suffering stress, the immune system would not function properly, thus leading to other diverse illnesses. As Frankenberg (1980: 200) argued,

In all class divided society, but especially in an advanced capitalist society, making conflicts social is too threatening. Sickness is therefore pushed back through psychological illness to biological disease. The social processes paradoxically operate in order to individualize.

Dr Yi Chi-su maintained that in dealing with fellow Koreans in Sydney, a good understanding of their psychological problems caused by their hard immigrant life can be a key for successful treatment of illnesses. Dr Han Sang-sik said that as many as 40% of his patients would be categorized as mental patients, while the rest have more common problems, such as flu, muscular pain, blood pressure and diabetes. He went on to say that 'the common problems' are also frequently found amongst non-Koreans. Although mental illness cannot be understood separately from physical illness, Dr Han's comment indicated the level of depression or frustration suffered by Korean immigrants (cf. C. Song 1996: 9).

Solutions to Ill Health of Korean Immigrants

Any kind of serious health problem is often known as *imin ppyŏng* or 'immigrant disease' amongst Koreans in Sydney. In answering the question, from a journalist, as to a possible solution to many stress-related health problems of Koreans in Sydney, Dr Kim Hyŏn-sin said that there are many cases of illness for which doctors cannot offer a solution and went on to say jokingly that winning a million dollar Lotto could fix many of the problems. She is only too well aware of how Korean immigrants have to live.²⁷

Of course, it's crucial to take up only a moderate amount of work. However, the majority have no alternative. The continuing struggle to lead an everyday life as an immigrant is inescapable. It's especially so if they want to support their family and offer their children tertiary education. ... It's almost impossible to change their life style (Dr Kim Hyŏn-sin, cited in *Hanho T'aimjŭ* 1996b: 29).

Although Dr Kim realizes situational constraints and knows there are limits to what she can do, she feels that something should be done. Yet, she tends to feel that bringing about change in the workplace is beyond the responsibility of medical personnel (cf. Waitzkin 1984: 343).

Difficulties in Serving Korean Patients: 'Self-diagnosis' and Demand for Anti-biotics on the Basis of It

As the Korean doctors are dealing with Korean patients, they have to provide extra services or approach the patients with the attitudes appropriate in the Korean cultural context. There are certain expectations in the doctor-patient relations from clients, both those from Korean and Australian backgrounds.

Part of the difficulty in serving Koreans has been brought from Korea. In Korea, when Koreans catch influenza many of them want an injection of anti-biotics as a quick solution. Many doctors in Korea are willing to offer

²⁷ I did not concern about her confidentiality here because the following is a published material.

injections as often as the patient demands.²⁸ This is what Koreans in Sydney are requesting of fellow Korean doctors, which concerns the doctors.

The most difficult thing is to deal with those who come to me after a self-diagnosis. It's hard to persuade them what they thought was often not correct. When their diagnosis is incorrect, it's also hard to prescribe the right medication for them. ... On behalf of them, I often make appointments for further diagnosis and have worked as an interpreter for them. ... Most patients were used to treatments by injection and over-medication in Korea and they want to receive similar treatments here in Australia. However, those methods are often not acceptable here. Some would even say soon after talking to me, 'Just an injection will fix me nicely'. It's hard to change such an attitude (Dr Ha P'il-kwang).

Dr Min Han-sik has a more accommodating attitude towards self-diagnosis amongst Koreans.

We can't blame Koreans for self-diagnosis because the medical system in Korea makes patients seek out medicine from pharmacists without doctors' involvement. That's why people who have caught the flu go to a chemist and buy anti-biotics. The Australian medical system is a bit different. Some people with flu still ask for an injection or anti-biotics. I explain to them that they don't need anti-biotics. Most of them understand, but some don't. If I think that a patient will eventually get anti-biotics and there's no adverse consequence I prescribe them (Dr Min Han-sik).

Dr Yi Chi-su's attitude towards self-diagnosis was even more understanding,

Self-diagnosis shouldn't be a problem. It rather proves that they're interested in the issue of health. For example, they learn from health sections in magazines. That's fine. However, self-prescription of medication can be a problem, although self-diagnosis is okay. ... I provide service on the basis of an equal relationship between the doctor and the patient. I as a doctor realize that a patient's diagnosis is often correct. I'm more comfortable with Korean patients than with others.

Your kind attitude seems to attract many patients. I was told that you're well prepared to listen to your patients.

The doctor-patient relation is just like a husband and wife relation in many ways. Every doctor is different. Some patients may not like my style. My patients complain of long waiting times (Dr Yi Chi-su).

²⁸ Resistance to penicillin has recently increased in most countries. In the case of Australia, it increased from 1% in 1989 to 6.4% in 1995 and 15% in 1997. In the 20th International Congress of Chemotherapy in Sydney in July 1997, it was reported that the highest rates of resistance to penicillin are observed in Korea, recording 80% resistance (Foresheew 1997).

Dr Yi Chi-su was the most popular biomedical physician in the Korean community at the time of data collection in 1995. Whenever I visited the clinic, at least six or seven patients were in the waiting room. Yi said that the minimum waiting time in his clinic is two hours. Of all the biomedical doctors in the community, he appeared to be the one who found most difficulty in making time for an interview for the purpose of this study.

In Korea, patients often self-diagnose before they see a pharmacist or doctor. They would rarely try to present their diagnosis to doctors although they would do it to pharmacists. If the patient tries to do this in Korea, they would be badly scolded by doctors.

Some patients take a long time before they consult a doctor. When I explain their health problem and suggest a therapy, those people are often too stubborn to listen to me. Doctors in Korea will deal harshly with such patients. I can understand that a rough command is given to such patients in Korea. Otherwise, what a doctor says is considered insignificant. Some of my Korean patients make up their mind by analyzing my attitudes towards them instead of what I say. One way to solve the problem is to tell them, 'The problem can develop into a serious complaint if not looked into. Otherwise, a specialist should be consulted.' For example, most patients with diabetes or high blood pressure are older than me. When I deal with them as if I were older than them, they listen to me. This partly reflects the doctor-patient relationship in Korea (Dr Ha P'il-kwang).

From the viewpoint of Korean patients, they are in a much better position to express or demand what they want in consulting Korean doctors rather than non-Koreans, taking advantage of being fellow Koreans to each other. This does not seem to be easily ignored by Korean doctors, either.

It's often mentioned that Korean doctors in Sydney sometimes prescribe a stronger medication than usual because Korean patients want a quick fix.

That's probably not true. It may be possible that Korean doctors tend to provide Korean patients with more injection services than they would for Australian patients (Dr Ha P'il-kwang).

According to Dr Kim Hyŏn-sin (in *Hanho T'aimjŭ* 1996b), only a limited amount of injection of, say, narcotic pain-killer, is allocated to each general

practitioner and it can be used only for necessary cases. Korean doctors often have a hard time explaining the regulation to their patients. On the other hand, many patients told me that Korean doctors tend to overuse injections as a way of maintaining their customers. Although it is certainly not true that Korean doctors voluntarily offer unnecessary injections, it seems safe to say that the use of injections in the Korean community is more common than it is in Australia at large.

Referral to Specialists: Dumping Patients onto Others

Although a few Korean doctors are undergoing training to be specialists and a British trained Korean eye specialist serves the 'Australian' public, no Korean was practising as a specialist in the community at the time of data collection.²⁹ When Korean General Practitioners refer a patient to a specialist, their letter is written in detail, especially when the patient is not accompanied by a Korean doctor. The receptionist of the Korean doctors' clinic arranges the appointment with the specialist for the patient.

Euro-Australian General Practitioners refer their patients to specialists if they think it is required. It is the same with Korean doctors. However, Dr Yi Chi-su argues that Korean doctors in Sydney tend to have a more responsible attitude than Euro-Australian ones and that Korean doctors would attempt to do their best before they referred a patient to specialist. In contrast, there also seems to be a tendency for Korean doctors, when feeling the limit of their curative capacities, to think that a referral takes the burden away from them. Unfortunately, the referral system in Australia may be thought of as a way of escaping trouble amongst some General Practitioners.

²⁹ The first Korean-speaking specialist (in internal medicine), Alice Ŭn-a Lee, opened her clinic in the Korean community on 1st March 1997.

It is interesting to note that Korean biomedical doctors practise referral to another kind of health practitioner, i.e., *hanbang* doctor. This referral does not involve writing a letter, whereas referral to a specialist doctor does. There are many problems which biomedical doctors simply cannot fix no matter how hard they try. Most frequent are a restless feeling and weakness 'without' reason. Those patients are recommended to take a course of restorative medicine from a Korean herbal doctor. Korean doctors have no hesitation to tell the patients who have problems with joints or backache to resort to acupuncture therapy. In fact, I have learned a significant proportion of Korean biomedical doctors and their families in Sydney regularly use *hanbang* tonic medicine (*poyak*).

Thus, where chronic fatigue cannot easily be detected, then the biomedical doctors tend to refer their patients to what is known as 'under-developed' medicine amongst them (cf. Frankenberg 1980). The biomedical doctors' understanding of herbal medicine and their referral to the herb doctors tend to prevent competition between both types of doctor. This does not imply that there is a cooperative relation between biomedical and *hanbang* doctors. The biomedical doctors' position is still dominant. The negative side of such referrals is that they could be used as a way of dumping the patients onto others. Fatigue cannot be diagnosed anyway, unless all the social aspects of the patient's illness are considered.

Dr Ha P'il-kwang says that he referred some patients to *hanbang* doctors because the patients did not want to take pharmaceutical medicine or go through a surgical operation.

In general, when Koreans are tired they seek *hanbang* medicine. There's no Western medicine for the symptom of tiredness. The tiredness is related to the frustration of the immigrant life and their stressful life. Unlike Koreans in Korea, Koreans in Sydney don't know how to overcome the stress. In this respect, social clubs such as alumni

associations have a positive influence on the health of Koreans (Dr Ha P'il-kwang).

If biomedical doctors find nothing wrong with a patient, no medication can be prescribed. Let's take fatigue as an example. A comprehensive medical check-up wouldn't show any problem with the patient. Then, biomedical doctors would say that nothing is wrong and nothing can be done. However, *hanbang* or tonic medicine can strengthen the health of the patient. Nevertheless, it may be best to consult a biomedical doctor first so that the patient could make sure that no serious illness, such as diabetes, may be developing (Dr Min Han-sik).

Some medical social scientists such as Frankenberg (1980: 199) have pointed out that when no disease is detected, a doctor collects a fee when appropriate and recommends that the patient visit other professionals such as herbal doctors. This is how biomedical doctors utilize other health professionals or the so-called 'under-developed' medicine. The doctors tend to be reluctant to acknowledge the limit of their capability backed up strongly by science.

There is another kind of referral, that is, Korean General Practitioners referring patients to themselves. Whilst more than 3,000 Australian General Practitioners are practising acupuncture, two Korean doctors are doing so.

What do you think of hanbang medicine or acupuncture?

They're effective for some purposes. I practise acupuncture myself. I learned it through a course. Most [pharmaceutical] medicines for rheumatism cause inflammation in the stomach. Especially elderly people can't use the medicine because of their weak stomach. When patients come with backache, shoulder ache or rheumatism, I often use an acupunctural therapy. It's effective (Dr Ha P'il-kwang).

Some patients go to Drs Min To-jin and Ha P'il-kwang who practise acupuncture as well. The important reason Korean patients go to them for acupunctural therapy, instead of going to other Korean acupuncturists or *hanbang* doctors, is that bulk billing is available, whereas *hanbang* acupuncturists charge upfront. Dr Ha is not sure whether his patients come

to him because of his qualifications in both acupuncture and biomedical medicine.

Korean General Practitioners generally have a trust in Korean herbal medicine and acupuncture, but with some reservations.

What do you think about hanbang medicine, tonic medicine and acupuncture?

It'd be best to consult a biomedical doctor in the first place. If the problem couldn't be fixed, then the patient may go to other professionals. It could be dangerous to rush to other than biomedical doctors. For example, a cancer victim may seek various therapies from other than biomedical doctors for a period. By the time the patient goes to a biomedical doctor, it's too late. ... I'm not arguing that their diagnosis is quackery. I've tried *hanbang* herb medicine and I'm currently taking it (Dr Min Han-sik).

Doctoring as a Business: 'Concerning about Time and Money Rather Than Holistic Approach'

The Sydney Korean telephone directory lists all the providers of health services and other businesses in the Korean community. In the 1995 directory, only five biomedical doctors were listed with the names of the clinics, addresses and phone numbers. It costs nothing to be listed. In addition, all five doctors have inserted an extra quarter or half a page, which costs \$200-500. As I noticed that the longest practising doctor in the Korean community was not listed in any of the two parts, I asked him what happened.

According to the Australian Medical Association regulations, no doctors are supposed to advertise their clinic. Doctoring isn't a business. If doctors are found to have advertised, they'll be in trouble. ... After all, I'm the first practitioner in the community and every Korean knows me. Then, why should I bother advertising? Even if I do, it'll make little difference to me. ... The members of the Korean Doctors' Association in Sydney have agreed not to do 'too much advertising', although a newly established clinic can be advertised freely for six months (Dr Kim Hyo-jun).

A number of Korean ethnic newspapers are used for the advertisements. The two weekly magazines of *Kyomin Chaptchi* and *Chugan Saenghwal*

Chǒngbo list the recent phone numbers of businesses and include biomedical doctors. Similar to the annual directory of the Korean community, the two magazines do not charge for the listings. However, I have found that two Korean doctors who were trained in Korea and registered in Australia, advertised their practice much longer than six months when they opened their clinics. Advertising may make little difference to the doctors who have worked in the Korean community for a few years. However, they are seriously concerned about whether or not they are already known to their potential clients. The prospect of financial reward seems to be one of the most important reasons they were encouraged to enter medical school and the rewards are there. When Korean doctors complain of the lack of patient compliance their concern over the size of their patient lists becomes clear.

Australian patients are quite faithful in terms of sticking to their own home doctor. Koreans aren't always so. I had some patients who have been coming to me for a long time. However, once they experience a slight discomfort, they'll quickly turn to other Korean doctors. It's understanding that new comers may shop around until they find somebody they like, but the business of shopping-around goes on and on (Dr A).

Dorothea Sich (1978: 31), a German doctor who worked in a Korean teaching hospital, noticed that Korean patients in general were not as compliant as her German and American patients. A possible explanation may be that the concept of 'personal or home doctor' is only a recent one, but is still not common in Korea and patients there have access to specialists in the first place according to their need. However, a group of privileged people have had their personal doctors since the coming of biomedicine to Korea. During my field work, a new clinic was opened. Many patients had the attitude of 'Let's go and see what he is like!' In this respect, Koreans in Sydney would not worry too much about compliance with their doctor's opinion. There

seems to be a tendency that the less popular a doctor is, the more concerned he is about doctor-patient compliance. After interviewing a number of Korean immigrants using biomedical services in the Korean community, I have learned that whether or not a doctor is popular is not always relevant to the personality or capacity of the doctor. One of the informants tells me of an episode which is widely shared by many Koreans in Sydney.

Dr B used to be very popular in the community. His clinic was always packed with patients. He's really an able doctor. Unfortunately, one of his close family members was involved in an incident of broken *kye* group. The matter had nothing to do with the doctor. However, many of his patients had suddenly become reluctant to continue to consult him. The Korean community in Sydney is so small that anything can affect nearly everything (Lee Mi-yŏn, informant).

Dr B told me, 'A patient may have been with me for years. A slight dissatisfaction between the doctor-patient relationship would easily lead the patient to quit coming to me.' One of the more popular doctors said that Korean patients' shopping-around tendency is rather desirable because it indicates that they are taking their own health seriously. This leads the doctors to make consistent efforts to maintain a certain number of patients.

I've learned a holistic or whole being approach towards every illness. Having a balanced understanding of the physical and mental health of the patient is critical in treating illness. However, in reality, the application of such an approach isn't practical for two reasons: time and money (Dr Han Sang-sik).

He might have meant that, considering the aspiration for a certain level of monetary reward, he can only offer 'limited' services in a given time. Yi Su-jin, an ethnic liaison officer for women's health, felt unpopular amongst doctors in the Korean community, because she often encourages Korean women to utilize existing community health services before rushing to the doctor.

Competition for More Patients: 'Criticizing Each Other' and Restraining Authoritarian Attitude as a Method to Attract More Patients

Koreans think that doctors in the community are generally kind. Korean doctors think that doctors in Korea are quite authoritarian and that Koreans in Sydney suffered from the authoritarianism prior to their immigration. If a doctor is known to be bossy, patients share the view about the doctor with their relatives and friends. In the relatively small Korean community, where the members have frequent contacts through social clubs or especially church meetings, it is not too long before the 'known-to-be bossy' doctor comes to about his reputation. As such incidents happen in the community, a particular doctor was known to be trying to develop a more considerate and understanding attitude towards his patients at the time of data collection. Unlike in Korea, in Sydney Korean patients tend to mention at least part of their self-diagnosis to biomedical doctors. A physiotherapist in the Korean community observes that the way in which Korean doctors in Sydney deal with patient's self-diagnosis is somewhere between Korean and Australian ways, i.e., not so rejecting as Korean but not so accommodative as Australian doctors, although whether Australian doctors are patient and take notice of what the patient says is questionable. It is worth noting that the friendly attitude of Korean doctors towards their patients does not imply that the doctors have given up their professional authority. It means rather that the authoritarian attitude is more restrained or unexercised because of the different social setting. The tension over the issue of authoritarianism may surface because the general attitudes of both Korean doctors and patients are still 'Korea-oriented' in the short history of Korean migration to Australia.

Dr Kim Hyŏn-sin (cited in Sin 1996) expresses concern over the competition amongst Korean doctors, saying, 'Fellow doctors, being over-conscious of the

number of their clients, engage in unnecessary competition and criticism of each other. These should be avoided.'

Korean doctors do not work at night. No patient will have been given night contact numbers. This leaves the doctors' commitment to their patients ambiguous to a degree, although no Korean would argue that Korean doctors have less concern over the health of Koreans. Dr Yi Chi-su, who was the busiest doctor in the community in 1995, indicates that his patients took it for granted that they go to 24 hour medical centres or hospital emergency units during the night or on Sundays.

If your patient falls sick over the weekend, what can be done?

I don't work on Sunday. There're two possibilities. One is to go to a 24 hour medical centre and the other is to go to an emergency care room at the hospital. Practising a solo service, I'm working 58 hours from Monday to Saturday. If I work at night as well, I would get terribly tired. If I become stressful, it would adversely affect the patients. Sometimes, my patients without my attention can be put into difficult situations. If I had any patient about whom I was concerned I would ring the patient. I wouldn't give my home number. If I work in association with other doctors, I'd be able to attend an emergency care once a week (Dr Min Han-sik).

The solo service may break the continuity of the service provided by the local doctor. As many Korean students have undertaken medical degrees at universities, doctoring in the Korean community could become much more competitive in the future.

PHYSIOTHERAPY

Evolution: 'A Rare Career Opportunity in the Community'

Korean men also utilize physiotherapy frequently. There were two physiotherapists in the Korean community and both of them had left Korea at a young age with their parents, entered Australia in the 1970s via other countries and were trained at the University of Sydney. One physiotherapy

clinic was located in Campsie and the other in Eastwood. Although a physiotherapy service has been offered in the hospitals in Korea, it was not privately/ solely or commonly practised there. Therefore, Korean immigrants and amnesty migrants in particular have entered Australia with little understanding about physiotherapy. The lack of knowledge by Koreans about physiotherapy contributed to a low popularity of the treatment in the Korean community. Kim Yong-ju, a Korean physiotherapist, told me how he became a physiotherapist.

Although I wanted to do a medical course, my entrance exam score wasn't good enough. I hesitated whether I should do a physiotherapy course, because it tends to be regarded as an inferior job to doctoring. Also, in Korea, it doesn't require a four-year university course but only a junior college course. But physiotherapy offers good job prospects and there was no physiotherapist in the Korean community when I entered the university.

He also said that the preference of Korean students for medical or dental courses should change and more should take up a variety of health services professions. Kim's sister is his only sibling and works as a managerial pharmacist. Kim thought that his parents were very satisfied with the occupational success of their children. It is not surprising that under the current economic climate, working for sick people provides an occupational opportunity for some people.

Both physiotherapy clinics in the Korean community have similar clinic set-ups as those catering for other ethnic groups. They included a reception area, room for a receptionist and a few treatment rooms. One clinic appeared to attract less patients than the other, probably because it had only been opened for six months at the time of interview. Korean patients made up more than 80% of the patients of the two clinics.

Physiotherapists' View on the Health of Koreans: 'Not Healthy At All'

Kim Yong-ju's answer to my question about the health of Koreans is precise from a physiotherapist's viewpoint.

Koreans aren't healthy at all. Most of them would have problems with their back, arm, knee or shoulder. It's been obvious that the longer the Korean immigrant history to Australia, the deeper the health problems of Koreans.

Being aware of the different socio-economic backgrounds of Korean men in Sydney, Sim Chang-wŏn, another physiotherapist, noted two large categories of his patients.

Those who have been in Australia for a long period [i.e., amnesty and skilled migrants] are usually dual income families. When they become about 50 years old, they're okay with their finance. They may have their own cleaning contract or run a small business. Both husband and wife would continue to work. ... People in this group suffer from tendonitis, shoulder pain and backache. The recent comers, such as business migrants, have a different kind of problem. Husbands spend most of their time in sports. They don't have particular problems in their immigrant life and they're generally healthier than most other Koreans. The problem which often brings males for treatment includes backpain, not resulting from hard work but from clumsy swinging while playing golf. ...

Although Sim tends to underestimate the problems experienced by business immigrants, his general view about health from a physiotherapist's perspective seems appropriate and is consistent with the views of other health workers in the Korean community.

Kim Yong-ju's patients were made up of car accident victims (30%), work injury victims (40%), and other individual patients (30%). He finds that most of the victims of injury at work have been engaged in construction or welding and are in their forties and fifties. According to the two physiotherapists in the Korean community, a predominant proportion or up to 70% of Koreans in Sydney are involved in small business or manual work such as cleaning and welding. Working long hours and overwork

were the frequent reasons cited for injuries. Shop keepers' common problems are pains in their lower back and feet, because they spend a long time standing. Reaching up to high shelving in the store causes pain in the neck.

Shop keepers often suffer from low backpain and sore soles of their feet. The problems are caused by standing for a long time. While they're doing stocktaking they stretch their neck or shoulders. Sometimes, the shelf is high and this develops pain in their necks (Sim Chang-wŏn).

I had three Korean patients this morning. They were a painter, a carpenter and a welder. They're all manual workers. They stretched their work capacity and became work victims. They require a lengthy period of treatment. They're all scared to get back to work. They say they would rather starve than go back to work. The level of phobia is very high. The Australian government wouldn't believe what the patients say. I try to help them to recover psychologically as well. Unlike Australian patients, Koreans talk to me about many things such as family issues or their children. I feel more comfortable talking to Korean patients (Kim Yong-ju).

Informal conversation with patients seems possible because of the nature of therapy provided for an hour. Kim felt that his relationship with his patients was like that between relatives, rather than that between patient and therapist. He thought biomedical doctors in the Korean community also tend to be concerned about many aspects of the life of their patients. But the amount of time they could spare significantly limited the depth of conversation.

Sim Chang-wŏn said that financial problems often prevented patients from receiving the necessary therapy thus the therapy is taken for a period less than required, which left the problem only 'half-treated'.

A patient visits me with backpain. Say, I asked him to pay four visits to me. If he feels alright after a couple of visits, he doesn't turn up any more. As soon as he resumes his work, he would have a similar backpain again. He comes back to me. However, Australian patients in such cases would complete the four visits (Kim Yong-ju).

Kim is critical of the Korean tendency to want a quick result from health treatments. He warned that 'patch work treatment' could aggravate the long term health of the patient. However, most Korean patients seemed to have their own problems.

Many patients ask me why they have to pay for the therapy. People often say, 'I wish the therapy were covered by Medicare.' However, most of my business migrant family patients seem to hold private health insurance policies and they don't worry about the cost of therapies (Sim Chang-wŏn).

The problems illegal migrants face when injured by traffic accidents were serious. Kim Yong-ju was aware of a few unfortunate cases. A traffic accident victim visited Kim's clinic because the victim was worried about being caught by the immigration police. He is also aware of another traffic accident victim who, scared of being caught, ran away before the arrival of an ambulance.

Advertisements

As Kim Yong-ju was seriously concerned about the health of Koreans, he occasionally put an article in a Korean newspaper about basic knowledge of health matters and the use of health services. He said it must have an advertising effect as well, since some patients visit his clinic after reading the article. In addition, he also placed advertisements frequently, which he said is helpful because of the lack of understanding about physiotherapy amongst Koreans. However, Sim Chang-wŏn, the other physiotherapist in the Korean community rarely advertises his practice. Sim's personality does not appear to be highly business-oriented. Kim told me that, although Koreans think that the suburb of Campsie is Korea Town in Sydney, the population of Koreans there was only the seventh largest ethnic group. He hoped that the size of the Korean community would grow bigger and this would bring more customers to his clinic. It seemed that, like any other health

professional, there was a clear connection between the increase of sick people and the income from health-related businesses.

Difficulties in Dealing with Korean Patients: 'Wishing More Machines To Be Used for Treatment'

As with the biomedical doctors the physiotherapists believed that a difficulty in dealing with Korean patients was caused by their tendency to self-diagnose. Korean patients are often assertive of what they want. It seemed to be particularly the case in the physiotherapy clinic because the machines are visible. Sim Chang-wŏn said that many Korean patients in his clinic want to control the 'doctor-patient relationship'. Korean patients compare their problems with those of their friends or relatives which might have been fixed in the clinic. For example, a patient had a problem with backpain which was helped by traction. Then another patient with backpain, who heard of it, would come to the clinic and ask for treatment by using traction, no matter what the origin of the pain may have been. Sim thinks it is dangerous and foolish to base their own treatment on others' experience of illness. Another problem with Korean patients was that they wanted to be treated by as many machines as possible. The more machines used, the happier the Korean patients were.

Sim also contended that Korean patients generally sought a complete cure of their health problems.

If a health worker is known to be 'good' at fixing health problems, Korean patients would easily leave the health workers they have been attached to for years. It could happen after only a couple of visits. This is unlike Euro-Australian patients, who are generally prepared to stay with one health worker until another provider is suggested. Also, if I frankly say, 'I don't know any more about your problem', my patients wouldn't trust me any more. The same applies to other health workers. I believe that there's a tendency for Korean doctors to prescribe strong medication. I feel sorry about that. This could be a way of maintaining their customers or keeping them happy (Sim Chang-wŏn).

The desire of Korean patients to seek a complete cure may not possibly be satisfied given current conditions of medical knowledge. However, the tendency to maintain their health in the best condition is partly related to their wish to be involved in permanent work. Koreans may easily forgo a long attachment to a health professional, not only because they have not been accustomed to staying with one person in each of various health care settings but also because the service is available as a commodity. Sim is critical of Korean patients' 'shopping-around', saying that most Korean biomedical doctors agree that it was nearly impossible to observe doctor-patient compliance. When Sim commented on the Korean doctors' tendency to prescribe strong medication, he seems to prove that it actually occurs.

For Korean patients, comments by friends, family and other patients are as important as those of medical professionals, said Sim.

This puts much pressure on doctors and health professionals regarding what they do for their patients. In other words, they're forced to attempt to fix all health problems in a couple of visits.

Sim was also critical of Korean patients who prefer to see health professionals with a doctoral degree. He did not see any rationale for this. Similar to what biomedical doctors encountered with Koreans, poor understanding of the Australian health care system adversely affects the use of physiotherapy among some Koreans.

Mr. J in his mid-40s is a typical Korean man in some ways. That is, he immigrated to Australia about ten years ago and has been doing all kinds of work. One day, he fell sick and he now has aches in the neck, shoulders, back, legs, and everywhere. He visited my clinic with a series of X-ray negatives. When I asked who his local doctor was, he was hesitant to reply for several seconds and avoided mentioning them at last. Looking at the labels of the X-rays, they all had different names of referred doctors. This was so with every X-ray for each part of the body. For example, the patient consulted Dr A last week, Dr B this week, Dr C last month, etc. for the same problem of his knee and had X-rays taken, which

left him with no local doctor. Of course, he didn't mention the history of visiting other doctors to the doctor he was currently visiting. ... The trouble with this patient I would mention here is the injection of corticosteroids. He went to seek the second, third, and fourth doctor shortly after or long before the first injection from the first doctor became effective. ... I didn't know what to tell the patient. Although it's totally understandable that a victim 'will clutch at a straw' to relieve the pain, it's even harmful for the patient to change the doctors too frequently. There're probably many fellow Koreans in Sydney who change their doctor often. Even if you consulted the second doctor, you'd have to tell what treatments you've been on for your own sake. You shouldn't be conscious of what the doctor may think of you consulting many doctors for a problem repeatedly. ... (Kim Yong-ju in *Wik'ulli T'op* 1995 August 11: 29).

Whilst physiotherapists are closely linked to biomedical doctors and relevant associations, I found it interesting to hear Sim Chang-wŏn's accommodating attitude towards acupuncture.

Because of the medical belief systems to which Koreans have been exposed, the combination of acupuncture, massage and physio would best serve the medical needs of Koreans. I think the principles of physio must be closely connected to such methods as acupuncture and massage. Physio is only part of the process of fixing medical problems.

Similarly, Kim Yong-ju was open-minded towards non-biomedical medicines and therapies.

What do you think of non-biomedical medicines?

Well, I used to observe *hanbang* medicine and acupuncture in Korea during my younger days. Whatever it might be, if it's good for treatment it should be fine. Some may appear to be superstitious. It doesn't matter as long as it's good for the patient. Recently, I have some rheumatic patients wearing a Japanese made wrist bangle. I might think it's of no use. However, if the patients think that it would be, it might be. The treatment has often to do with what they think. Some of my patients ask me about the efficacy of *hanbang* medicine. I suggest that they try it. I wouldn't underestimate *poyak*.

It appeared that there were numerous medicines and therapies a patient could choose from. However, bearing in mind that health includes the capacity to work and that people's wish to stay healthy is exploited by a group

of people, the variety of medicines and therapies available today in the Korean community closely reflected the health and work involvement of Korean men in Sydney.

Kim Yong-ju is concerned about the small size of the Korean community in Sydney and with their health. Kim points out, correctly, that medical services in the Korean community are booming. It is hoped ironically that an increase of the Korean population might lead to the growth of the health business, which would indeed be the case as more people develop health problems.

The Korean community needs to grow bigger. That'll bring more customers to each health worker. Even if another Korean physiotherapy clinic is opened near my clinic, it wouldn't worry me. There're many *hanbang* clinics and [biomedical] doctors in the Korean community, but they all have many customers (Kim Yong-ju).

PODIATRIST

Yi Tong-sam is the only podiatrist in the Korean community. According to him, there were about 300 podiatrists in New South Wales and about 1,600 in Australia in 1995. He came to Australia with his Korean Arts degree in 1988 and studied English for two years, during which time he was involved in manual work to support his studies. He currently works in a hospital for three days a week, which involves attending about 14 patients a day including out-patients, in-patients and home visits. He has worked in conjunction with two Korean doctors since early 1994: one day with one doctor and one and a half days with another. This he believes is how he is in touch with Korean patients. About ten Korean patients visit him every week.

He argued that people in under-developed countries often neglect the health of their feet and pay more attention to their head and face. This is in contrast

to people in developed countries, with the exception of women. In this respect, Yi finds that Koreans in Sydney have little understanding about podiatry. Ethnic newspaper advertisements about his practice do not generally reach those Koreans who are in need of his service. However, Koreans in Sydney are becoming aware of his service and the number of Korean patients has been gradually increasing. Knowledge of the practice spreads by word of mouth through the community. Yi told of the ignorance of the health of their feet amongst Koreans.

Most Koreans have some sort of problems with their feet. ... They try to endure the troubles, thinking that the troubles can't kill them. If they can't endure the pain any more, they'll consult a General Practitioner, acupuncturist, masseur or physiotherapist. If the problem is still unresolved, they would come to me. It's ironic they come to me last when I should be the first to be consulted (Yi Tong-sam, podiatrist).

He wanted to educate Koreans in Sydney about the health of feet as follows.

The problem or the major factor between the patient and the curer is money. I've even tried to offer a free service. I've tried to write articles about foot health for ethnic Korean papers, but the editors aren't interested. They welcome me only if I place an advertisement.

According to Yi Tong-sam, there are some problems which Korean immigrants in Sydney had even prior to coming to Australia, including corns and athlete's foot. Yi argues that Korean foot problems cannot be understood without understanding their work involvement.

Are there problems Korean immigrants commonly suffer from?

As they're doing cleaning work or running shops they're standing up for a long time, which causes foot disease. Their occupations have greatly changed since coming to Australia. Formerly many of them enjoyed their social status and were satisfied with their work. Now they're doing manual work. What they're doing in Australia is what they avoided in Korea. It's not surprising that immigrants experience under-employment. It's of social structural origin.

In the case of Australian patients seeking service from podiatrists, about 80% of them are elderly people. Their common problems are related to toe nails. For example, they cannot cut the nails if they are diabetic. Contrasting aspects are observed among his Korean clients.

In my dealing with Koreans, I rarely see an elderly patient. It's because of their poor financial condition. If my service were covered by Medicare, more of them might come to see me. Elderly Koreans have rarely joined private health insurance. Those Australian elderly people without health insurance would go to the hospital for a service. But the Korean elderly wouldn't go to it because of their lack of English.

Unlike 'Australians', most, if not all, of his Korean patients are in their 30s or 40s. The majority of his younger Korean patients were well off enough to hold private health insurance or, in his words 'above middle class level'. Yi found that their interest in their health is relatively high. When he first started to treat Korean patients, only a small number of them were holding private insurance policies. However, as time passed, a larger proportion of his patients have insurance. It is possible that, as the need for medical services has increased, more people have joined private health insurance funds. Although business migrants, who are mostly in their 50s or over, tend to hold private health insurance, they do not form a significant proportion of Yi's patients. Therefore, the increasing number of Koreans who have health insurance may not necessarily indicate that the economic status of Koreans has been increasing rapidly over a short period of time. The majority of his patients might come from middle class and professional backgrounds, but are mostly involved in manual work, which leads them to develop foot problems. Yi also noted that, apart from elderly Koreans, many potential patients in the community are unable to utilize his service for financial reasons.

PHARMACIST

Kang Sun-ho's pharmacy is the only one in the community owned by a Korean, although there are two Korean chemists working in other pharmacies in the suburb of Campsie. Kang's pharmacy is known as 'the Korean chemist' amongst Koreans. Kang came to Australia in 1978 and studied pharmacy at university. More than 75% of his customers are Koreans. He thinks that the majority of Koreans who need to visit a chemist come to his shop. I started by asking about the level of satisfaction with his own immigrant life.

Are you satisfied with your immigrant life?

Well, I'm not totally satisfied. I sometimes think that working in the chemist makes me feel as if I were imprisoned. Moreover, my long work hours are problematic. Working twelve hours a day and 7 days a week puts me under stress.

What about Koreans in Sydney? How have they been adjusting to the new society?

Generally, they aren't satisfied. The majority of Koreans in Sydney haven't been able to work in their own field [professional expertise]. Working in a new area puts them under stress. For example, those who did professional work in Korea are now doing menial work. Therefore, most Koreans aren't likely to be satisfied with their life.

The level of *work* satisfaction seemed to be a primary factor determining his opinion of immigrant life in general. Kang's view on the health of Koreans is consistent with my analysis of the health of the users of health care (see Table 9.1). After talking to me for less than five minutes, he expressed his awareness of the existence of Koreans from different socio-economic backgrounds (i.e., the three sample groups for this study). By 'those who did manual work in Korea' he would refer to the amnesty migrants; and 'those who had high status' referred to the skilled and business migrants.

You've mentioned two groups. What about their health?

Those who aren't satisfied with their immigrant life often suffer from ill health. Health is a complex phenomenon related to money, psychological matters, and many other factors. Let's consider business migrants. They're hardly doing anything. As they brought money their investment has been in buying a home, car and deposit into a bank account. They spend their days visiting restaurants, playing golf or fishing. However, they, in their 50s, are still in the age group to be active with their work. But they don't want to do manual work. They play golf to kill the time. Not because they enjoy it. They might think golf should be good for their health. They may be healthy physically, but certainly not mentally. ... Those who did manual work in Korea seem satisfied with their life in Australia. Their income is higher than what they earned in Korea. It's especially so if they have some sort of skill. Working hours aren't as long as in Korea. They can also afford some time for leisure.

In what kind of work are the latter group involved?

Most common is cleaning. Many women are doing sewing (Kang Sun-ho, pharmacist).

He also mentioned that those who came to Australia with professional expertise such as computer skills have difficulty obtaining full-time work in the area because of their lack of English. Even if they did, they suffer from the lack of promotion opportunity and the lack of opportunity to fully utilize their skills.

Regarding their health, what should fellow Koreans in Sydney bear in mind?

Prevention is much more effective than cure. New Korean arrivals work twice as hard as non-Koreans because they wish to settle quickly. This really makes their body break down. While they try to own a home and a car in a short period their health just can't cope with over-work. Eventually, they suffer many diseases simultaneously. Controlling the amount of work might be the most important thing to remember.

Kang is well aware of the reality of the lives immigrant Koreans lead, in Sydney. That is, had they not worked harder than Euro-Australians, Koreans would not have achieved a degree of financial stability.

If they finish work by five o'clock in the afternoon, they'll do another job. The harder they work, the faster they ruin their health. One of the common health problems is gastroenteric trouble. Apart from smoking and drinking, over-work is the major problem. If they're hard workers they take a short time to eat and they don't feed themselves properly.

They would take 5 to 10 minutes to eat whereas non-Koreans might take 30 to 40 minutes. There's a saying in the Korean community that the only thing Koreans gain after 10 or 20 years of immigrant life, is disease. It's happened to many. What's the point of having a nice home if you're struck down with a disease and can't move? ... The quality of life must have gone down for many when compared with what they enjoyed in Korea (Kang Sun-ho, pharmacist).

At this point I asked,

What motivated you to study pharmacy at the university?

During my high school days, I was in search of the right subject to study at the university. I was very keen on chemistry, which implied that I would have had to work for somebody in a company and there's no chance of going for solo work. But I thought that studying pharmacy would resolve the problem.

Kang's answer precisely indicated that the choice of professional career was made bearing in mind the commodified aspect of medicine and the medical profession, and the possibility of having his own business. He also mentioned that providing a kind service is a necessity simply because 'the chemist is a business activity.' At this point I put forward a question,

What do you think about the ways in which Koreans in Sydney view health professionals?

The university courses which Korean parents enthusiastically encourage their children to attend are medicine and dentistry. That's much the same as in Korea.

What's your view about that?

The two most important factors are income and social status. To be frank, their income is beyond what one can earn by working for a company. Further, it was hard for first generation parents to make a living in a new country. That was why they seemed to encourage their children to study for a profession which would give them lots of money in a short period. Parents even push their children to do so.

Do you think Korean doctors make more money than non-Korean ones?

Yes, I think so. The average income would be more than a quarter million dollars a year.

What about you?

Um ... I had better not say. When I talk to doctoring friends I can calculate the number of patients they see everyday. That gives me a figure as to how much they earn a day. For Australian doctors, the average number of patients they see a day would be around 30 to 40. A few busy Korean doctors seem to see about 60 to 70 a day. Obviously, their income would be relatively high.

As Kang's pharmacy attracts a large number of customers, he finds it unnecessary to advertise his shop. However, he sometimes finds it hard to refuse a request to advertise with the newspapers. Thus, he advertises for the sake of advertisement, not for the sake of his business.

He appears to work in close cooperation with Korean doctors in the community. He talks to them about patients' medicines over the phone a few times a week. Korean doctors work long hours so Kang has to keep his shop open late.

Without doctors' prescriptions, there would be no point in opening the shop. When Korean doctors work till 7 o'clock even on Saturday night I get customers till 8pm or eight thirty. There're some emergency cases on public holidays, in which case I have to cater for those. I have to do so because of competition with other chemists (Kang Sun-ho, pharmacist).

A difficulty in serving Koreans is caused by their lack of understanding about the Australian health care system, i.e., prescription of medicine being only available through biomedical doctors.

Especially when I first opened the pharmacy, some Koreans would come and ask for medicines without doctors' prescriptions. That's what they did in Korea. It's not possible in Australia. I used to spend a fair bit of time in explaining this. Some Koreans find it inconvenient not to be able to buy what they want. It contrasts with what's happening in Korea where pharmacists try to sell medicines by any means.

Asking for medicine without prescription is still a problem for some Koreans though it is not frequent. His comment on the practice in Korea should also be taken seriously as he worked for a pharmaceutical company in Korea for a year.

Regarding non-biomedical medicines, Kang Sun-ho has a relatively cautious attitude towards it.

What do you think about the use of non-biomedical medicines among Koreans?

Acupuncture is sometimes effective, but it can't cure every health problem. It might be useful to fix joint pain. The same applies to *hanyak*. However, it's important to note where the herbs have been planted. Scientific tests show that some herbs contain elements which are banned from inclusion in pharmaceutical products. All Western medical products are non-toxic. Some customers ask me, 'Can I take this medicine together with *hanbang* medicine?' I can't answer such a question as I don't know what's included in the *hanbang* medicine. In this respect, the use of *hanbang* medicine is problematic. On one occasion, the Australian Medical Association reported in a journal that male hormone was found in a herbal medicine (Kang Sun-ho, pharmacist).

As a scientifically-minded pharmacist, Kang is even suspicious of herbal medicine. He appears to be an advocate of biomedicine and he does not seem prepared to accommodate non-biomedical medicines. However, he rightly expresses that there is a belief that *hanbang* herbal medicine derived from plants is quite safe but he points out that toxic elements could be found in the plants.

CONCLUDING REMARKS

Biomedical doctors, physiotherapists, a podiatrist and a pharmacist in the Korean community unanimously agree that fellow Koreans suffer from *work-related* ill health. This view largely corresponded to what Korean immigrants have expressed in the previous chapters. The use of State-subsidised biomedical health care, since the introduction of Medibank by the Labor government in 1972 and Medicare in 1984, has been intensified amongst the amnesty migrants since obtaining permanent residency and amongst the skilled and business migrants since their arrival in Australia. Their limited access to biomedical health care or low quality service prior to

emigration has been an influential factor. Different health care systems between Australia and Korea also caused confusion for Koreans in using health care. However, the heavy involvement in manual *work* and the stressful immigrant life have been the most influential factors affecting health care use among Korean men in Sydney. Of course, the ill health of Koreans has led to booming health services in the community.

Chapter 11

Work, health status and health care use: the views of hanbang practitioners and others

HANBANG HERBAL DOCTORS

Introduction

There were twelve *hanbang* herbal doctors (*hanŭisa*) in the Korean community in Sydney at the time of data collection in 1995. Of the twelve, I interviewed eight of them, including one Chinese. All of the eight practised both herbal medicine and acupuncture. Although they are currently practising *hanbang*, their occupational backgrounds are diverse (see Table 11.1). The number of herbal doctors in the community varied in some years (see Table 11.2).

Table 11.1: Occupational backgrounds of the herbal doctor respondents (n: 8) in the Korean community

Backgrounds	Trained in <i>hanbang</i> medicine at university	Selling <i>hanbang</i> remedies or <i>hanbang</i> doctoring	News reporter	Physical education teacher
Number	4*	2	1	1

* Includes an ethnic Chinese doctor trained in China

Two of them had long experience in doctoring or dealing with herbal remedies in the area of *hanbang* medicine although less professionally qualified than those who trained in the university course in Korea. Those 'less professional' herbalists and acupuncturists are mostly from families which have been involved in *hanbang* for many generations. The *hanbang* doctor with the background of news reporting was self taught, like a few other *hanbang* doctors in the Korean community.

Dr Mun To-sul opened the first *hanbang* clinic in the Korean community in 1980. Dr Mun's father practised *hanbang* doctoring and dealt with herbal remedies in Korea so he was informally trained in *hanbang* medicine. The reason he had come to Australia was because his brother had entered Australia earlier and settled. Furthermore, his own herbal remedies business was not prospering in Korea. He entered Australia on a one month tourist visa and obtained permanent residency during the amnesty in 1980.

Table 11.2: The number of herbal doctors in selected years³⁰

Year	1989	1990	1991	1992	1994	1995	1997
No.	7	8	7	9	10	12	15

There was only one in 1980; and two (Drs Chi Yong-nam and Mun To-sul) in 1986

SOURCES: *The Sydney Korean Telephone Directory* 1989 — 1994
Chugan Saenghwal Chŏngbo 1995 July 14; *Kyomin Chaptchi* 1997 March 7

Most of the *hanbang* doctors and acupuncturists enjoyed high socio-economic status in Korea and their close kin, such as a father or uncle, had already worked as *hanbang* doctors or herb dealers. There was no category for herbal doctors under the category of skilled immigrants, thus most

³⁰ Table 11.3: The number of herbal doctors and/or acupuncturists in selected years

Year	1989	1990	1991	1992	1994	1995	1997
No.	14	11	10	14	15	13	19

There was only one in 1980; and two (Drs Chi Yong-nam and Mun To-sul) in 1986

SOURCES: *The Sydney Korean Telephone Directory* 1989 — 1994
Chugan Saenghwal Chŏngbo 1995 July 14; *Kyomin Chaptchi* 1997 March 7

Korean *hanbang* doctors have migrated as business/investment migrants since the late 1980s. This method of entering Australia was encouraged by Australian immigration agents as well. The *hanbang* doctors knew that they would be in demand in the Korean community. They were aware that many Koreans in Sydney were involved in manual work and would demand efficacious restorative medicines to keep them healthy. When they first arrived in Australia, they spent about six months or longer getting involved in manual work such as cleaning, dish washing or assisting workers. In doing so, they were adjusting to the new society and preparing to start a clinic.

Like biomedical doctors in Korea, *hanbang* doctors are often from well to do families.

How did you get interested in hanbang medicine in the first place?

My father was a *hanbang* doctor. He wanted me to take it over and I did so happily (Dr Yi T'ae-hwan, *hanbang* doctor).

What led you to study hanbang medicine at the university?

My father was a herbal doctor.

Well, many doctors seem to produce medically inclined children. [both laughing]

In my younger days, I wasn't interested in inheriting my father's occupation. My brother was in the Korean Air Force. I liked his uniform, so I tried to enter the Air Force Academy. But I failed the medical examination. Then I tried to enter a law school. I had no luck with the exam. This is how I got into the herbal medical course at last (Dr Chi Yong-nam, *hanbang* doctor).

The Coming of Hanbang Doctors

The reason that most *hanbang* doctors in the community migrated to Australia is similar to that of other business migrants. They came with their *hanbang* medical expertise which could be practised in the Korean community in Sydney.

What brought you to Australia?

My life in Korea was too busy and harsh. There was no personal life for me. Getting up at seven o'clock in the morning, I started seeing patients and finished the work at twelve o'clock at night. I had no trouble earning lots of money. I used to drink with friends a few times a week. Once I went out to drink with friends, we drank till late, moving from one pub to another. The routine of my life was that I got up in the morning to see patients and got to drink at night. I didn't like to continue such monotonous life. ... A particular incident which brought me out here was as follows. I attended a year-long course on cancer in Singapore in 1984. I learned about the life in a foreign country. I enjoyed it very much. ... Whilst in Singapore, I travelled to many other nations by air as I travelled by coach in Korea. I felt that there was an alternative and comfortable life overseas and asked myself 'Why should I continue my hard life in Korea?' [laughing] After returning to Korea, I pursued migration (Dr Chi Yong-nam).

Dr Yi T'ae-hwan mentioned why he came to Australia.

My family wanted to emigrate to Canada but it didn't work out. One of my friends living in Brisbane visited me and said, 'What do you do with all the money you earn? Money isn't everything, is it? Why don't you come to Australia?' I have five children. Two had finished university, one was in the second year and two in the high school. I wanted to offer a better education for the two children.

Dr Sim Ch'an-o, a former reporter for a leading newspaper in Korea, is critical of Korean society, which is what led him to emigrate.

I didn't like the way the Korean society functioned. When my eldest son entered primary school I felt pressured to develop a 'friendly' relationship with his teacher. Although many students benefited from favouritism, thanks to their parents' bribery, I disliked the practice. When I made a work trip to Australia I learned the Australian society was relatively fairer. Although there's no racism in Korea, the problems of regionalism, class barriers and conflict are serious. ... The place of birth and occupation predetermine human relations. ... In Australia I can encourage my children to be altruistic, to a degree. If any body does so in Korea the person will be left right at the bottom of the hierarchy. People always step on others to be successful.

Hanbang doctors and acupuncturists as immigrants have been through similar difficulties experienced by other Koreans. In his first two years, Dr Mun To-sul worked in a fridge factory and washed dishes in a restaurant.

My first three months in Australia were depressing. As time went by, my bank account balance was going down rapidly. I decided to do something to support the family.

What did you do prior to opening the clinic?

... My friend once asked me if I was having financial difficulties. ... He asked me if I wanted to do dish washing. I said that I should do something to help digest food. So I started dish washing for three hours a week. But the work was hard and I wasn't treated as a human. If I did the same amount of work at home, it could well take six or seven hours. But I was told to do it in three hours. How can one continue such hard work? I lasted only for five weeks. ... (Dr Chi Yong-nam).

I was simply afraid of going out of the home. I had to think many times before I visited any place and the fear made me almost home-ridden. One of my friends suggested that I do cleaning work and it would help me get used to the new place. I did supermarket cleaning and drilling concrete into pieces. I also opened up a butcher shop and supplied sausages to hospitals and school canteens. Largely because of the lack of English I lost customers and the business failed (Dr Kim Kwang-su).

Dr Kim, a former school teacher, said that manual work itself, such as cleaning, is not hard. It is more the status anxiety; the feeling of being belittled or working at the bottom of the job market that put him under enormous stress, which is similar to what skilled and business migrants went through. While Kim was prepared to do any kind of work to make a living he felt annoyed with many business migrants, and said,

Most of my business migrant friends are healthy and most of them can speak English much better than me. I envy them in some ways. They just can't overcome the lack of self confidence.

Dr Kim Kwang-su, who established a *hanbang* clinic jointly with his brother, also a *hanbang* doctor, was relatively satisfied with his immigrant life in Sydney, especially when thinking about the life in Korea.

I'm getting better adjusted to Australia. When I made a few trips to Korea I disliked it. Korea has too many cars and people. People are rough-minded. This makes me settle in Australia. It's not that I'm happy with the life in Australia. It's far from satisfactory and it's not prospering either (Dr Kim Kwang-su, *hanbang* doctor).

Dr Pak Ki-nam, as a business migrant, said that bankruptcy made his first two years in Australia hard.

Coming to Australia, I had unsuccessfully invested much of the money I had and went bankrupt. ... I came with my wife and two children ... I was only thinking about Korea but I couldn't return as I had spent all the money I had. I really felt my life was finished. ... I happened to prescribe *hanbang* medicine for some Koreans so that they went to China Town to purchase the herb medicine. Many of them enjoyed the efficacy of it and strongly encouraged me to open a clinic.

Despite the difficulties *hanbang* doctors went through, it was relatively satisfactory for them to be able to engage themselves in health care practice. It has been a source of income as well as work satisfaction.

The life of Koreans in Sydney is pretty tough. God is so gracious that I don't have to do manual work and my life is quite comfortable. I should be satisfied with the life I'm having (Dr Pak Ki-nam, *hanbang* doctor).

My work is a means for living rather than a professional job. As time has passed, I've gained customers and credit. Clients who have experienced the efficacy of the medicines lead new customers to me. This gives me a sort of satisfaction (Dr Kim Kwang-su, *hanbang* doctor).

Although *hanbang* doctors once had to struggle like many other fellow Koreans, their *hanbang* medical skill seemed to have created an occupational prestige for themselves. *Hanbang* professional doctors benefited from the pervasive relations of production whereby their fellow Koreans and other immigrants suffer various disadvantages.

Clinic Set-Up

All the clinics of the Korean *hanbang* doctors are located in part of their home, except one who rents a shop, paying A\$250 a week. Saving rent was

regarded as the major advantage of practising at home. As *hanbang* doctors (*hanŭisa*) came to Australia in the hope that they could practise *hanbang* medicine, they brought a herb cabinet (normally sized 2 x 3m). Therefore, as soon as a *hanbang* doctor knows where to buy herbal remedies and acupunctural needles they can start medical practice. In the case of Dr Yi T'ae-hwan, he bought his house five months after his arrival and started his practice.

No more than several clients visit a *hanbang* doctor each day. If a *hanbang* doctor rents a shop and can attract more clients, the doctor might rent a place. It is not that those *hanbang* doctors practising from their homes cannot afford to pay the rent but it is considered unnecessary to rent a shop. Providing *hanbang* services at home, which is still a practice amongst a small proportion of *hanbang* doctors in Korea, tends to create a homely and warm environment. The practice at home is a legacy of the *hanbang* medicine practised in Korea over the last several centuries. Doctors' wives often provide a cup of coffee or *hanbang* tea. This is not found in any biomedical clinic. The increase in the Korean population and *hanbang* doctors in Sydney might lead some doctors to practise in a place away from home. Then, the employment of a receptionist would become necessary.

None of them maintain a receptionist. They do not have as many patients as biomedical doctors. As patients walk in they generally remove their shoes. The doctor comes to the door and welcomes them. Korean *hanbang* doctors have three to five machines to prepare the herb medicine in the form such that it is ready to drink. This is a job for the *hanbang* doctors' wives. Should the patient wish to take the medicine home and prepare it at home, the doctor wraps up the remedies in twenty to forty white papers. The doctor tells the patient how to prepare the medicine and how much and when to

take it. As the patient leaves the clinic the doctor opens the gate to see off the patient. Once a patient takes a course of *hanbang* tonic medicines she or he is not likely to return for six or twelve months. Therefore, it is important to deal with every patient in the best possible manner.

Unlike biomedical doctors in the Korean community, *hanbang* doctors are happy to make appointments with their patients. This is because there are not as many patients as there are to see biomedical doctors. Further, the major reason to see a *hanbang* doctor is to seek tonic medicine (*poyak*) which is consumed no more than a few times a year.

Hanbang doctors freely enjoy their private time much more than biomedical ones mainly because the former are not as busy. They even make trips out of Sydney or to Korea or to China to obtain *hanbang* remedies.

Virtually, my clinic is open 24 hours a day and seven days a week. If a patient makes his/her way to my clinic, struggling to drag the body with a severe backache, my absence would deeply disappoint the patient. I can't vacate the clinic. That may be the nature of doctoring work. However, Australia has one of the best health care systems in the world. Therefore, any sick patient consults a General Practitioner in the first place, although Korean patients with backache or joint problems would seek relief by acupuncture. What I'm saying is that, apart from me there're many other providers of medicine or therapy in the community. Therefore it's not necessary for me to stay in the clinic always. Whenever necessary I won't hesitate to do other than medical service in the clinic. As I'm carrying a mobile phone I can always be contacted anyway. Further, most patients make appointments in advance (Dr Sim Ch'an-o).

Dr Sim seemed to indicate that in the practice of medicine, there are always at least two aspects, the philanthropic and entrepreneurial. Those patients looking for expensive *hanbang* tonic medicine are likely to wait for their preferred doctor because seeing a doctor in that case is not as urgent. In this respect, regular 'lucrative' patients, those looking for a whole course of *hanbang poyak* are not likely to turn away from their regular *hanbang* doctor just because the doctor is out of town for a week or two. It was also

interesting to note the way in which the mobile phone contributes to the life and practice of Dr Sim.

Professional Organization, Having Overseas Qualifications Recognized and Occupational Prestige

Unlike General Practitioners, dentists, and pharmacists, no club exists for *hanbang* doctors and acupuncturists. Although a few *hanbang* doctors have attempted to form an association, it has not been possible mainly because of a high level of competition to attract more customers. The barrier between university graduate doctors and non-university graduates was obvious. The difference of socio-economic backgrounds also persisted as a few *hanbang* doctors settled as amnesty migrants and others came as skilled or business migrants.

You've studied hanbang medicine in a university. There're many who haven't studied it at university, but opened a clinic. What do you think of them?

Some of them were herb dealers in Korea. Others came to Australia via South America and they attended a six month long course of acupuncture. Who would stop their medical practice? Who can judge their ability? Well, they're doing it in order to make a living on it. Nobody has any right to say anything about them. I have my own way of earning income, they have theirs.

Is there any association?

Well, although a few people tried to form one, it's pretty hard in the Korean community. Every herbal doctor and acupuncturist seems to be proud of their skills. I personally think that we all are far away from home, and we could maintain friendly relations and share any new skill or information for treatments, instead of being antagonistic to one another. Those [herbalists and acupuncturists] who came to Australia earlier than others and opened clinics seem to be hard-nosed. Further, those who came with assets are proud in their own way. These make it difficult to form an association (Dr Chi Yong-nam).

All the university graduated *hanbang* doctors in the community were trained in the Kyunghee University in Seoul. Avoiding any comment on why there seemed to be no friendly relations amongst them, they seem

disinterested in forming a professional organization despite their saying that it would be useful. It was most unusual that they did not maintain an alumni association, considering a large number of alumni organizations for other Koreans in the community. There is no conversation between *hanbang* doctors at all. Dr Sim Ch'an-o argued rightly and critically,

It's important to set up an association, so that a unitary bill system could be established. It's not right that the same medicine is cheap here and expensive there. The price of the medicine doesn't determine the quality of the service. There're a few doctors trained in Kyunghee University, some non-university graduates and some self-trained non-medical university graduates. Kyunghee graduates wouldn't recognize the authenticity of other groups. With the conflicts between the different groups, there's no one interested in setting up a club. Everybody is so selfish. They seem to think, 'If I'm successful that's all that matters.'

In the state of New South Wales, there is no professional herb medical association which is organized well enough to control the relevant medical practitioners. The Australian Natural Therapists Association largely accommodates Chinese ethnic herb doctors and acupuncturists. As the Association has reached an agreement with a few private health insurance companies, the members of the Association can arrange a rebate of 10-20% off the price of the medicine. The Acupuncture Ethics and Standards Organisation (AESO) requires potential members to do a written exam, which is exempted for those who have completed a four-year course of herb medicine and acupuncture in Australia. One acupuncturist and two *hanbang* doctors in the Korean community had joined the AESO by mid-1996 (*Wik'ulli T'op* 1996 June 7: 43). Such an organization tends to create conflict between ethnic groups.

Despite the existence of the above two organizations, it is not mandatory for herbal doctors or acupuncturists to join the association. Virtually anybody can practise it if she or he can produce some sort of licence to the local council. There is no regulation to control or stop practising herb medicine or

acupuncture. This can cause adverse effects to patients, especially in the case of medical accidents.

The Comparison of *Hanbang* and Biomedicine

According to *hanbang* doctors, *hanbang* is completely different from biomedicine and is capable of helping patients with health problems which biomedicine could not help. Especially, they wanted to point out that *hanbang's* focus is on individual health needs rather than the disease itself. They tend to over-emphasize what *hanbang* can offer. *Hanbang* doctors believed in the efficiency of the medicine they offer.

Hanbang can offer medicine according to individual constitutions. Panadol is a universal pain killer in Western medicine. *Hanbang* looks at every individual case for pain or any disease. You can have an operation in Western medicine, but not in *hanbang*. There can be side-effects from Western medicine, but not from *hanbang*. There's no cure for asthma by Western medicine, but it's curable by *hanbang*. Itches, skin disease and allergy can be cured by *hanbang*. I have many victims of breast cancer, cervical cancer, stomach cancer. When they come after an operation, I can prolong their life. A breast cancer victim came to me after she was 'sentenced' to die soon. I've cured her (Dr Chi Yong-nam).

Although Dr Chi was relatively modest in his comparison of the two traditions of medicine, he claimed more cures than can be attributable to *hanbang*, or to any kind of medicine for that matter. If *hanbang* medicine were as effective as he argued, it would have received much more publicity world-wide. *Hanbang* doctors tend to claim that they are more responsible health workers than biomedical doctors.

When biomedical doctors can't cure a problem they refer their patient to other health workers. But *hanbang* doctors like me are stuck with the patient from the start of an illness to the point of cure. We've got to be responsible (Dr Chi Yong-nam).

Despite Dr Chi's high regard towards his colleagues' professionalism, I learned that the extent to which most *hanbang* doctors are philanthropic providers is in doubt. In fact, *hanbang* doctors seemed much less responsible

than biomedical ones in caring for their patients because there is no legal or institutional regulatory context for their medical practice.

Hanbang doctors tend to be worried about the 'over-use' by Korean immigrants of biomedical care. The matter seemed to be exaggerated when considering what the users of health care and biomedical doctors mentioned. However, *hanbang* doctors made valuable comments regarding biomedical practice which, then, led them to argue favourably for what they offer instead.

As Medicare is well established, Korean immigrants tend to over-use Western medicine. Sometimes unnecessarily. Just a tiny little trouble will lead Koreans to General Practitioners. Unlike Korea, they can easily see a doctor. It's free of cost. Korean patients go for an X-ray and other tests without much thought. That happens more frequently with Korean doctors than with others. After all, those tests bring extra income to the Korean doctors. They give whatever the patients want. I suppose every individual has the right of what to do with their body. Anyhow, having too many X-rays taken can't be good and it's an economic drain on the nation as well (Dr Sim Ch'an-o).

Whereas *hanbang* medicine protects the whole body and boosts the body's energy in the process of healing, Western medicine concentrates on the particular injury or disease. As the latter provides no protection for the body, other parts of the body could be damaged. For example, a patient with lung problem takes medicine for it. The patient may develop a side-effect in another area. It goes on and on. *Hanbang* may not be good at killing germs but it'll strengthen each organ of the body and provide energy, which consequently increases resistance to diseases. This'll help the patient conquer germs (Dr Mun To-sul).

What is the extent then to which *hanbang* medicine is holistic, caring or entrepreneurial? Again *hanbang* doctors argued for their focus on individuals rather than diseases. They thought that plenty of conversations with patients lead to a better understanding of patients' health problems.

There's a friendly relationship between *hanbang* doctor and patient. A lot of conversation is possible between them. *Hanbang* doctors are easily approachable and they're kind (Dr Sim Ch'an-o).

If a problem isn't resolved by a [biomedical] doctor, the patient comes to a *hanbang* doctor. To make the clinic economically viable a General Practitioner should see about 30 to 40 patients a day. But we [*hanbang* doctors] might see on average five patients a day. That's how we can provide an appropriate medical service. The ingredients can be carefully selected (Dr Pak Ki-nam).

Western tablets are no good for those who have a cold tummy. They need *hanbang* tonic medicine to warm up the body and to change its physical constitution (Dr Mun To-sul).

One of the arguments put forward by the advocates of *hanbang* medicine is that it is a preventive medicine as discussed earlier (see Chapter 6). *Hanbang* doctors agree that it is not for them to practise curative medicine.

In Korea, people used *hanbang* for flu, body ache and ill-digestion in the past. Now, no one comes to *hanbang* doctor for such problems. Nowadays, chronic disease sufferers, those who couldn't be helped by biomedicine and those looking for preventive medicine come to a *hanbang* clinic. In the past, appendicitis patients went to a *hanbang* doctor. They don't now. If they have a tummy ache they'll rush to the hospital, not to *hanbang* clinic. Most of my patients look for a medicine to increase the stamina or their general health. *Hanbang* medicine has become weak as a cure for disease.

What do you think of hanbang medicine losing the power of cure?

It's a problem. A primary difference between *hanbang* and Western medicine is that the former tries to fix the origin or root of a health problem and the latter to fix the symptoms. For example, a Western doctor might be successful in killing a particular virus but the process could damage healthy parts of the body. However, a *hanbang* doctor won't only fix the symptoms but also strengthen relevant parts of the body. Therefore, unlike Western medicine, *hanbang* may not produce immediate results but it's certainly better than Western medicine for the whole body. There's a *hanbang* remedy for appendicitis. *Hanbang* is better for it rather than having a quick operation. More *hanbang* should be used for the purpose of a cure (Dr Yi T'ae-hwan).

Under the current dominance of biomedicine's effectiveness for the cure of many diseases, appendicitis patients would not go to a *hanbang* doctor. If a healthy person looks for a tonic, the medicine may have preventive properties to a degree. However, according to *hanbang* doctors in the community, most patients have a health problem one way or another, e.g.,

feeling restless or always fatigued. Then, *hanbang* medicine is more often used as a kind of curative agent than as a preventive. Although *hanbang* medicine is claimed to be desirable and holistic, it does not go beyond the problems of biomedicine, i.e., paying attention to the body. The roots of health problems are often related to work involvement and life styles.

Importation of *Hanbang* Remedies

More than 90% of the *hanbang* remedies used by Korean herbal doctors are the product of China and are imported via Hong Kong, although some deer antlers are produced in both Australia and New Zealand. This reflects the close international trade links between China and Australia, whereby Chinese cheap labour is exploited by Australian businesses. *Hanbang* doctors found that the cost of the remedies such as the antlers has been continually going up because of the increase in the demand from Koreans in Sydney and Korean tourists in Australia.

I directly import them from an exporter in New Zealand. It's getting more difficult to import them. In the past no permission was required to import them. Now the customs procedure is getting cumbersome. When I fax the order the goods arrive fairly promptly (Dr Sim Ch'an-o).

Chinese herbal remedies are not preferred by herbal doctors in Korea because of the Korean government's protection of national products. Herbal doctors openly claim that Chinese remedies are of low quality (cf. Sin 1991). However, those Korean herbal doctors in Sydney, who have mostly come from Korea over the last ten years, now tell me that Chinese herbal materials are cheap, well cleaned and of high quality.

In Korea, the procedure of harvesting and processing herbal remedies makes the final products quite dusty. However, herbal ingredients from China have been professionally *commodified* and the imported goods don't require any more handling before use. The producers in China pay great attention to the products (Dr Chi Yong-nam).

The abundance of herb remedies has a positive impact on the *hanbang* medical industry in the community. The average cost of *hanbang* medicine is not too high and the remedies are popular for Korean tourists as well.

High quality ingredients are easily available. Say, there's plenty of young antlers. This makes the efficacy of *hanbang* medicine very high. I have many customers, not only from the community but from many sports organizations in Korea. There's been a constant demand for the medicine from many sources (Dr Kim Kwang-su).

However, *hanbang* doctors complain of restrictions governing some herbal remedies. The exploitation of parts of animals has been a great concern for organizations such as RSPCA (cf. Callister and Bythewood 1995).

In Australia, the procedure to import some ingredients is complex. *Hanbang* remedies are from animals, minerals and plants. The importation of some remedies is restricted but they're smuggled in. The health department knows that, but tends to ignore it. It's not so restricted in the United States for that matter. Sometimes RSPCA members come around to *hanbang* clinics and take away certain ingredients extracted from animals (Dr Mun To-sul).

Cultural differences between countries regarding animals seem to influence what *hanbang* doctors think about herbal remedies.

The Health of Koreans

Hanbang doctors share views on the health of Koreans with the providers of biomedicine to a significant degree although the words used differ and the interpretation of illness is slightly different. Their opinions were heavily centred around the work involvement and life styles of Koreans.

What problems do Koreans come with?

The most common disease is stomach-related.

What do you think are the reasons?

A large number of Koreans are relying on cleaning jobs. They say they're too busy to pick up money from the floor and don't have enough time for meals. ... Let's see, if they finish cleaning a house, they get 50 to 80 dollars. They move to another place to clean. They keep moving like that and they don't get time to eat. ... In the morning, they get a cup of coffee or a

piece of toast and go to McDonald's for lunch. There's a common saying that people work hard, pay off the loan of their house and sigh with achievement and try to relax, but die of stomach cancer. Or some people develop rheumatism in their whole body.

Do such problems happen to many Koreans?

Yes, a lot. Stomach cancer is the most frequent cancer of all in the Korean community. The next is pains in the back and legs.

What are the reasons?

Well, when they work in somebody else's house, club or factory, it's not always easy to use toilets. They hold their urine too long. ... They have to finish the work in a given time so that they hold on to urine until they finish. Then the bladder will be expanded and press the lower back. This causes a low level of sensitivity on their lower body and pains in their thighs, legs or back. ... The repetition of such practices over a period increases the problems. The pain will move from back to bottom, thighs and to legs. Then people come to me and complain of the aches. The problems develop over a few months or longer. But they want to get over the problems with a few acupuncture treatments or herbal remedies in a week or so. It's not possible. ... Most frequent problems include gastroenteric disease, backache and depression caused by mal-adjustment to the new society. As soon as they come, children have to attend school and that costs money. As time passes, their bank balance goes down. Eventually, they get into cleaning or sewing. After paying rent and living expenses, they cannot save money. They're often unhappy with their new life in Australia. ... When a person is depressed, the spleen is squashed. This produces gas in the stomach. This'll lead to insomnia. Well, the body is tired, but the brain gets active. They can't have a sound sleep and they feel weak and depressed in the morning. The continuation of this leads to irregular visits to the toilet. The whole body could swell up and probably kidney infection would come. ... (Dr Chi Yong-nam).

Dr Kim Kwang-su maintains a close link with the members of the Korean Business Migrants Association. He attracts quite a number of business migrants to his clinic. This is indicated by his answer to my question,

What do you think of the health of Koreans?

All the customers in my shop come for health reasons. In Korea some of them might regularly have taken tonic medicine once in the spring and again in autumn, despite their good health. Now they seek tonic medicine because they're extremely tired. The major reason is stress. A neuralgic disease is common. They're often well-to-do people but they feel so tired. Culture shock causes lots of stress. They're very frustrated and

easily develop weak health and the self is belittled. That's why they want *poyak*.

Although this particular comment is generally relevant to most Koreans in Sydney, it is particularly prevalent amongst business migrants. It is indicated by the words, such as 'well-to-do people.' At another point of the interview, Dr Kim referred to the health of business migrants in particular.

Most business migrants under good conditions don't seem happy or lively. Even though they're financially comfortable, their non-productive life makes them worried. Living on their bank account interest or living a non-productive life leads them to be very neurotic. The life is quite stressful.

Dr Yi T'ae-hwan found that business migrants make up only a small proportion of his clients. But Dr Yi had a number of business migrants who come for acupuncture therapy as they developed pains in their joints or back while playing golf. A small number of business migrants buy tonic medicine for their children preparing for university entrance exams. According to *hanbang* doctors, the use of tonic medicine amongst business migrants is less frequent than for the amnesty and skilled migrants.

Amongst the patients visiting *hanbang* clinics, the number of those who are working hard is much greater than that of business migrants. Business migrants are financially pressured and this causes a fair bit of stress. Well, they don't earn anything but keep spending what's in the bank. They might have brought lots of money but it's certainly discouraging for them to keep spending without earning. Many Koreans take tonic medicine a few times a year, especially manual workers, such as cleaners. That's how they get strengthened and keep going. There must be very few business migrants taking *hanbang poyak*. They're almost scared of spending money for it. After all, they aren't doing any work. When the workers feel weak and tired they can't work. Thus they readily spend money on *poyak*. When they have backache they seek acupuncture. Business migrants would try to resolve their health problems with General Practitioners as much as possible (Dr Sim Ch'an-o).

Although Dr Kim Kwang-su was the only doctor to indicate quite a lot of use of tonic medicine amongst business migrants, he also agreed that the use of

poyak amongst non-business migrants is related to their involvement in heavy manual work.

Some Koreans are so busy working, that they don't eat proper breakfast or lunch. When such life continues their bio-rhythm will break down. This leads to ill health. That's how most of my clients come here. In general, I've hardly come across any healthy Korean in Sydney (Dr Kim Kwang-su).

As Koreans develop ill health because of hard manual work and psychological stress, they would like to recover their health by 'eating' rather than changing their work involvement or life styles, argued Dr Kim Kwang-su.

... Koreans in Sydney are keen on a *hanbang* diet. They want to solve their problems by eating *hanbang* medicine and health foods. That attitude isn't right though I'm selling medicines. Health should be maintained by exercise and through everyday life. The stuff like diet tea is bound to break the bio-rhythm, which is harmful for health (Dr Kim Kwang-su).

Koreans and the providers of medicine are generally aware of the reasons why Koreans in Sydney do not enjoy good health. It is related to their work and life style. The disadvantaged position of NESB migrants continues to put Koreans under high health risk. The tendency to blame an unhealthy diet for ill health is common amongst both *hanbang* and biomedical doctors.

It's important to have regular meal times. It's good to drink plenty of cold water on an empty stomach. Eating a small dinner helps you maintain the balance of the body and keep you away from disease. People over 40 years old shouldn't consume too much meat. Koreans in Sydney consume too much because it's cheap. ... [It] will cause high cholesterol level, heart disease, stroke. Hot and salty food will give you bad kidneys. ... Food acid from grape, apple, orange is the culprit (Dr Chi Yong-nam).

Apart from those who are seeking *hanbang* medicine to improve their health affected by their work involvement, there are also affluent people who want to better maintain their health. Dr Kim Kwang-su, who is one of

the popular *hanbang* doctors, said, 'Amongst my regular clients, there're General Practitioners, their wives, and their mothers.'

Viewing the body as a machine is also common amongst *hanbang* doctors.

How a machine performs depends upon how you maintain it. If you neglect it without proper maintenance, it'll break down. The person with self-inflicted illness cannot blame anyone else for it (Dr Chi Yong-nam).

This perspective is identical to that which would be expected from biomedical practitioners. To my request to comment on the health of Koreans, *hanbang* doctors agreed that there is lack of support amongst Koreans because of the difficulties which individuals are facing. This adversely contributes to the mental health of Koreans, which in turn influences their physical health. However, *hanbang* doctors admit that there is little they can do to help. They also tended to 'psychologize' the problems of Koreans which are more socio-economic in nature.

I frequently hear of people developing liver cancer and dying in a few months. Mental stress seems to be a critical cause. People should learn to be more caring to each other. ... A common attitude is that 'I've suffered enough, others shouldn't escape suffering.' The life of Koreans is too hard to be generous to fellow Koreans. ... If people would develop a positive attitude, despite their harsh life, they would remain healthy. They should try to get rid of hatred and jealousy. When the mind suffers, physical illness is bound to occur (Dr Yi T'ae-hwan).

Health is always related to the mind. There're seven feelings in *hanbang*. Too much happiness or a sudden happiness will break the balance of the body. You can enjoy good health when there's a balance in your mind. If you worry your heart and spleen will suffer. If you get angry you'll damage the liver. Mind control is the key for good health. Mind control will help people to overcome their illness, develop a wonderful personality and not to disturb others. ... Ignoring this philosophy and simply taking medicine for an illness wouldn't be helpful (Dr Sim Ch'an-o).

Psychological stress might be closely related to physical health. However, neither can be understood without the consideration of the life style, to which Dr Yi and other *hanbang* doctors paid least attention.

Frequent Customers: Seeking *Poyak*

When there was no Korean-speaking General Practitioner and only a few *hanbang* doctors practising in the early 1980s, the latter had many more customers than they have now. According to Dr Mun To-sul, when he opened the first *hanbang* clinic in the Korean community, there were about 500 Koreans and his *hanbang* skill was not always trusted by fellow Koreans. This was partly because Dr Mun was not trained at a university and Koreans trusted mainly Chinese herbal doctors. It was common for them to consult Chinese herbal doctors to purchase Chinese herbal tonic medicine. However, it was not long before Dr Mun, as a Korean-speaking person, attracted compatriots to his clinic. Dr Sim, who opened the third *hanbang* clinic in the community, said that

In the earlier days of Korean migration to Australia, Koreans spoke little English. Visiting [Euro-] Australian General Practitioners left Korean patients not satisfied. The doctors didn't seem to quite understand the complex health problems of the Koreans. That was why many Koreans rushed to *hanbang* doctors. A high income was enjoyed by them. Now there're many Korean speaking General Practitioners and *hanbang* doctors. Patients can understand the doctors without a language barrier.

The particular *hanbang* herbal medicine that is most frequently sought after is tonic medicine (*poyak*). It is relatively expensive and the use of it requires a fair financial commitment (Dr Kim Kwang-su).

If they have health problems fellow Koreans would first see a General Practitioner, because the service is covered by Medicare and it costs less than five dollars to buy prescribed medicine. But if they come here and take a course of tonic medicines it costs them 350 or 400 dollars. It's a lot of money (Dr Chi Yong-nam).

Those who are in their 40s and 50s make up the majority of the customers for *hanbang* medicine. They are actively engaged in manual or labour-intensive work. Those who are in their 30s tend to rely upon their youth and *hanbang* medicine is least popular amongst the elderly, who find it

expensive and who make up only a *very* small proportion of the Korean population. Restorative medicine is the one which sells best. Although patients visit *hanbang* doctors for many reasons, they often end up taking a course of *poyak*. There are two different opinions from *hanbang* doctors and their customers. Doctors said that *hanbang* medicine, as a holistic one, would not only try to fix a particular limb or organ which is malfunctioning, but it strengthens the whole body. However, customers say that, even though *poyak* is unnecessary, doctors will recommend it because to do so is consistent with their business.

Regarding different groups of Koreans in Sydney, business migrants visiting *hanbang* clinics often have trouble with their liver, which is related to their heavy drinking for business in Korea. Dr Mun told me that he knew some business migrants who died of liver or stomach cancer for which he also blamed heavy drinking.

Herbal medicine appears to be 'preventive' but it is no more than a different form of curative medicine. *Hanbang* doctors used to provide restorative medicine in Korea. Although they have geographically moved, they provide the same kind of medicine for Koreans in Australia. How they have come to offer *hanbang* tonic medicine is far from philanthropy or care for fellow Koreans. Although the reasons why they have moved to Australia vary from one to another, they have all brought the highly commodified *hanbang* medical skill from Korea. In the case of acupuncture, it has not only served the Korean community, but also people from the wider Australian society many of whom are dissatisfied with biomedicine and are in search of 'holistic' or 'alternative' or 'natural' therapy without side-effects.

Tonic/ Restorative Medicine (*Poyak*): 'Not Right to Prescribe *Poyak* Just Because They Are Keen to Make Money'

All the responding *hanbang* doctors agreed that a predominant majority or more than 70% of their patients are *hanbang poyak* customers. *Hanbang* herb medicine in Australia is almost identical to *hanbang* tonic medicine in Korea. Dr Chi Yong-nam found that most of his *hanbang poyak* customers want to use it about a couple of times a year. However, even though tonic medicine is not covered by Medicare, a significant proportion of Koreans from all socio-economic backgrounds look for *hanbang* tonic medicine. Indeed, herbal medicine consumption is increasing in the Korean community. One *ch'ŏp* or course of tonic medicine is made up of 20 unprocessed or 40 doses of processed packets, which cost about \$350 or more with extra ginseng and sliced antler. Just five patients a week being prescribed a course of *poyak* takes the gross income of the herbal doctor up to A\$87,500 in cash per year. Such an income is rarely enjoyed by other Korean immigrants in Australia. All the herbal doctors have many more than five patients per week.

The reason that tonic medicine is in high demand is closely related to the primary involvement of Koreans in manual work and the process of adjustment to the new society.

The cleaners or heavy manual workers want to supplement their endurance and protect their body. Also there're neurotic patients. They suffer from mental illness because of difficulties in adjusting to the new society (Dr Yi T'ae-hwan).

So many men in their 40s and 50s complain of weak sexual stamina, the loss of self confidence, the sudden weakening of the body [health]. They feel restless and get easily tired at their work with no particular symptoms. That's the most common reason that they want tonic medicine.

In those cases, Korean biomedical doctors recommend tonic medicine?

Yes. General Practitioners simply can't find what's wrong. A General Practitioner might prescribe vitamins or recommend a diet change. But a *hanbang* doctor will prescribe *poyak* to boost the weakened body (Dr Sim Ch'an-o).

'Tonic medicine is what makes *hanbang* doctors sit on a cushion made of money', argued Yi Yun-se, a computer migrant who arrived in 1976, providing much insight about *poyak* in the Korean community as follows.

Boosting up the energy is possible by *hanbang* medicine. In Western medicine there's no more than vitamin tablets for the purpose. Most of my friends go to Deer Park once a year. They have a whisky and deer barbecue. They find it efficacious. As I have a sore knee I should go there sometime. Nearly everybody around me takes *hanbang* tonic medicine. ... *Hanbang* doctors are enjoying enormous income. ... When I visit some *hanbang* doctors their wives are just terribly busy processing *poyak*. Just three clients bring A\$1,000. There is little tax and it doesn't cost to run the clinic. No pay out for a receptionist. Even a quack like Dr Im T'ae-sun sits on the cushion made of money. Now *hanbang* medicine is a way of maintaining health (Yi Yun-se, skilled migrant).

Yi told me that this is why a Korean doctor, who is one of his friends and who trained in both biomedical and *hanbang* courses, does not worry about registering with the AMA but enjoys his practice of *hanbang* medicine.

It appears to be a common practice amongst *hanbang* doctors to deliberately prescribe and sell *hanbang poyak*. It is clearly a business activity. Dr Pak Kinam, who appeared to me quite a philanthropic doctor, indicated that such a tendency is practised when I asked whether some patients come and ask for *poyak* in the first place.

I have no trouble prescribing *poyak* if a patient insists. However, it shouldn't be given if it'd be of no use for the patient. For example, I recently had a patient saying that he was so exhausted that he wanted to consume *poyak*. I diagnosed him as a patient of hyperthyreosis. *Poyak* would be even harmful for the patient. I told him that he had suffered from it for 7 or 8 years and asked him why he neglected it so long. He said that he was so busy with his shopkeeping and that a General Practitioner told him that he was over-working and should have a rest. He was taking Panadol only. I told the patient to see a Korean General Practitioner. The patient returned to me after a few days and asked me how I knew the

problem without a blood test. ... It's not right to prescribe a *poyak* just because you're keen to make money out of a patient's illness.

Dr Pak went on to explain why *hanbang* medicine is generally sold as tonic medicine. The *hanbang* medical industry appeared to be explicitly business-like as much as biomedicine.

Too many *hanbang* doctors are preoccupied with money making. That's possible by selling *poyak*. *Hanbang* medicine is also able to cure disease. However, the curative medicine doesn't contain many ingredients, thus it's impossible to ask for much money. That's why most *hanbang* doctors would rather avoid prescribing curative *hanbang* medicines (Dr Pak Kinam).

Marketing ginseng in the overseas Korean communities such as that in Sydney has been vigorously pursued. As a marketing strategy, the Korea Ginseng Australia Centre recently offered special prices for red ginseng and *samgyet'ang* (the -instant- food of young chicken and ginseng) for the period 12 December 1995 – 28 February 1996 (*Wik'ulli T'op* 1996 March 15).

Some Koreans take advantage of the easy availability of the young deer antlers and ginseng in Australia. According to Dr Chi Yong-nam, they bring the materials to the doctor and ask for additional ingredients to make a course of *poyak*. Similarly, Dr Mun To-sul mentioned in the advertisement for his practice, 'If you have ginseng or deer antlers or other ingredients for *poyak* you are welcome to discuss how to use them' (*Kŭrisŭch'yan Ribyu* 1996 January: 39). The clients coming with a few ingredients would increase the sale of herbs or perhaps increase the number of future clients.

Kim Kwang-su, who is a *hanbang* doctor as well as a health food seller, said that the demand for various items of health food fluctuates and it is heavily influenced by fashion and the media. However, the demand for deer antlers and *hanbang* tonic medicine is constant and they are least influenced by the media or fashion.

Hanbang: 'Both Scientific and Natural Medicine'

Hanbang doctors contend that unlike biomedicine *hanbang* causes least side-effects, but it is scientifically based. Dr Chi Yong-nam's clients include people from a Greek background and he observed similarities between biomedicine and *hanbang*.

Many Greek cultures are similar to Korean ones including some traditional medical therapies. For example, moxibustion is used in both cultures. Also Hippocrates' father invented natural therapy, which Hippocrates further developed and publicized. That was the start of the Western medicine (Dr Chi Yong-nam).

Dr Chi's comment seemed to argue correctly that both biomedical and *hanbang* medicine share their origin to a significant degree. In doing so, Chi tends to undermine the scientific aspect of biomedicine on the one hand and promote '*hanbang* as a scientific medicine'. *Hanbang* and biomedicine share many similarities regarding their social characteristics, reflecting the social context. The extent to which they share the origins and characteristics of remedies is open to debate. However, what is clear is that arguing that '*hanbang* is scientific' is a way of promoting the medicine. Some argue that diagnosis in *hanbang* should be done only via the hands and some by a combination. A *hanbang* doctor, advocating the latter, advertised his practice as follows.

The Sydney Korean Hanbang Clinic has always taken the health of fellow Koreans seriously. In addition to herbal and acupuncture services, we also have a facility of sauna, which is of physiotherapeutic effect. The *hanbang* clinic is facilitated with a scientific and computer based machine. This makes it possible to diagnose the disease in any part of the body. It also makes it possible to aim at 100% of successful treatment (*Sydney Korean Directory* 1989: 272).

The use of a stethoscope and sphygmomanometer by university graduate *hanbang* doctors has become common.

What do you think of using stethoscope and sphygmomanometer in your medical practice?

I use them. They're helpful. It's problematic to stick to old methods only. When scientific tools are available we've got to utilize them (Dr Chi Yong-nam).

In *hanbang* medical practice, there has been a misconception that a capable *hanbang* doctor is supposed to know what is wrong with a patient just by feeling the pulse and a few critical spots with his fingers.

Some patients would come to the clinic and stretch their arms out for me to feel their pulse. They wouldn't say anything to me about what was wrong with them. How can I know their health problem as I'm not a magician? If I ask what the problem is, they tell me that I'm supposed to know just by feeling their pulse (Dr Yi T'ae-hwan).

This misconception seemed sometimes to be used by some care providers in a negative way to attract more patients. For example, part of an advertisement is as follows.

... A unique aspect of the Sejin Hanbang Clinic is that I won't ask patients which part of their body is disturbed. Absolutely not. Nonetheless, the diagnosis is 100% correct as I do my best to care for the patients. ... (*Korean Telephone Directory of Sydney 1990-91*: 321).

Hoping to be a successful person in *hanbang* medicine, Dr Kim Kwang-su has been working on the production of new medicines. He produced the item Deer Velvet Jelly. It is a tonic medicine processed out of young antlers of the deer and herbs. Traditionally, dried and sliced antler has been used as an ingredient of *hanbang poyak*. It was Dr Kim's idea to make up the antler in the form of a liquid. Concerned about the duplication of the product by other *hanbang* doctors, he applied for a patent to the New South Wales Government for the product and it has been approved. A few food scientists from an Australian university have favourably analyzed the product. The scientific and bureaucratic approval of the product is likely to help the sale of the product, as well as Dr Kim's medical practice. Dr Kim is in the process of producing more tonic medicines. As a former physical exercise teacher at a

school in Korea, he has contacts with the authorities in sports associations and training centres in Korea. He supplies products for them, taking advantage of the abundant *hanbang* herbal ingredients in Australia.

Doctoring as a Business

Just as biomedicine is, practising *hanbang* is reflective of the socio-economic context of the society and is a business activity. Dr Chi Yong-nam emphasized that his medical skill is the major and only means to survive in a foreign land and also said, 'It helps me send my children to school and support my family financially.'

When interviewing *hanbang* doctors I noticed a tendency for them to feel that the advertisement of their medical practice is not appropriate. Most commonly mentioned was, 'My practice does not rely on the advertisement too much.' However, the advertisement of *hanbang* medicine is as common as any other non-medical business in the Korean community. Dr Sim Ch'an-o, who tends to advertise relatively less than other Korean *hanbang* doctors, said,

Doctors aren't supposed to advertise their practices. It's one of the medical ethics. Australian doctors don't advertise. But it's only the Korean [both biomedical and *hanbang*] doctors who would advertise every week. It's just like *yaktchangsus* [a person performing magic to sell medicines in the street]. I'm ashamed of seeing advertisements, such as, 'This clinic has good stuff [medicine]' (Dr Sim Ch'an-o).

The advertisements of *hanbang* and acupuncture clinics appear in the yearly *Sydney Korean Directory*, a monthly Christian magazine, weekly and fortnightly magazines and daily newspapers in the Korean community. Dr Pak Ki-nam tended to justify his frequent advertisement,

Sometimes, the advertisements of my practice seem to appear conspicuous in Korean ethnic papers. If I don't advertise, people could think, 'Is the man [Dr Pak] doing cleaning work? Has he returned to

Korea?' Advertising puts away such doubt. Well, it's also a way to support Korean papers.

According to *hanbang* doctors, the best advertisement of a *hanbang* medical practice is through the patients' experience of its efficacy.

Patients' advertisement by word of mouth is more effective than that in the paper. Advertisement in the paper may attract a patient for once. But the second visit depends upon the efficacy (Dr Chi Yong-nam).

The comment as above was often made by all *hanbang* doctors rather than by a few 'more popular' ones. Whether all the *hanbang* doctors are able curers or not is an open question. It was interesting to hear Dr Mun To-sul mentioning the effect of the advertisement.

When one of my patients introduces me to another potential client my advertisement can take a role there. It's a source of credibility. If the potential client couldn't find my advertisement of the practice I may be discredited.

The use of *hanbang* tonic medicine is encouraged and justified in numerous advertisements as follows.³¹

³¹ Another example is as follows.

Weak health/health maintenance
 Boosting up the stamina/various illnesses (a picture of a deer with antlers)
Black goat tonic medicine & Deer tonic medicine
 Han'guk Hanbang Medical Clinic is the place which many famous Korean sports persons are continually visiting. They have proved the efficacy of the medicine of this clinic.
 Medicine is individually prescribed.

Major ingredients of the *hanbang* tonic medicine here are as below.
 Half a deer + Raw deer horn (1/2kg) + Ginseng (300g) + Hanbang ingredients
 One black goat + Raw deer horn (1/2kg) + Ginseng (300g) + Hanbang ingredients
 We welcome your presence while your prescribed medicine is put into the processing machine to make it ready to drink.

There has also been a big demand to have tonic medicine to be delivered to friends and relatives in Korea (postage extra).
 * Telephone or fax order welcome
 * Free postage to be delivered within Australia
 Located in the suburb of Belmore **Han'guk Hanbang Medical Clinic**
 Hopact Pty. Ltd.
 300 Campsie Rd. Belmore
 Tel: 740 1124/5576 Fax: 740 5576 Mob: 019 607 884

The whole page for advertisement	health column
Why Do We Need <i>Hanbang Poyak</i>?	
<p>... Health is the condition whereby one can actively function both physically and mentally. In this respect, both cure and prevention of illness is important. However, it is more important to improve the health before developing any health problem. This is an active way of being healthy.</p> <p>It is the human desire to live forever, but the human life is to be limited. ... Firstly, <i>poyak</i> stimulates the organs of the body and strengthens their weakened functions. It supplies necessary nutrition for the body and improves and strengthens the body [health] condition. ... Secondly, <i>poyak</i> improves your mobility physically and mentally. Thirdly, <i>poyak</i> improves resistance to disease. Fourthly, <i>poyak</i> prolongs the aging process and helps the cells in the body restore efficiently. Fifthly, <i>poyak</i> controls the functions of the whole body and helps you overcome various diseases.</p> <p>Yǒngsaeng Hanbang Clinic ... [address and telephone number]</p>	

(Chugan Saenghwal Chǒngbo 1996 January 19: 25)

In the advertisement, a level of awareness about health amongst Koreans is indicated. It also tends to suggest that health can be maintained by using tonic medicine to a significant degree. It is not surprising to hear Dr Sim Ch'an-o saying in confidence that,

I have Korean and non-Korean patients. Many of them come with migraine, headache and back pain. My clinic signboard is Pain Relief Clinic. People come to know my practice through advertisement and the

Another example.

<p>Losing health means the loss of everything! Campsie: Taesong Hanbang Clinic Now it is time to invest for your health.</p> <p>Consultation departments: Hanbang internal treatment; Acupuncture; Neuro psychiatric; Paediatric; Gynaecology</p> <p>Various tonic medicines are available: Paekddu Mt. produced elixir herb; Bear gall bladder; Wild ginseng; Wild ginseng drink; Musk; Chinese white deer antler; Chinese wild-pig gall bladder; Chinese royal family inherited high quality tonic medicine for sexual stamina ...</p> <p>*Health Care Fund benefit available *If you have ginseng or deer antler or other ingredients for tonic medicine you are welcome to discuss how to use them. *Hanbang herb medicine is supplied in a ready to drink form.</p> <p>Address: 7 North Parade. Campsie 2194 Phone: 718 3435, 718 0200</p>
--

(Chugan Saenghwal Chǒngbo 1996 January 26: 99; Kūrisūch'yan Ribyu 1996 January: 39)

signboard. When clients come I mention that I'm not practising Chinese acupuncture but a Korean one and that unlike Chinese practice Korean practice fixes problems at one go. I'm saying so responsibly. Mostly one-time therapy relieves pain.

DEER PARK

In the Sydney metropolitan area, there are two deer parks run by Koreans. I have interviewed Cho Tong-bin, one of the owners. Cho provides the service of *hanbang poyak* containing deer meat; deer meat barbecue; and deer blood from the antlers. The tonic medicine is processed in a machine and offered to the clients. People mix deer blood with whisky and consume it to improve their health. Apart from the services of barbecue and deer blood, Cho's deer *poyak* is similar to what is offered by two other *hanbang* doctors in the Korean community. A unique aspect of Cho's service is that clients can come and choose which deer is to be used for the purpose of their medicine. He also maintains some rooms to accommodate guests who want to stay for a few nights or longer.

Coming to Australia in 1988 as a business migrant, he once worked in a factory and did cleaning, as well as dish washing for several months. After studying livestock farming at university he undertook dairy farming in Korea. He maintains about forty deer around his home in Sydney although he has several hundred of them looked after by his employees elsewhere. Cho wished to do livestock raising on a large scale, which would require him to live far away from metropolitan Sydney. Utilizing his expertise to a degree, Cho is relatively happy with his work.

What motivated you to start the deer park?

I thought of livestock raising. But ... As you know Koreans like deer very much. Deer raising doesn't involve too much care. It looks decent in the eyes of others and it's reasonably clean. I get the antlers and deer blood as by-products. I didn't want to do manual work. Had I chosen dairy farming, I would have had to (Cho Tong-bin).

Apart from his interest in the health of fellow Koreans, he appears to have chosen his current work for its convenience and as a source of income. As I wondered whether the blood of the antler is different from the blood of other parts of the deer, I asked Cho about it.

I think some Koreans are reluctant to change what they think is correct. They say that the deer antler from Alaska is the best quality, but I'm not sure. They argue that deer there in the winter are very selective in feeding. How can they be, as there isn't much to eat? I, as the deer blood seller, shouldn't say this. Let's see, the blood in the human foot or other parts has only one source. Similarly, the blood from the deer's heart goes to antlers and feet, etc. The blood of the antlers could be special if it's produced within the antlers (Cho Tong-bin).

Regardless of the efficacy of the blood, many Koreans in Sydney continually look for it. He went on to say that the demand for it is high in Korea. As the conservation of the blood is difficult, the blood is manufactured in the form of powder in Korea. Frequent customers to Cho's services are 'mostly manual workers rather than those who have respectable jobs.' A set of two courses of *hanbang poyak* containing the meat of half a deer costs A\$480.

ACUPUNCTURE

Whilst restorative medicine is sought to recover from weakness or improve health, acupuncture is resorted to in order to cure problems related to muscular pain, backache, and shoulder ache. These problems are common for Koreans because, as discussed, the majority of them are engaged in manual and heavy work such as cleaning. Welders often complain of shoulder and arm troubles while cleaners suffer from backache or the aches in the fingers. Of various *hanbang* medical services, acupuncture is one of the few that are largely cure-oriented. Acupuncture therapy offered by General Practitioners is covered by Medicare, but it does not cover the service of *hanbang* doctors or acupuncturists. Some private health policies

give only partial coverage. However, there are still some numbers of Korean and non-Korean patients looking for the non-subsidized services. This might be largely because of the authenticity given to the acupuncturists trained under the so-called Chinese or East-Asian medical traditions. In the Korean community, Dr Ch'oe Ho-jin is the only person practising acupuncture therapy alone. It is interesting to note that Dr Ch'oe has enjoyed a large number of clients at his clinic, though he uses non-disposable needles and his service is costly.

Dr Ch'oe came to Australia as a skilled immigrant in 1979. His skill in his immigration application was claimed to be panel beating, though he did not know anything about the work. He came with some knowledge of acupuncture and since his arrival, he pursued his interest in it in China and the United States, which led him to obtain a Ph.D. in Oriental Medicine (Acupuncture) from an American University.

He used to provide free services for poor Koreans and overseas Korean students every night during his first eight months in Australia and worked as a panel beater during the day. He gave up panel beating and opened an acupuncture clinic at the end of 1979. During his first three years of practice, his clients were mostly Koreans. Dr Ch'oe complained of the often sporadic relations between him and Korean patients. He did not enjoy doctor-patient compliance. On the other hand, Dr Ch'oe is grateful to those patients, because they, after experiencing his philanthropic attitude and the efficacy of Dr Ch'oe's service, introduced many patients to Dr Ch'oe. However, Dr Ch'oe gradually developed a degree of dissatisfaction with fellow Korean patients.

Western people [Euro-Australians] are well prepared to cope with what I suggest, e.g., the number of visits to be paid. They're easy to deal with and I'm comfortable with them. Koreans aren't like that. They easily turn

towards famous healers and they aren't punctual at their appointment time.

I was not sure as to whether Dr Ch'oe simply became dissatisfied with his fellow Koreans or, having more skills and qualifications than in the past, he opted to service those who are more affluent than Koreans; who follow his instructions; and who are prepared to pay his high charges. If the latter is true, Ch'oe may have been encouraged by the increasing popularity of acupuncture amongst Euro-Australians. In the Australian context, acupuncture is much more easily marketable than other *hanbang* medicines because of its familiarity established by the earlier settlement of Chinese migrants. In fact, Ch'oe specifically pointed out that one of the important reasons that his Korean patients shop around rather than maintaining the doctor-patient relationship with him was 'Because the life of Koreans in Sydney is not financially stabilized yet. Thus, they want a quick cure with a minimum number of treatments'.

Since then he has serviced more Euro-Australians and other non-Koreans than fellow Koreans. The popularity of and demands for his acupuncture service have increased for the last several years.

There're about 400 clients regularly coming to me for acupuncture about four times a year. They're all Australians [non-Koreans]. The regular therapies for them make 1,600 visits a year. One therapy costs \$40. In total, my income is more than \$60,000 a year. One can have a reasonable life with that money (Dr Ch'oe Ho-jin).

His practice has been lucrative and this seems to have adversely influenced his attitudes towards fellow Korean patients.

If patients want to see me, they must make an appointment in advance. For the last five years I haven't allowed Koreans to make an appointment. But I told them they're welcome to my clinic. I have no reason to be against Koreans. Despite my wish to care for them I haven't been taken seriously. Their attitude is, 'I can receive a service anywhere.' This reflects the availability of many *hanbang* doctors [and General Practitioners]

practising acupuncture. My clinic is always full of patients and it's not possible to see me in a week. However, I've tried to help fellow Korean patients, sacrificing my leisure and off days. But, many of them don't turn up.

At this point I came to appreciate his special concern for his fellow Koreans and his frustration with patients' failure to inform him they could not keep appointments. Dr Ch'oe's care for his fellow Korean patients cannot wholly determine what he does as the clinic was opened to be profitable. Dr Ch'oe's attitude can be better understood when considering the class barrier between him and his patients, which are again related to the place of immigrants in the job market.

Whether patients are Korean or non-Korean, Dr Ch'oe seemed to attract often those patients who have some serious illnesses.

Most of my Korean patients are involved in heavy manual work. They suffer muscular pain or neurotic problems. About 10% of my patients might be in an early stage of cancer. Also, most of my patients come to me after visiting many other acupuncturists. This puts me in a difficult situation. Trusting the doctor from patient's viewpoint and doing one's best from the doctor's side often make the eventual efficacy possible.

Emphasizing the attitude of patients towards the doctor, Ch'oe went on to describe some aspects of the health of Koreans, which was indicative of the health of especially amnesty migrants who left their families in Korea and shared accommodation with other Korean men in similar situations.

When I came [in 1979] or before, many Koreans were working two or three jobs: one full time job and a couple of part-time ones. They were simply over-working. In doing so, they suffered digestion disorders and anxiety. Even though they had health troubles they couldn't afford to pay for acupuncture or *hanbang* medicine. Sometimes they might have talked to each other, 'Have a bottle of liquor and go to bed. You'll be alright in the morning.' Drinking was a common way to console their troubled mind. They suffered all sorts of mental and physical health problems. Had they had peace of mind all their health problems might have disappeared.

Although he acknowledged the social aspects of the ill health of Koreans he tended to reduce the problems to a function of a state of the mind. However, they are closely intertwined.

Many of Dr Ch'oe's Euro-Australian clients suffer from chronic illnesses such as cerebral palsy and cancer. He said that the Australian Acupuncture Association did not allow its members to deal with cancer victims. They must have been satisfied with his service to a significant degree as they paid many regular visits. One example was mentioned by Ch'oe.

One of my past patients suffers a chronic backache. One day his drunken father came home and he as a little child welcomed, and rushed to, dad. The father hit the child and he suffered a backache for many decades. He had terrible trouble sleeping. He's a truck driver and over 50 years old now. He had to see an orthopaedic surgeon every three to six months ever since the accident. Receiving acupuncture therapy for three months from me, he's completely fine. When he recently went to the surgeon, he had the following conversation.

Surgeon: You're almost alright. I wouldn't need to see you any more after the next check-up.

Patient: Acupuncture doctor fixed me.

Surgeon: Get away, rubbish acupuncture.

Patient: You're rubbish. You treated me for 35 years. How much did you take of my money? You never fixed me.

Surgeon: If I didn't care for you, you could be dead by now.

The patient left the surgery after shouting, 'You couldn't fix me and you aren't a doctor'. After two weeks, the surgeon turned up at my clinic. As he said he was a handyman I believed him. I couldn't know he was the same surgeon. He asked me many questions and I realized he was a doctor. I told him, 'If you tell a lie you wouldn't be able to cure any of your patients. Doctors like you may be interested in money not patients. Don't come any more. I can't help you.' And I drove him away. Interestingly, he has referred some of his patients to me since then.

Dr Ch'oe has received numerous letters of appreciation from his clients. Below is what was written on one of the framed letters presented to Ch'oe by his patients. The frame was hung on the wall of the entrance of the clinic.

A Letter Of Appreciation

Acupuncture Centre Burwood
Dr Ch'oe Ho-jin
93 Queen Street, Burwood 2131
Christmasday 25, 12, 1981

Dear Sir,

When I was born, I was born with a disease known as Cerebral Palsy which affects my Speech, my legs, my hands & also my back.

Since I have been coming to see you I have improved up to 90% of my body.

My body has never felt so good since all the Acupuncture treatment which has improved my body increasingly well. The thing I can't believe is that it is all done by needles & not drugs. I would recommend acupuncture to anyone with any disabilities.

I will give you all my support in any way possible.

Best wishes,
Anthony Smith
45 Lucas Road, Seven Hills 2147
D.O.B. 25, 3, 1958

In all these processes, Ch'oe seems to have developed a reputation amongst some Euro-Australian chronic patients. This may have caused more barriers between him and his fellow Korean patients. Not many Koreans who are in need of help seemed prepared to pay several visits, each of which costs \$40, as his service is not government subsidized.

Professional Organization of Acupuncture

The Australian Acupuncture Association is the national organization. Overseas trained acupuncturists are required to pass a written test to earn their membership. From the Korean community, Dr Ch'oe and another Korean *hanbang* doctor are members. There is no association of acupuncturists in the Korean community. The reason is similar to the reason that there is no association of *hanbang* doctors. In the past, there were a few Koreans who practised acupuncture only, such as Ch'oe. They and *hanbang* doctors occasionally felt it might be important to organize an association of acupuncturists. However, it has not come to fruition.

Thirteen years ago, an acupuncturist, who was a former general in Korea, wanted to push the move. If it could be done it would be useful. But, you know when there're three people in a meeting they quarrel. I just don't

like it. I came across a few people suggesting to me that we should report those practising acupuncture without licence to the police. I told them, 'When I was a beginner I was like them. We've all been through the stage. Those people could become wonderful acupuncturists in ten years. Why do we have to report them? We shouldn't as we are all Koreans' (Dr Ch'oe Ho-jin)

The feeling of competition amongst those practising acupuncture seemed apparent. The non-existence of an association seems to make it possible for the 'non-qualified' to experiment on the patients. Of course, when acupuncturists are in trouble, such as a medical accident, they have little organizational support.

Difficulties in Serving Koreans

Dr Ch'oe complained of the low degree of the compliance of patients,

There's a health problem which can be treated at one go. But in general, many visits are required. The number of visits may be reduced by adding to the density of the therapy but this'll lead the patient to hate acupuncture. This is why a certain number of visits are absolutely necessary. In the process of receiving the therapy, some will quit the visit and say I'm a quack.

The number of visits is a critical matter for patients, especially when the service is not covered by Medicare. If the acupuncture service were covered by Medicare, more people might try to receive the service from a *hanbang* doctor or an acupuncturist like Ch'oe. Difficulties also arise because the acupuncturist is deemed to have inferior status, as Ch'oe illustrated,

There're difficult cases. For example, I can see a patient suffering from a kind of tumour, but I can't tell precisely what the problem is. One may say it's a cancer or one may not say so. But, if I say it's a cancer it can cause a problem. I can only tell the patient she or he has a serious condition and mention, 'You can either continue to visit me or go for a pathological test immediately.' Some patients, guessing what the problem might be, ask me, 'Is it a cancer? Why are you trying to shorten my life, saying what's not true?' They tend to create a bad rumour about me. But I didn't say it's a cancer.

Whatever a General Practitioner may say in an early stage of cancer, the doctor is not likely to be blamed. However, it is more interesting to hear Dr Ch'oe.

The patient comes to discover that she or he is a cancer victim. Then I would be asked, 'What's wrong with diagnosing properly and telling me precisely what the problem is?' The patient would make up all kinds of stories with family members and abuse me.

Ch'oe thought that he had worked hard enough and wanted to quit his practice. As his few rooms in his clinic have been full of patients for the last few years he is now financially comfortable. While he is healthy enough he wants to quit his work and pay back to his wife what he has received from her since their marriage.

HEALTH FOODS

In the Korean community, there are more than 70 health food shops, including various food stores, clothes shops and gift shops which also sell health foods. Health food sellers openly admit that they are engaged in business activity.

What motivated you to open the health shop?

Koreans are extremely fond of health food. They'll eat even maggot if it's supposed to be good for their health or sexual stamina. Australian royal jelly and honey are popular amongst Koreans. Some Australian-produced health foods aren't available in Korea. Koreans [in Sydney] and Korean tourists take a lot of them to their friends and relatives in Korea. ... I'm also selling souvenirs and gifts to tourists. I'm the only Korean running a health food and gift shop around this suburb (Kim Chu-sang).

Health food shop owners find that most or as much as 80% of the health foods such as royal jelly, squalene capsules, and the powder of shark cartilage sold in the Korean community go to Korea. According to the Australian Bureau of Statistics (cited in Chin 1995 August 3: 56), the number of Korean tourists to Australia in 1994 reached 110,700, which was the 8th largest

number. When a Korean joins a group tour bound to Australia, the tour guides certainly take the tourists sightseeing and also to souvenir shops where sheep skins, health food, and such things as deer antlers are sold. The tour guide constantly persuades tourists to purchase as many products as they can afford, because the guide receives a certain proportion of the price of every item sold in the shop.

In the case of Yi Tong-gyu, health food manufacturer and seller, he sees Korea as a 'golden market' for health foods and he is primarily interested in trading them with Korea. He is continually working on new products to satisfy the demand from Korea. According to Kim Chu-sang, one reason Koreans in Sydney are using only a small proportion of the health food sold in the Korean community is, 'Hard earned money through manual work can't be used without caution.'

In Australia, there're plenty of vegetables, fruits, and meat. Thus, unlike Koreans in the homeland, fellow Koreans in Australia don't seem to use health food easily. ... Their financial condition isn't so affluent that they could easily afford health food (Yi Tong-gyu, health food shop owner).

Common reasons that Koreans cite for taking health food are similar to the reasons offered for using *hanbang* tonic medicine.

Koreans use health food not necessarily because they're ill. If an item is known to be good for health they would seek it. ... If they have a particular trouble with their body they'll take an appropriate item to cure it. If they think there's a possibility for an organ to go wrong they'll take health food for prevention (Yi Tong-gyu).

It is notable that Yi thinks that health food is effective for the purpose of both physiological cure and prevention. However, most commonly mentioned about health food is that it is not a medicine, thus, it has no side-effects.

Pharmaceutical medicine is a chemical and harmful to the body and gives a burden to the stomach. But health food is natural and not harmful to the body (O Chŏng-il, health food shop owner).

As illustrated in earlier chapters, Koreans in Sydney tend to doubt the extent to which health foods may be genuine or efficacious because 'They know the ways in which health foods are produced' (Hong Sin-ok). Apart from the efficacy, Hong meant that most of the health foods are not genuine nor natural. Hong says, 'Though I sell them I don't take them, but I send some to my friends in Korea as gifts.' Whether health food is manufactured 'genuinely' or whether it contains 'genuine' contents is questioned by the sellers of health food. Dr Kim Kwang-su, who sells health food and is also a *hanbang* doctor said,

... When royal jelly sells very well, many people rush into the business. It's quite easy to obtain health foods, attach your own label and sell it as your own product. Although I don't want to make a derogatory comment on what fellow Koreans do, it's not possible to have so much genuine royal jelly in the shelves. It's simply impossible. It takes a few hours to collect 2 grams of royal jelly.

Although health food is not very popular amongst Koreans in Sydney, the use of it is partly work-related. As O Chŏng-il, who has been selling health food for the last ten years, said, 'Many of my customers are hard workers such as cleaners, carpenters and taxi drivers.'

Compared with health foods, some items are frequently consumed by Koreans in Sydney. They include wild-pig's gall bladder, the young antlers of the deer and *uhwang ch'ŏngsimwŏn* which is a mixture of many *hanbang* remedies and the powder of cow's gall bladder stone. They are easily available in the Korean community and also in China Town in Sydney. Like *hanbang* medicine in general, all of them were first used in China. In the Chosŏn dynasty, those supposedly efficient medicines, brought from China, were used only by the royal family and top government bureaucrats. As they

were so hard to obtain, they might have been used in emergencies such as when fainting or suffering a heart attack. However, in the era of a market economy, there has been a high level of commodification of the medicines and an almost explosive demand for them amongst Koreans in the homeland and overseas, because they are consumed by both sick and healthy persons. Consequently, imitations have flooded the market.

Uhwang ch'ōngsimwōn is known to miraculously revive even a person who is dying. In producing it, the powder of cow's gall bladder stone is a necessity. The dealers of *hanbang* remedies in Korea are always rushing into abattoirs to purchase the gall bladders. However, only the cows which have been seriously ill would produce the stone in their gall bladders. This implies that most of the *uhwang ch'ōngsimwōn* on the market would not contain part of the gall bladder stone (*Hanho T'aimjū* 1996a: 46). Another popular item is wild-pig gall bladder.

Fellow Koreans take a fair bit of wild-pig gall bladder because they're doing lots of manual work. They often have troubles with their backs, arms and legs and they find it efficacious. If you like liquor you can make a few cuts in the bladder and soak it in a glass of drink. It's ready to drink after 24 hours. If you aren't a drinker you can cut it into small pieces and swallow (Kim Chu-sang, health food shop owner).

Wild-pig gall bladder is known to be similar to that of a bear in terms of its efficacy for numerous illnesses amongst Koreans.

When I drank a lot I used to have stomach-ache and had trouble getting up in the morning. When I drink with wild-pig gall bladder I have no such trouble and I can get to work next day. Without its efficacy fellow Koreans wouldn't look for it. Koreans are the only people eating wild-pig gall bladder. Australians wouldn't believe in the efficacy of it and think Koreans are barbarians (Kim Chu-sang).

Kim's wife, Kim Yu-ja, also said, 'I once took it for two days. My backache and bruise disappeared completely.' The price of a dried wild-pig gall bladder ranges from \$40 to \$90. The bigger it is the more money it costs. Yun Kyu-

ch'ang is a dealer in bladders. Yun works in a wild-pig abattoir. He collects the gall bladders before the meat is professionally boxed for exporting to France and Germany. He has supplied 1,000 to 1,500 gall bladders a month to the Korean community for the last several years. The demand comes from Koreans in Sydney and Korean tourists.

There are several people supplying a few kinds of gall bladders to health food stores in the Korean community. Heaps of sheep gall bladders are supplied as well and they cost only \$15 each. They're of no use. ... *Hanbang* doctors in Korea tell me that wild-pig gall bladder is particularly good for blood circulation. Many people around me found it efficacious for many kinds of problems. I often take fresh ones. My mother-in-law had a joint problem and unsuccessfully received acupuncture therapy for many months. Taking the bladder, she's overcome the problem (Yun Kyu-ch'ang).

THE USE OF HEALTH FOOD AND FOLK MEDICINE

Various therapies or anything good for health have long been promoted as part of business activity in Korea. It does not take long before they are introduced to overseas Korean communities, such as the one in Sydney. An example is the company, *Halleluya Saengsogŭm* or Hallelujah Natural (Raw or Least Processed) Salt. In this case, the product seems to be promoted in conjunction with religion. As the director of the company in Korea was about to visit the Korean community in Sydney and give a lecture in a Korean church, the following advertisements appeared in the ethnic newspapers, the first one appearing on a whole page.

**Sincere welcome to the church elder
Kim To-jin's visit to Sydney**

Hallelujah!

It has been five years since the birth of 'Hallelujah Natural Salt'. Numerous chronic patients have been able to get out of the swamp of the disease thanks to the 'Hallelujah Natural Salt'.

Many Koreans in Sydney, who are tired of immigrant life, have been using the Hallelujah Natural Salt brought from Seoul.

Now you can purchase it in Sydney as well.

The products dealt with include

Ginkgo nut juice (diabetes, liver cancer, skin cancer, heart disease ...)

Songnyŏm (tuberculosis, stomach disease, gastro-ptosis, excessive acid in the stomach, athlete's foot ...)

Nuga hwanggiŭm (all kinds of cancers, neuralgia, hypersensitivity ...)

Hallelujah natural salt (low blood pressure, bronchitis, asthma, kidney stone ...)

Cosmetic packs (for healthy skin, skin diseases, healing inflammations)

Unpolluted natural salt (for preparing *Kimch'i*)

Contact numbers: mobile phone number: 0411 384 180;

after 6:00pm: 874 0205

*If you consume bad salt (the one generally used, i.e., white fine salt), your stomach function will be weakened. You shall also suffer from anaemia and the base of your health shall break down.

(*Wik'ŭlli T'op* 1996 March 8: 13, a full page advertisement)³²

Health food is frequently advertised in the ethnic papers, occupying many pages such as the first or the last page or the centre fold of the papers often in colour. They come up with some sweeping claims regarding the effects of

³² An invitation was advertised in another page.

Health Lecture Meeting with Elder Kim To-jin

Hallelujah!

We invite you to Health Lecture Meeting with the Elder Kim To-jin

This person's lecture is outstanding. The lecture will be about changing physical constitutional defects and health maintenance by utilizing the sun energy mentioned in Genesis 1: 29 and natural salt. His lecture has been well broadcast through Far East, Christian and Munhwa Broadcasting in Korea and also currently aired through Los Angeles TV.

We welcome those who are interested to this only one time lecture in Sydney

Date & time: 1996 March 10 (the Lord's day) 6:30pm

Venue: Sydney Full Gospel Church

(204 Waterloo Rd. Greenacre) Tel: 750 5777

Lecturer: Elder Kim To-jin

Inquiry: 649 2703

(*Wik'ŭlli T'op* 1996 March 8: 35)

health food. A typical advertisement in the centre fold pages is as follows (photos of health foods were given in the original advertisement, but omitted here).

Nature's Queen has come to top the world of health food; make sure that you get the right brand.

There are some health foods which Nature's Queen is most proud of:

Royal jelly: Extracting the jelly from the company-run bee keeping guarantees 100% of the quality. The research institute with twenty years of history maintains a high technology and modern equipment and it is in charge of researching and producing new products, therefore the effect of the health food is guaranteed.

Shark cartilage: A revolutionary product for treating cancer. A special right obtained from FDA. Produced by the Aroma Nutritional Food Company which is a member of the Association of the Nutritional Food companies in the USA.

Co-Enzyme Q10: The most appropriate medicine to cure high blood pressure and heart-related diseases. Strengthening and reviving the cells, and accelerating their functions.

Squalene: Particularly effective for stomach cancer and hardened liver. 100% Squalene (1,000mg).

You are welcome to discuss exporting and/or retailing the following goods.

Pure fresh royal jelly: 1kg, 500g (10HDA min 2.0%)

Royal jelly powder: 125g (10HDA min 6.0%)

Royal jelly capsule 1,000mg (31 tabs, 60 tabs)

Co-Enzyme Q10 (6 tabs)

Shark cartilage powder 300g

Squalene 1,000mg (30 tabs, 180 tabs)

(*Han'guk Sinmun* 1995 July 28: 20,
the left hand side of the centre fold pages in colour)

Supplementary explanations about squalene are given in many leaflets and advertisements. For example,

The extraordinary liveliness of ocean shark!

Super Squalene Capsule (Super 1,000mg, 500mg: 30 tabs, 120 tabs, 180 tabs) is the only squalene recognized by the Australian Government.

The underwater ocean shark which lives 500–1,000m below water level self-produces squalene (C₃₀H₅₀) in its liver. This squalene is a source of enough oxygen and helps the shark overcome the problems of lack of oxygen under water, high level water pressure, losing eyesight. This has been the source of how the shark can survive from the most difficult environment and stressful life. This is also the reason why the ocean shark is the only creature in the universe which never suffers from cancer. Now the squalene is an internationally recognized health food whose contribution to human health is significant.

Virtue:

1. Improving eyesight and strengthening the functions of kidney and liver
2. Diabetes, blood pressure, heart-related disease
3. Skin cancer, preventing and curing of brain tumour
4. Cleansing blood vessel, removing cholesterol
5. Cosmetic effect for skin, improving health

Dr William Lane

(A leaflet produced by Cheil Health Food, a health food distribution company)

It is totally unclear how the extracts from some wondrous creature can help the health of human beings. A clear link has been claimed between the health and stress suffered by shark and those of people. The identity of Dr Lane is not given. Every brand and producer of health food declares that their product is the original and reliable one and there are many brands of each item of health food. For example,

NATURE'S GOODNESS

A message for those who think royal jelly products from various companies are all similar!

A little bit of difference of the quality brings an enormous difference to your health. If you look for the best quality, you now ask for the royal jelly produced by Nature's Goodness.

Beware of imitations!

There are many imitations around in the shops. Always look for the sunflower brand. ...

(*Han'guk Sinmun* 1995 July 28: 27)

The health food shop may be closed at night but it still functions in another way to accommodate as many customers as possible. I noticed a message in Korean on the glass door of a shop.

If you need any item, please ring the number given below any time, I would be glad to deliver the required item(s). Phone number: 747 3563

This is an indication of the preparedness to serve customers and engage in hard work. Such a note would be rare in a Euro-Australian shop, where customers inside the shop would often be indirectly encouraged to hurry when closing time is near.

Everyday food is often 'medicalized'. For example, part of an advertisement of a butcher is as follows.

... We hope that you could purchase high quality meat with the best price, enjoy the meat and live a healthy and happy life.

Warning! Bright colour of the meat shows its high quality. Extremely red colour of the meat is from old cow, thus, it is tough and contains a high level of cholesterol (*Chugan Saenghwal Chôngbo* 1996 March 29: 6).

Even drinking water may be medicalized in the Korean community. An advertisement had appeared in Korean ethnic papers for more than six months. It reads as follows.

Fountain Home-stay

We are grateful to those who have acknowledged the quality of water collected in my home fountain. Many people mentioned that the water is efficacious for some diseases, which I was not even aware. Others experienced its efficacy over the period of fasting. These led me to ask for a test at the Australian Water Technologies. I have been informed that the water in my home goes beyond the quality of the supposedly best fountain water collected somewhere in Cairns and contains 68 kinds of minerals. I am glad to inform you of this.

You can simultaneously enjoy Korean-run home stay, the first natural water in Australia and Blue Mt tour.

You are welcome to test drink the water in C. restaurant in Campsie.

22 Kent Street. Wentworth Falls

Tel: (047) 56 2374, 019 943 247 (Give me a ring at the Blue Mt Falls Station)

(*Chugan Saenghwal Chôngbo* 1996 March 29: 14)

The advertisement also includes a copy of the letter in a letter head from the Australian Water Technologies. The writings in English are almost not legible. Surprisingly, the contents of the letter do not match that of the advertisement. The letter reads as follows.

Sal Greeson, Customer Liaison Phone: 02 334 0901, Fax: 02 334 0741 Date: 5th October 1995
(The name of recipient and address)
<u>RE: REPORT 30834</u>
A water sample was taken from a natural water source at the above location on 1/11/95, in accordance with our sampling work instructions SAW 1013 and as requested by the client.
The analysis on the sample was carried out by our NATA accredited laboratory, and tested to the National Health and Medical Research Council Guidelines (1987) for Drinking Water.
All results from the tests performed, satisfy the 1987 guideline values for drinking water. The results indicate that the sample taken on 1/11/95 from the natural spring at the above location has EXCELLENT QUALITY, and as such its consumption should not bear any significant health risk.
It should be noted that other tests such as parasite determination was not performed, and further testing services on a yearly basis, should be carried out.

It might be thought that a shop owner selling health food and health remedies such as deer antlers, wild-pig gall bladder and ginseng is a business person rather than a health service provider. This is also what a shop owner claims. I rang a shop keeper selling deer antler who also sells health food, such as royal jelly.

What do you want to know?

I'm doing research about how Koreans have adjusted to their new life and how they've maintained their health.

Is that right? Then, you're trying to talk to a wrong person. You'd be much better off talking to knowledgeable medical person such as Dr. Kim.

Of course, I'd like to talk to such a person as well. However, you're also concerned about the health of fellow immigrants and I'm sure that you'll have your own opinion which I would appreciate very much. If I talk to General Practitioners only, my study won't be balanced. That's why I've been talking to people providing many kinds of health needs.

Anyway, I'm living a kind of life, the quality of which is completely different from yours. You might say that my opinion is significant for your study. But, that's not true. I'm simply a *changsakkun* or business person [which has a derogatory connotation in Korean culture and language] working for my living and I refuse to participate in your study.

Okay then, I fully understand what you're saying. I apologize for any inconvenience. Thank you very much. Good night.

That's okay. I'm sorry not to be able to help you. Good night.

The shop owner's claim to be a business person in this case recognizes the class barrier between herself and medical doctors. As the owners of health food shops see themselves as business persons the sense of competition between them is high, thus no association has been formed.

The demand for health food is likely to increase continually. For the sake of money making, some people will keep creating new products. For example, there was no wild-pig gall bladder a few years ago. Now it's easily available (Kim Chu-sang).

In recent years, many Western countries have exported health foods to Korea. This has slightly decreased the demand for health food amongst Korean tourists, says Hong Sin-ok. She also told me that the continuing increase in the number of health foods is no more than a 'money making phenomenon', rightly pointing out that if there is any business going well, many Koreans will rush into the same kind of business.

CONCLUDING REMARKS

Obviously, the use of *hanbang* medicine and health foods is not always work-related. However, they are mostly used to improve health, which is understood here as a capacity to work. *Hanbang* doctors and acupuncturists claim that their services are holistic, often scientific and that such services are different from those provided by biomedical doctors. Health food sellers say that their goods are natural food with no side-effects. Although *hanbang* medicine has been practised as a holistic medicine in Korea for many centuries, the level of its commodification has been conspicuous during the process of rapid industrialization in Korea. It has also been appealing to the Koreans in Sydney who are heavily involved in manual work and suffer from mental and physical illness.