
PART V

Conclusion

Chapter 12

Summary and conclusion

The central question of this study has been: What are the ways in which health care utilization patterns amongst Korean men in Australia are affected by their *social location* in Australia and the Korean *cultural* healing traditions they brought with them? Rapid industrialization in Korea and Korean immigrant life in Australia have been investigated in order to focus on the primary task. The social origins of Korean migration, Australian immigration policy, Korean immigrant life with reference to *work* involvement, their health and socio-economic aspects of the providers of medicines in the Korean community, have been studied. In short, the finding was that Korean men in Sydney have utilized all the available resources including Korean cultural healing traditions and other accessible health care, because they wanted to maintain their health or recover from ill health. Their full utilization of State-provided Medicare did not appear to be unique (cf. Chan and Quine 1997) although their use of it has intensified since their arrival in Australia. However, the use of Korean *hanbang* was distinct. Because of their involvement in heavy manual work and long working hours, Korean men, especially amnesty and skilled migrants,

utilize *hanbang* herb medicine (*poyak*). Although *hanbang* herbal medicine claims to offer more appropriate care for patients than biomedicine and the two different kinds of medicine have originated from significantly different world views, the similarities shared by the two are paramount. This is primarily because both kinds of medical practice reflect the currently pervasive modes and relations of production.

In the Chosŏn dynasty, *hanbang* medicine, which originated in China and became indigenized in Korea, was an official medicine. The dominant class benefited from professional *hanbang* doctors and the lower classes relied upon folk and shamanistic medicines. The competition between the two large streams of medicine providers was negligible and was out of the question partly because of the rigid class structures at that time.

Until Christianity was introduced to Korea in 1885, Korea remained the Hermit Kingdom. The arrival of Christianity in Korea was a facet of Western colonialism and it resulted in the opening-up of modern Korea, which consequently brought about the adoption of Western science and technology. There is little dispute that this was, indeed, the start of a fundamental change often restructuring nearly all aspects of traditional Korean society in education, culture, medicine, and the economy.

Despite the rapid increase in the popularity of biomedicine, its influence was not significant enough to bring about change to the existing *hanbang* medicine until the Japanese colonial government began to impose scientific medicine on Korean society by actively training biomedical physicians, building up hospitals and controlling epidemic diseases from 1910. This action secured scientific medicine as the official medicine in Korea and downgraded *hanbang* medicine. In addition, the Japanese regime introduced modern irrigation systems, fertilizers, pesticides and farming tools. As a

result, rice production doubled for the period 1919-38, which consequently led rice exports to Japan to increase 3.8 times. However, the general health of Koreans at that time was very poor largely because of a shortage of rice, malnutrition and limited access to medical care. The major functions of public hospitals were to control infectious disease, to reproduce the dominant scientific medicine, to provide healthy labour for the high productivity of the nation so as to better exploit Korea, and also to provide for the health needs of the Japanese in Korea rather than those of Koreans. When a public hospital service was freely offered to poor Koreans, it had the purpose of demonstrating the superiority of biomedicine over *hanbang* medicine and of social control. The resources of public hospitals were limited and this resulted in the expansion of the private sector, in which scientific medicine started to be highly commodified. Only a small number of privileged Koreans were able to afford the private service. With the closing down of the State-run *hanbang* medical school by the Japanese regime in 1907, *hanbang* medicine was suppressed and started to decline rapidly. The revival movement of *hanbang* medicine was not successful under conditions of suppression by the colonial regime.

The significance of biomedicine in Korean society continued following the end of the Japanese regime and the start of the American military government. Under the limited resources provided by the American aid program, the economically better off Koreans were encouraged to seek services from the private health sector and this accelerated the commodification of medicine to a significant degree. Dissatisfied with poor facilities and their low remuneration in the public hospitals, many of the doctors started to establish private clinics. The United States government aid program helped some Korean doctors visit the Minnesota Medical School. This led to the adoption of specialist training in 1959, which was

inappropriate considering the condition of the hospitals in Korea at that time. The result of the policy was adverse to the health condition of the majority of Koreans.

Although Korean society has changed continually since the start of the Western economic invasion one hundred years ago, the changes have been especially momentous for the last few decades and Korea achieved an incredibly rapid economic development. The high rate of Gross Domestic Product (GDP) growth is indeed rare in the history of modern economic development. Industrialization, urbanization, air pollution, the increasing gap between the haves and have-nots, crime, and other social problems have been some of the conspicuous phenomena which accompanied this rapid economic development. As can easily be assumed from a political economy perspective, the scientific approach to illness and medicine has firmly found its place in industrialized Korea.

Until the start of the more prevalent use of biomedicine in the 1970s, both the preventive and curative nature of *hanbang* medicine had been maintained to a significant degree, although *hanbang* medicine in general had not experienced any significant expansion or decline. However, the powerful efficacy of cure-oriented biomedicine threatened the existence of *hanbang* herbal medicine. As the Korean economy became influential in the international market and a large proportion of Koreans started to enjoy affluence in the 1980s, Korean *hanbang* medicine quickly turned out to accommodate affluent middle class values. *Hanbang* herbal medicine may be prescribed and sold by *hanbang* doctors for a number of reasons. However, the primary function of the herb medicine is that it is supposed to restore the weakened 'whole body' rather than a particular part of it. *Hanbang* herb medicine has become almost equivalent to tonic medicine

(*poyak*). The demand for *hanbang* tonic medicine in Korea has been extraordinary amongst wage earners and the rich. It has become known as a natural and side-effect-free method to restore or sustain health, i.e., the fundamental capacity to work.

The Korean economy started to take off in the early 1970s. However, there was not enough biomedical personnel, and limited access to biomedicine became an increasing problem. Those from the upper and middle class tended to turn towards biomedicine for the purpose of curing their ills. They also used *hanbang* for the purpose of preventing illness or maintaining their health. However, those from the lower class continued to use informal care such as acupuncture, herbal and folk remedies, mostly for the purpose of cure. This group had only limited access to biomedicine, due to its high cost, although access has improved in recent years, many years after the introduction of the government's health scheme for all.

As people's health in industrializing Korea has become the means for something else rather than an end in itself, it has become essential to sustain acceptable health more than was the case in the agricultural Korea. Having good health is a basic requirement for any member of the work force in Korean capitalist development. In this process, the nature of *hanbang* herbal medicine which was considered to be both curative and preventive in the past, has changed its character, becoming primarily 'preventive'. This conforms to the needs of the middle and upper class. *Hanbang* herbal medicine became a primarily restorative (tonic) medicine for the mainly rich people who can afford it. This transformation of herbal medicine was part of a new strategy to overcome the dominance of scientific medicine in the context of rapid Korean industrial development. However, along with the seemingly affluent Korean economy since the 1980s, working class

Koreans have also come to use the *hanbang* herbal medicine frequently. If they could not afford it, they felt a sense of deprivation. The demand for, or the revival of, the *hanbang* tonic medicine has been extraordinary over the last 15 years.

A brief elaboration of the relevant social factors is as follows. A great migration from rural to urban areas started under the government's export-oriented development program, which required cheap and disciplined workers, in the 1960s. The move was accelerated by the devastation of the rural economy resulting from the government's policy of keeping the price of rice low. The policy was meant to maintain the low living cost of factory workers so that low-priced Korean products could be competitive in the international market. The concentration of medical and educational facilities in urban areas also stimulated rural migration. This process has resulted in the explosive increase in the proportion of wage earners. This, in turn, created the increased demand for biomedicine for the purpose of curing disease, as well as for *hanbang* herbal tonic medicine for the purpose of sustaining health.

The limited provision of and limited access to biomedicine in Korea has closely influenced the use of health care amongst overseas Koreans who have migrated over the last few decades. Of course, *hanbang* medicine as a tonic has been exploited to boost the health of the overseas Koreans who have been engaged in heavy manual work or suffered long working hours. I mention these in order to point out that the use of medicines amongst Koreans in Sydney has been influenced by health care systems in Korea and the utilization patterns of medicines prior to their emigration.

The revival of *hanbang* medicine in Korea in the last few decades has been obvious. The increase in the number of *hanbang* medical courses at

universities was spectacular. Such courses have been among the most competitive courses to enter. The conflicts between *hanbang* doctors and pharmacists, involving the students for both professions at universities, have become a lingering problem in the health sector in Korea over the last decade. The conflict still goes on.

Of course, the use of *hanbang* tonic medicine has not led to improvement in the health of Koreans. Under the pervasive capitalist mode of production, the health of wage earners has been appalling. *Hanbang* and biomedicine concentrate on the individual body and neither *hanbang* nor biomedicine actually considers social origins and constraints on health and well-being. Both rely on medication, not on social, political and economic change to bring about improvements in health and well-being. Both individualize health problems.

The process of economic development has meant a struggle to overcome absolute poverty, as well as an effort to be an economic power under the given structure of the international political economy for the last few decades. At the government level, Korean emigration was encouraged as a way of controlling population, as well as a way of earning foreign currency. Koreans from various socio-economic backgrounds went abroad in many directions and for varying reasons. Some migrated in search of a better education of their children and a better economy; some to escape the many side-effects of the newly industrializing country, such as excessive working hours and pollution, and some to earn hard currency. These movements (the latter in particular) can be explained partly by the ways in which the international political economy has been structured and partly by individual needs and pursuits. Migrants from upper socio-economic backgrounds in the 1960s and 1970s tended to go to the United States and some to Canada. A

small number of skill-based Koreans emigrated to Australia and others came as overseas students and chose to stay upon the completion of their studies. However, in Korea till the early 1970s, Australia was notorious for its White Australia policy and thus was not considered to be a desirable destination for emigration.

Those with limited capital went to South America as agricultural immigrants in the 1970s and early 1980s. Most of them had no agricultural work experience. One of the important reasons for them to migrate to South American nations was eventually to settle in the United States, a desire which came true for many of them. Those from the lower class and people without much capital went to South East Asia, the Middle East, West Germany and to the battlefields of the Vietnam War, mainly for the purpose of earning hard currency. Korean migration overseas and the movement of workers were encouraged by the Korean government's 1962 emigration policy. The remitted currency by overseas Korean residents made a significant contribution to the export-oriented Korean economic development.

If it was known at all, before the 1970s and 1980s Australia was only a dream country with beautiful weather, a preserved natural environment and well-organized social welfare systems. There were about twenty Korean households in the Sydney area immediately before the major flow of Korean movement to Australia in the early 1970s when the Koreans, who had fought in the Vietnam War, were returning to Korea. The major influx resulted from individual adventures and also inevitably from the structure of the international political economy. About 500 Koreans entered Australia as tourists on their way back to Korea. As the majority of them had no prospect of finding respectable jobs or resuming the ones they wished to

have back in the hierarchically rigid Korea, due to their lack of university education and a high unemployment rate, they came to Australia to investigate whether there would be any employment opportunities for them. They also entered Australia in the hope that they would stay as long as possible. Although they were tourists on paper, they were obviously looking for work and possible settlement. It is also true that they were absorbed by the labour market of the Australian capitalist development process.

In the 1980s, the majority of Koreans who arrived in Australia were drawn from middle class backgrounds. Unlike those who came in the 1970s, they emigrated to Australia on the basis of their skills, e.g., computer skills, nursing, cooking, plumbing. Others came to reunite with their families in Australia. Most skilled migrants had previously obtained university education and had respectable and middle class posts from the Korean point of view. Many Koreans who came to Australia for tertiary education or English language training changed their visa status, stayed on and have become permanent residents in Australia.

It was clearly an aspect of Australian economic policy to bring a large number of overseas students to Australian universities, technical colleges and English language training centres. Marketing education has actively taken place since the mid-1980s. Introducing full fee paying courses for overseas students was the centre of the policy. The number of Korean students in Australia reached 8,000 in 1990. Most Korean arrivals of the 1980s had *skills* and were able to contribute to a healthy *labour force*.

By the mid-1980s, Australia was better informed than in the past and quickly turned into a desirable destination for emigration for Koreans. In the late 1980s and 1990s, a significant proportion of the Koreans coming to Australia

were business/ investment migrants. The Korean government encouraged potential migrants in this category, because Korea was in search of appropriate methods to reinvest its international trade surplus. From an Australian viewpoint, it was hoped that a business/investment migration program would activate the sluggish economy. The majority of Korean immigrants under that category were running small businesses in Korea, whilst a number held executive positions in the business sector. A limited number of them had no business backgrounds as they were teachers or simply came from wealthy family backgrounds. This group also included some whose businesses were in decline and a few whose health was poor. There were, of course, some who had ample experience of doing business in Korea and wanted to expand their business and capital in Australia and to better succeed in a large scale business. Although most business/investment migrants were in their late 50s or older at the time of emigration, they had not only *skill* and *labour* to offer but also *capital*.

The immigrant life of Korean skilled and business migrants has been well described in a popular newspaper column by Yi Hyo-jǒng (1994), an observer with a great deal of insight into the Korean community. It is worth quoting at length.

Grandma Kim and her three adult children have settled in Australia. Her elder son was admitted to Australia thanks to the money he had; and the younger son for his computer skill. Her daughter's family came as the son-in-law had some English language skill. Following the emigration of the elder son, his wife and five children, two other families have passed through the narrow gate of emigration to Australia. In their early days, they felt as if they were living in the utopia, full of beauty, peace, clean air, public facilities, cheap meat and fruit. It took less than a year before they realized that enjoying such things wasn't all about immigrant life. Numerous obstacles arose which were of great concern for all of them. ...

The elder son bought a four bedroom house, a big fridge, washing machine, and lawn mower. All these, in addition to sending the children to school, costed 2/3 of the money which the elder son brought. It was heart breaking for him to think that he has to support his family with what was left. It was too late to regret that he bought a big house which

costs him too much. Although he once considered doing business by making use of his bank balance, he didn't dare to go ahead for the fear of going bankrupt. A year after his coming to Australia, he concluded that he couldn't just sit and watch his bank balance going down. One day he joined Mr Yi, cleaning a supermarket and tried to cope with the work in the hope that he might buy a cleaning contract but he felt the work wasn't for him. Hearing that welding brings a good income, he started learning the skill. He was no good at that work either. He ended up doing manual work in a sausage making factory, despite being sick and weak at night, but he didn't last there. It was too much for him to handle physically demanding work. ... Feeling sorry for her husband, the wife found kitchen work in a restaurant. ... Now they are running a take-away food shop, and enjoying a good income.

The younger son has computer skills and his wife worked for a bank in Korea. As their English wasn't good enough, no Australian company would employ them. They decided to concentrate on learning English for two years, which they regarded as a good investment for many years to come. The wife gave it up after six months, saying to the husband, 'I'm no good at language. Your study of English is more than enough for our family. I feel like sewing, which allows me time for housework, which is good for you and our daughter.' Learning the sewing skill, she bought a machine and started sewing. Her home was full of clothes to be done. 'Darling, what am I doing in a foreign land far away from home? Probably, it wasn't a good idea to have come here,' says the wife, even weeping in some nights. The husband replies, 'Could you cope until I find a job?' The wife says, 'The stupid work pays too little. High level skill is required for better paid work'. She sold the sewing machine for half price and managed to find work in a cosmetics factory.

The daughter's family seems to be doing best. The son-in-law majored in English and was an English teacher in Korea. However, his English wasn't competent enough in Australia. With government support, he studied hard. Thanks to his competent basic knowledge of English, he earned an official license to translate/interpret. He works for Koreans in Australia and his income isn't too bad. His wife works as a supermarket cashier.

Today is grandma Kim's 78th birthday and all from the three families gathered together. She was so happy to see her grand-children and others and said, 'Let's gather like this more often. Staying in an empty house all day alone makes my mouth smelly. None of you are staying home and there's no one to ring. I'm sick and tired of "house sitting". I wish God would take me away as soon as possible.' Tears ran down her eyes. The younger daughter-in-law couldn't bear the comments and said, 'Why don't you stop the unhappy complaint? Who lives a good life amongst us? I've become a factory worker. Why don't you try to understand the difficulties we are going through?' In fact this was her indirect way of complaining to her 'incapable' husband. The younger son stared at his wife. She continued to say, 'Mother, when I come home after the factory work my legs are swollen up. But I have to prepare dinner. Women's

immigrant life is always full of work. Despite your knowing all these, you're complaining of not having a companion.' The husband said, 'Stop it! You aren't the only one working amongst us. Did you look after my mother when you weren't working?' ... A cold atmosphere was created. Grandma Kim left for her room. ... After a while, the second daughter-in-law brought the mother out to the living room. Men, women and children in different groups share the meal and chatting goes on. ...

Since their arrival in Australia, each group of Korean amnesty, skilled and business migrants maintained a close network and shared much similarity in their adjustment patterns. Amnesty migrants have been working hard, generally holding two or three jobs. Arriving with short-term visas in Australia from many countries, they were welcomed to Australian factories. The relatively favourable economic climate helped them to find employment immediately after their arrival.

However, the earning of income severely undermined the quality of their life and health conditions. Their health has rapidly deteriorated. Many people in this category tell me that their friends passed away even around the age of 60 or before. Despite the general ill-health of the amnesty migrants, on the whole they have been satisfied with their new life in Australia. This is largely because they have suffered least from status anxiety. However, the 'mental trauma', to use Korean doctors' words in Sydney, cannot be underestimated. Psychological difficulties or stresses they went through as wandering immigrants in many parts of the world, leaving their families in Korea, have been enormous.

The most satisfaction has been derived from thinking of what they would not have gained had they stayed back in Korea. In Australia, they feel that they have been rewarded commensurate with the labour they contributed. Also importantly, their children have been able to receive tertiary education in Australia. Thanks to hard work and the favourable economic

environment, they have been able to accumulate a small amount of capital, often enough to start small businesses, such as cleaning contracts or take-away food shops. The level of home ownership was relatively higher than for other ethnic groups at the time of 1981 Census and the average income of each Korean household was higher than that of the average Australian household. Again, this was achieved at the cost of their health, because of the hard work and menial jobs they have been forced to undertake.

Even if they were sick, they often neglected consulting health professionals. When they were illegal migrants, they were not entitled to Medicare benefits. Heavy drinking and smoking in a flat or playing poker machines were part of the ways to relieve their stressful life. Even after they became entitled to Medicare, they did not utilize the service as much as they could have done. Further, there were no Korean biomedical doctors until 1987. This further prevented them from using the service.

Unlike amnesty migrants, the skilled migrants entered Australia as legitimate immigrants. Also, they were better educated and brought some capital. Most skilled migrants were relatively successful in Korea and they would have remained so had they not come to Australia. However, they were not happy with the problems, such as pollution, corruption and the poor quality of life and they left for the land of better opportunity not only for themselves but also for the sake of their children. However, the majority of skilled migrants are also involved in manual work and suffered significantly from status anxiety. Unlike amnesty migrants, skilled migrants came with little knowledge about immigrant life in a foreign land, e.g., whether or not they could maintain the same socio-economic status that they had in Korea. This status anxiety was a matter of great concern for

them, as they were used to the highly hierarchically oriented structure of Korean society where they had professional positions or potential.

As they came in the midst of economic recession, it has been much harder for them to accumulate enough capital to start small businesses. In the context of the Australian economic recession, professional expertise did not help the skilled migrants and the lack of a command of English adversely affected their employment opportunity. Economic efficiency or high productivity is what is most important in the employment market. Despite the popular and politically promoted multi-culturalism, structural racism has been so deeply embedded in Australian society, that skilled migrants have not been better off than amnesty migrants. Thus, the majority of skilled migrants have remained wage earners, doing manual work such as cleaning or becoming factory hands. A small number of skilled migrants who have managed to utilize their professional expertise see little prospect for promotion. They tend to leave such jobs and pursue manual work or set up small businesses. Although the skilled migrants have brought a sum of capital, their financial condition does not appear to be better than that of the amnesty migrants.

Where skilled migrants have been engaged in menial work or small business, this has resulted in a loss of 'face' and their self-confidence has been severely damaged. In these respects, skilled migrants are not healthy both physically and psychologically. The so-called *imin ppyŏng* or immigrant disease has been as pervasive amongst the skilled migrants as it has been amongst the amnesty migrants. Similar to the amnesty migrants, some skilled migrants have died suddenly of over-working.

Most of the business migrants could not achieve what they wished to. The lack of English language skills and little understanding of the culture of

doing business in Australia discouraged them from pursuing business activity. They often witness that Australia is not a place in which to make a profit, but to spend what they had when they came. Only about 30% are engaged in businesses, ranging from take-away food shops to Korean food importing companies. Some went bankrupt. There are also some who left a fair proportion of their capital in Korea when coming to Australia. In these cases, whilst the wife and children live in Australia, the man spends a significant proportion of the year in Korea to manage his business. Many came at the age of retirement or close to it, wishing to have a comfortable retired life. Some still have a business in Korea managed by others, which is the major source of their income. Others live on the interest of their bank balance and those who came with limited capital, have supplementary income from government-paid welfare allowances.

It is likely that this group had *relatively* better health than any other group of people in the Korean community prior to emigration. They had more resources with which to meet their health needs. Like skilled migrants, the major factors which have negatively influenced their health, prior to coming to Australia, were long working hours, heavy drinking, smoking and irregular meals. The business migrants told me that they generally improved their health after coming to Australia. After all, they are not heavily involved in work. Some of the frequent physical health problems include pains in the elbow and back, caused by playing golf. The business migrants spend lots of time at the golf links. This has probably enhanced their physical health. However, golfing every day may be pleasurable for the first few months; but problematic if it endures for a longer period. Not being able to carry out what they wished to do is a major source of psychological distress.

No Korean speaking biomedical doctor was available until 1987. Consulting a biomedical doctor was out of the question for most amnesty migrants because of their fear of being found to be illegal immigrants. When they became permanent residents they began to consult doctors from Indian, Chinese or Egyptian backgrounds. The use of biomedical services gradually became common and many Koreans have regular health check-ups once or twice a year. The frequent use of medical services has been possible under a State-subsidized health service. Thus, the use of biomedicine has been intensified by amnesty migrants who had benefited little from the Korean medical facilities available prior to their emigration. However, there are also some Koreans who find it hard to make time to pay a visit to doctors. They seek medical advice only when they cannot cope with their ill health. In some cases, their lives have ended soon after hospitalization.

The Korean community had no herbal doctor or acupuncturist until 1980. Although the small number of legitimate migrants mostly used biomedical services, illegal migrants tended to use herbal medicine and acupuncture in China Town only when they were in acute pain. Until the end of the 1970s, the Korean community was too small to attract a herbal doctor or acupuncturist from Korea. When the first *hanbang* clinic was opened in 1980, the amnesty migrants used acupuncture therapy to overcome quickly their health problems which were not unrelated to their heavy involvement in manual work. They have utilized *hanbang* tonic medicine as a way of boosting their health so that they could pay back their mortgages on their homes more quickly. They have also used health food to sustain their health. The use of health food amongst the amnesty migrants seems to be an extension of their use of various pharmaceutical products in the form of 'nutritional tablets' which were popular in Korea in the 1960s and 1970s when most Koreans suffered from malnutrition. However, its use was not

as important as *hanbang* medicine amongst the amnesty migrants. Part of the reason is that they are dubious about the quality of health food, such as royal jelly.

Although the skilled migrants were without a Korean speaking doctor in the community till 1987, their legitimate visa status allowed them to consult biomedical doctors when necessary. The State-provided medical service encouraged them to visit biomedical doctors. Although some skilled migrants could not be bothered to take *hanbang* tonic medicine, others take it regularly. The reason for its consumption is frequently related to their involvement in manual work.

When the major flow of business migrants came in the 1990s, a variety of medical services were already available in the Korean community. Although they might have had easy access to biomedicine in Korea, the use of it in Australia has been intensified, thanks to the State-provided Medicare. The free time they 'enjoy' seems to encourage business migrants to visit biomedical doctors when necessary.

From the early 1980s, herbal doctors and acupuncturists started to practise in the Korean community. The practice of *hanbang* herbal medicine and acupuncture has become increasingly popular since the arrival of skill-based and business migrants, which included university trained *hanbang* doctors, self-taught doctors or those trained under traineeship and herb dealers. The demand for herbalist and acupuncturist services increased because of the non-existence of Korean speaking biomedical doctors and ill health caused by their involvement in the heavy manual jobs at the bottom of the Australian labour market. The use of tonic medicine was especially thought to boost their health whilst they are engaged in manual work such as

welding and cleaning. Herbal medicine (*poyak*) has been frequently used by both amnesty and skilled migrants.

Most *hanbang* doctors had middle class or professional jobs in Korea, but wanted to live a more comfortable life in a better social and natural environment. Thus they have come as business migrants since the late 1980s. The business plans they submitted to the Australian Embassy were not about herbal medical practice. However, planning to practise medicine in the Korean community, they generally brought herb remedy cabinets at the time of entry. As immigrants, *hanbang* doctors and acupuncturists have generally experienced the same difficulties as other Koreans. However, a unique aspect of this group of business migrants is that they came with *hanbang* medical skill which is readily marketable to Koreans.

There are also other factors which Korean immigrants have faced. Firstly, there is the problem of the gap between expectations and reality in Australia. Upon their arrival, Koreans were so happy to be out of Korea and to have come to the land of 'opportunity'. However, they soon realized that there was little chance to have their dreams come true. It does not take long for this realization to reap its toll on self-esteem. Secondly, there is also gap between Korean and Australian norms and cultures. Korean ones are linked to its cultural background and rapid social change based on industrialization and urbanization, whereas Australia has already seen advanced capitalism. Many Koreans in Australia were born in rural areas and experienced peasant lives. As they have brought their own or Korea-oriented attitudes, thinking patterns and values, they have some difficulties adjusting to the dominant society.

The implications of continuing involvement in physically demanding work and the experience of psychological distress have been expressed by both the

users and providers of medicines. It is understandable that victims of ill health try to utilize all the available health services. The first group of health practitioners they would consult is the State-subsidized biomedical doctors. If their health problems could not be resolved, biomedical doctors often refer patients to other health practitioners such as acupuncturists or Korean herbal doctors. In other cases, Korean patients with scientifically unidentifiable fatigue or work-related tiredness, would go directly to *hanbang* doctors. It seems natural that Koreans in Sydney who have arrived over the last 25 years look for Korean traditional *hanbang* medicine when the limits of biomedicine are realized.

Most biomedical doctors in the Korean community are the offspring of amnesty migrants whose lives have been affected by the Korean, international and Australian capitalist development processes. The amnesty migrants have almost sacrificed their lives in order to make it possible for their children to climb up the social hierarchy. In addition to this, tertiary education benefited a small proportion of Korean students. The doctors have become one of the most privileged groups in the Korean community. Korean speaking doctors made a significant contribution to the health needs of Koreans in Sydney. However, it is an undeniable fact that doctoring in the Korean community is lucrative. Korean *hanbang* doctors seem to have pursued 'doctoring as a business' in a relatively active way. The services provided by biomedical doctors were accorded legitimacy and rarely questioned.

Just as Korean *hanbang* medicine greatly appealed to wage earners in Korea, it also did to Korean men in Australia. The most unique aspect of *hanbang* doctors, who mostly came as business migrants, was their doctoring skill, which set a demarcation in terms of class between them and most other

Korean immigrants. Despite the claims of *hanbang* doctors that the service they provided was more natural, free of side-effects and appropriate for human health in comparison with that of biomedical doctors, their service was remarkably similar to that of biomedical doctors. *Hanbang* doctors were quick to blame food habits and individual behaviour. Their focus did not go beyond the troubled body of the patient and they were not politically motivated. Their excessive pursuit of 'doctoring as a business' was criticized by a few of the *hanbang* doctors themselves. Whilst the labour of the majority of Korean immigrants was being appropriated by a small number of people, who were both Korean and non-Korean, biomedical and *hanbang* doctors were living off the service they provided through sustaining the health of Koreans.

Many important studies have been already carried out as to how immigrants were disadvantaged in the process of capitalist development (Castles, Kalantzis et al. 1988; Collins 1981; Collins 1983; Collins 1984a; Collins 1984b; Collins 1988; Vasta and Castles 1996). The current study adds to this corpus of knowledge by supplying detailed empirical evidence from individual Korean men in Australia.

Construction of a theory of health and medicine was not a primary concern of this study. Rather it was to demonstrate the explanatory power of a political economy perspective in understanding the health care utilization patterns of Korean men in Australia. There has been a dearth of literature in general about the health of Koreans who migrated overseas. The study has illustrated the significance of their work involvement for understanding their physical and mental health. It has also explored aspects of the commodification of health care, and how both are related to the political-economic aspects of a society. It would have been difficult to explain the

social origins of Korean migration overseas, their settlement, work involvement and health without employing the insights provided by relevant political economy factors.

Although biomedicine and *hanbang* share differences, as well as similarities, the major concern of the users of medicine is whether or not they could afford it, and if they would benefit from it, or whether it would maintain their *health*, i.e., the primary capacity to work. Similarly, the providers of health services were interested in benefiting from the provision/commodification of medicine, as well as caring for their patients. Both factors tend largely to remove the differences between biomedicine and *hanbang*.

One of the serious deficiencies of non-political economic studies in the disciplines of medical anthropology/sociology is the decontextualization of the problems under investigation. Despite constant criticism of such approaches (e.g., Nichter 1991), decontextualization continues. This deficiency is also prevalent with studies which adopted macro approaches such as Marxism (e.g., Russell and Schofield 1986). Whilst the political economy perspective has clarified the relevance of political economic processes, their implications for the individual experience of illness and health have not been fully explored (Turner 1987: 221). I suggest that the combination of ethnographic study and political economy might resolve some of the problems. This suggestion is not new. I am simply pointing out that more qualitative research which avoids decontextualizing the study subjects needs to be carried out in the disciplines of medical anthropology/sociology.

A contribution of the current study to the theories of health care use among migrants is that it is not only the cultural aspects of the countries of origin

but also the cultural and political economic aspects of the new countries that influence health care use patterns of immigrants. A particular emphasis of the findings is that immigrants' location in the job market and their production involvement have a significant impact upon health care use patterns. While the users of health care attempt to fully utilize available health care, the providers of health care in pursuit of profit also look for the best possible ways to meet the need of the consumers.

The common use of *hanbang* medicine in Korea is distinct thanks to the official recognition of it by the State. However, it is also true that many kinds of alternative medicine are booming in many developing and advanced countries. Indeed, many of the 'non-scientific' or folk medicines which were strongly discredited under the dominant influence of biomedicine have revived or re-gained a certain level of credibility in many parts of the world for the last few decades. Most research on ethnomedicine often involving cultural explanations have not been satisfactory. For example, a cultural explanation of the persistence of traditional medicine in Malaysia was that biomedicine is impersonal and mechanistic, whereas traditional medicine tends to be personal and supportive (Heggenhougen 1979). Such a perspective is unable to explain the dominance of biomedicine. Further, cultural explanations decontextualize health, illness and health care choices and neglect relevant political-economic aspects (e.g., Bhopal 1986; Brainard and Zaharlick 1989).

The popular use of alternative medicine in part reflects the increasing awareness of the limit of biomedicine or frustration with scientific approaches to health and illness. However, in seeking the explanation of the pervasive demand for and supply of alternative health care, it is important to go beyond the culture of each kind of health care itself but also examine

the changes occurring at a societal level as well as consequential individual response to the changes. There are relatively new social conditions which influence the choice of diverse health care methods such as herbal medicine (including *hanbang*), health foods and what are loosely called New Age therapies. The transformations in the labour market and the global effects of the restructuring of work have led to decreases in job security, work-related stress and pressures on household budgets. These have contributed to broader cultural changes, transformations in subjectivity, and a pervasive attitude of 'look after oneself.'

For the reasons mentioned already, women were not included in this study. The difficulties they experienced as victims of domestic violence, as a group of the most disadvantaged people, the bearers of a 'double burden' (Kim and Hurh 1988) and the implications for their health are areas requiring urgent investigation. Also neglected by both the Korean community and Australian society is the plight of elderly Koreans. I learned that some disabled elderly Koreans were home-ridden, without any access to community services, whilst their children are working. The lack of information about available services and their inability to be productively employed under capitalism seem to have offered the elderly an appalling quality of life. Research and awareness of the problem were sadly lacking.

While the limits of biomedicine are well acknowledged, the efficacy of 'non-scientific' health care practices such as herbal medicine or 'New Age' therapies needs to be researched. Easthope (1986), in his study of the effectiveness of traditional medicine in the Philippines, concluded that a wide variety of alternative healing methods actually work. It seems that his conclusion is not unrelated to the fact that the use of traditional medicine is still pervasive and access to biomedicine is limited to a small proportion of

population. Koreans using *hanbang* medicine and acupuncture in Korea itself and in Australia and North America tend to believe in the effectiveness of them, despite their relatively easy access to biomedicine. Whether alternative medicine actually works or not and how it works needs to be investigated further.

This current study suggested that there are more common features than differences between biomedicine and non-biomedicine. Although this might be self-evident, given that every medicine is under the influence of broad political, cultural and economic aspects of society, why two kinds of medicine with different social origins share more similarities rather than differences warrants social scientific research. It would be particularly useful to apply comparative perspective, focusing on countries and social contexts where biomedicine co-exists with other 'traditional' medicines in conditions of cultural pluralism. An examination of changes in their articulation over time in relationship to changes in the countries' political economies could prove very fruitful.

Just as *hanbang* and biomedicine individualize ill health, so too does the concept of stress. My use of the concept of stress derives from its figuring so prominently in the subjective comments of my respondents, but it is an individualizing concept. It makes the individual subject the bearer of problems and contradictions generated at the social level. Strategies to deal with stress at the individual level such as resorting to *hanbang* medicine or other alternative therapies depoliticize and divert attention away from what needs to happen: generally, a reorganization of the workplace and a humanization of labour. If health is the capacity to work and yet work itself is dehumanizing, then only a political struggle to transform work will have long term effects on health. Migrants, given their insertion in the labour

market at the bottom end bear the marks, *par excellence*, of what needs to be changed for good health. However, my respondents do not seem to have initiated any such struggle.