

**Biomedicine and  
Traditional Medicine:  
Continuities and Discontinuities in Korean  
Migrants' Use of Health Care in Australia**

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A thesis submitted for the degree of Doctor of  
Philosophy of the University of New England

**Submitted: August 1997**



7/1/01  
10/1/01  
11/1/01

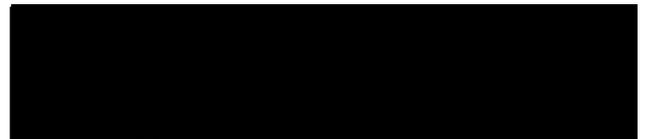
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## Declaration

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I certify that the substance of this thesis has not already been submitted for any degree and is not being currently submitted for any other degree.

I certify that, to the best of my knowledge, any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.



*[Handwritten signature]*

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## **Acknowledgments**

The completion of this study would not have been possible without the support generously given to me. Intellectual guidance and constant encouragement have come from my principal thesis supervisor, Professor Rachel Sharp of the Department of Health Studies, from the inception of the study till its completion. Indeed, I was fortunate enough to access the breath and depth of her scholarship. I have been often astonished by her precise suggestions when I suffered from 'thesis syndrome', yet always leading me to pursue my own interest and inclination in search of truth. Associate Professor Christopher Lloyd of the Department of Economic History and Dr Helen Waite of the Department of Health Studies, all at the University of New England, have also made insightful comments on my ideas and writings over a substantial period of my doctoral candidature.

I would also like to thank Dr Mervyn Hartwig who has kindly offered me clear guidance on the philosophy of social science. His intellectual support helped me confidently set out the research problem on a theoretically well grounded basis.

I am also grateful to my fellow Koreans who have willingly shared with me the happy and unhappy aspects of their immigrant life in Australia and/or elsewhere. This thesis is dedicated to them.

I have received financial assistance from a number of sources to undertake this study. The Department of Employment, Education and Training of the Australian Government offered me an Overseas Postgraduate Research Scholarship to pay tuition fees and the University of New England granted me a stipend scholarship for the period of doctoral candidature.

I also gratefully acknowledge the Australia-Korea Foundation's provision of a travel grant to undertake library-based research in the Library of Congress and in university libraries in Seoul, Korea. The Asian Studies Association of Australia gave me an Asian Studies Library Research Grant to utilize Asian collections at the National Library of Australia and the Library of the Australian National University.

David Akers and Anne Brennan helped with my English expression so as to make it more appropriate. Carole Kirwood, my friend and office mate, has willingly given me her precious time for much needed friendship and stimulating discussions.

Last but not least, I would like to thank my friend and wife, Söng-suk. Reading voraciously about Korean matters over many years, she has developed her own perspective about Korea. I have constantly shared the views presented in this study with her and she has always willingly discussed them. This has made an important contribution which needs to be acknowledged. Further, without her support, it would have been hard for me to complete this study. Of course, my two children, eight-year-old daughter Joy Joo-hyo and three-year-old son Oscar Sang-gon, were an abundant source of inspiration.

## **Korean words and names**

McCune-Reishure method has been used to romanize Korean words in this study. Given names of Koreans are hyphenated. When the full names of Koreans are given, the family name is written first and the given names are followed without comma in text and after comma in bibliography. Whilst I have romanized the names of those who published in Korean, I have not changed the author names of those who have published in English. However, I have added a hyphen in the names in case they have not already been so. In the text, if family names of the authors cited are Kim or Yi (sometimes romanized as Lee) or shared with other authors, I have added their initials in front of their family names. This is because they are two of the most common Korean names and this would assist the readers to find the reference quickly from the bibliography.

## **Presentation of direct quotes from the respondents**

Although I spoke to my Korean respondents in Korean, I have decided to reproduce what they said in 'broken English' rather than in polished English in order to let it best reflect what the respondents meant to express.

## Glossary

**Hanbang:** *hanbang* literally meant Chinese (medical) method or more specifically the Han dynasty's medical method. Since it was introduced in Korea about 500 A.D., it has been indigenized to a significant degree. Further, since the change of Chinese characters of the word *hanbang*, it now literally means Korean medicine. Therefore, *hanbang* in Korea is significantly different from what is called Chinese medicine. This is the reason the word '*hanbang*' is consistently used in this study.

**Hanŭisa:** *Hanŭisa* means *hanbang* doctor. *Hanŭisa* is often called *hanŭi*. Whereas biomedical doctor is called *ŭisa*, *hanbang* doctor is called *hanŭisa*. That is, the term doctor is used for both *hanbang* and biomedical doctor, regardless of their training backgrounds.

**Biomedical vs. Korean traditional (*hanbang*) medicine:** These are the terms generally used in this study rather than the terms such as western medicine, East Asian medicine, Chinese medicine unless it is clear that the words cause no confusion.

**Exchange rate:** In 1996, US\$1 was about 800 Korean Won and A\$1 is about 550 Korean Won.

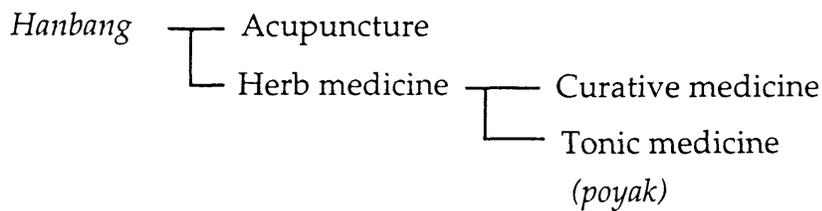
**Kup'o:** This is a made-up-word by Koreans in Sydney, literally meaning 'old fellow [Koreans]'. It refers to those Koreans who stayed in Australia for a long period. It matches with the group of amnesty migrants who have mostly arrived in the 1970s.

**Chung'po:** Literally meaning 'medium fellow [Koreans]', this refers to those Koreans who stayed in Australia for a medium period of time. It matches with the skilled migrants who have entered Australia since the 1980s.

*Sinp'o*: Literally meaning 'new fellow [Koreans]', this refers to those Koreans who stayed in Australia for a short period. It matches with the group of the arrivals of the 1990s or the business migrants in this study.

*Poyak*: Literally meaning restorative or tonic medicine, *poyak* has been only one aspect of *hanbang* herb medicine and has been used to strengthen part or the whole body. There have been many kinds of prescriptions of *poyak* within *hanbang* herb medicine. However, in recent years, *hanbang* herb medicine is understood to be almost equivalent to *poyak* because of the popularity of *poyak* and deficiency of curative *hanbang* herb medicine (see Diagram G.1).

Diagram G.1: The kinds of medicines within *hanbang*



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## Abbreviations

AESO	Acupuncture Ethics and Standards Organisation
AMA	Australian Medical Association
AMES	Adult Migrant English Studies
DEET	Department of Education, Employment and Training
ESB	English Speaking Background
GDP	Gross Domestic Product
GP	General Practitioner
ILO	International Labor Organization
KNA	Korean Nurses Association
MBA	Master of Business Administration
NESB	Non English Speaking Background
NSW	New South Wales
OECD	Organization for Economic Cooperation and Development
RSI	Repetitive Strain Injury
RSPCA	Royal Society for the Prevention of Cruelty to Animals
TAFE	Technical and Further Education

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## ABSTRACT

The primary task of this interdisciplinary (sociological and historical) study is to explore the question: what changes take place in the way in which culture mediates the health care choices people make when they move from one society to another and why? The empirical focus of the study is on the factors which influence health care utilization (both biomedicine and traditional medicine — *hanbang*) amongst Korean immigrants in Australia.

Three recent military regimes in South Korea have constantly pursued an export- and growth-oriented policy rather than a stability-oriented policy or one committed to the redistribution of wealth. The regimes have used economic achievement as the central measure for justifying their own political legitimacy. They utilized the international political and economic situation, and the Korean people's desire for an affluent life. Despite its recent membership of the OECD, the South Korean state offers little social welfare for the majority of its population who have contributed much to the country's development.

*Hanbang* herbal medicine, originally from China but indigenized in Korea, began to lose its significance on the introduction of biomedicine to Korea over a century ago. The trend continued during the Japanese colonial period (1910-45) and the early period of economic growth in the 1960s and 1970s. However, *hanbang* began to regain its significance as affluence increased during the 1980s. This resurgence of *hanbang* medicine and continuing growth of biomedicine have been accompanied by the rapid industrialization of Korean society.

Capitalist development processes in both Korea and Australia in the context of a global economic system and the individual socio-economic needs of Koreans led Koreans from diverse backgrounds to come to Australia. 'Amnesty migrants' came in the 1970s, skilled migrants in the 1980s, and business migrants in the 1990s. Many of the amnesty migrants accumulated what they

defined as a 'fortune', which was often enough to buy them a house and own a small business. This was possible, although often at the cost of their health and because of a relatively favourable Australian economy. Although the skilled migrants came with the skills which were supposed to be in demand in Australia, their inadequacy in the English language and the structural disadvantages confronted by Non-English Speaking Background immigrants, led Korean skilled migrants to gravitate to the bottom part of the job market. The worsening economic recession also contributed adversely to their life. Less than 30% of the Korean business migrants in Australia are involved in business activities.

The amnesty and skilled migrants have suffered from physical ill health because of their heavy involvement in manual work. The business migrants enjoy relatively good physical health because they spend considerable amounts of time on sporting activities, such as playing golf. However, all the three groups have suffered significantly from mental ill health, although that of the amnesty migrants has been relatively better.

The major finding of the study is that easy access to biomedicine and its frequent use amongst Koreans make them similar to other immigrant groups. The popular use of traditional medicine (*hanbang*) is peculiar and *culturally* related in the sense that *hanbang* has been used as a way of maintaining or recovering health in Korea for centuries. The revival of *hanbang* and its popular use amongst Koreans in Australia is better explained by the *social location of migrants* in the host society, especially their work involvement. Koreans in Australia have made best use of all the available sources to sustain their health. However, both *hanbang* and biomedicine operate within the structure of capitalism and therefore share more similarities than differences.