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Connor Innes April 7, 2020

The Adaptive Nature of Korean Traditional Medicine in Atlanta and Boston

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Abstract

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Environmental factors have historically contributed to the evolution of Traditional Korean Medicine on the Korean peninsula, and the influence of professional and social structures distinct to America would suggest that TKM is undergoing a similar process of change in the United States. Characterization of TKM in the U.S. is largely under studied, and the previous scholarship that does exist demonstrates a medical practice that primarily serves Korean American communities and fails to consider the distinct cultural, social, and structural factors found in the region of interest as well as the U.S. As a result, the objective of this study is to characterize TKM clinics and their practitioners through a qualitative analysis of outbound marketing materials, practitioner profiles, and practitioner interviews from the Atlanta and Boston areas. Online directories aiding the Korean American community and clinic websites provided both marketing materials as well as biographical information on practitioners, and semi-structured interviews provided first-hand experiences and perspectives of practitioners. In Atlanta, practitioners frame their practice within the context Western medicine and other alternative and complementary medicines without direct reference to TKM in order to provide familiarity to English-speaking patients. Comparatively, practitioners in Boston utilize their professional backgrounds with Western medicine to methodologically explain their practices to English-speaking patients while explicitly identifying with Korean practices. Nonetheless, clinics in both regions regularly employ the term “oriental medicine” to describe their clinic and practice as a result of broad professional definitions of traditional medicine in the U.S. Therefore, the practice of TKM observed in the U.S. is inconsistent both between and within clinics as practitioners have differentially appealed to patients through recognition of the professional Western and traditional medicine sectors. Thus, TKM in the U.S. is best defined broadly by its adaptive nature. Future studies should focus on the impact of this adaptation on the identity and relationship of practitioners relative to the Korean American community, and additional interviews and research sites would increase the applicability of this research and its findings towards informing changes in the U.S. healthcare system.

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Chapter One: Introduction

Introduction

Throughout its complex history, Traditional Korean medicine (TKM) or *hanuihak* (한의학) – a holistic health practice grounded in metaphysical beliefs – has been continuously challenged, transformed, and redefined through forces both foreign and native to the Korean peninsula. Early exchanges with China during the Three Kingdoms Period (57 BC – 668 AD) introduced medical theory and practices that broadened TKM from the usage of local herbal remedies to the active development and publication of medical knowledge (Hŏ and Mouat 2013, 12). Conversely, native medical scholars, such as physician-scholar Heo Jun did with his work *Principles and Practices of Korean Medicine* or *Donguibogam* (동의보감), during the Joseon Dynasty (1392 – 1910) sought to distinguish TKM from other traditional medicine practices found in China (Hŏ and Mouat 2013, 14). However, Japanese occupation (1910 – 1945) threatened to completely erase TKM from Korean culture with the introduction of Western medicine[1], but TKM was ultimately reinvented as a cultural and national symbol through a practitioner-led movement (Suh 2016, 62-63). Even today, TKM has found equal footing with Western medicine in South Korea's public healthcare system, yet the two approaches towards medicine do often conflict as territorial lines have become more blurred (Lim et al. 2013; Yoon 2017). Nonetheless, it can be seen that external forces have actively shaped TKM by not only advancing medical knowledge but also propelling native efforts to indigenize TKM as an inherently Korean practice in both origin and design.

[1] The term "Western medicine" is used throughout this project rather than "biomedicine" due to two reasons: (1) "Western medicine" is the term most often used by practitioners, institutions, and scholarship when describing the form of scientifically-based medicine introduced to South Korea which is opposing to TKM, and (2) "Western medicine" carries the cultural connotations which have allowed for the subjugation traditional medicine practices in the U.S. Though, it should be noted that the use of "Western medicine" is not an ideal term to use in all contexts as it ignores the use and development of biomedicine beyond the West.

While the practice of TKM has been cultivated and maintained in South Korea through its integration into Korean society and culture, it is important to recognize that TKM also operates in areas without the broad societal understanding and formal recognition provided by its native Korea. Since the beginning of the Korean diaspora during the latter half of the 20th century, nearly 7.5 million Koreans have immigrated to 193 different countries (Ministry of Foreign Affairs 2019). In the United States, for example, many emigrated Koreans have developed close knit immigrant communities held together by ethnic Korean community associations and churches, and the maintenance of a common ethnic identity within these communities has introduced indispensable aspects of Korean culture, such as TKM, to American society (Choi 2003, 16). Within Korean American communities, TKM is still utilized as a familiar and accessible healthcare option, even as it functions outside of the mainstream of American society and the U.S. healthcare system (Kim et. al 2002; Choe et. al 2008).

Despite TKM having a considerable presence in the Korean American communities, there is a limited understanding of how TKM is characterized and defined, especially considering the distinct cultural, social, and structural factors found in the U.S. Fundamental knowledge of TKM in the U.S. comes from a 1987 study (Pang) of TKM clinics and practitioners in the Washington, D.C. area, and Pang concluded that while practitioners had made minor accommodations to operate alongside and within the prevailing framework of Western medicine, the practice of TKM found in the U.S. was largely analogous to the practice found in South Korea. However, Pang's study was limited in that it only evaluated a single urban area and failed to consider how the local and regional characteristics may impact the practice of TKM. Additionally, much has changed in terms of Korean immigrant communities, American society, and healthcare behaviors in the 30 years since this study. Today, younger generations of Korean

Americans are more accultured to an American lifestyle, and the dominant mechanism for entering the U.S. for Korean immigrants has shifted from family-sponsor to employment-sponsor suggesting a change in demographics (Kim and Wolpin 2008; Min 2011, 27-32). Furthermore, the understanding and utilization of complementary and alternative healthcare practices, such as acupuncture and folk medicine, has increased amongst all ethnicities, and insurance coverage for acupuncture has been expanded in both private and public sectors (Su and Li 2011; Nahin et. al 2016; Syrek et. al 2020). Altogether, these changes impose new conditions on the practice of TKM that suggests our knowledge of TKM as it exists in the U.S. at present is incomplete.

Just as TKM has been shaped for centuries by evolving circumstances in Korea, it would seem that TKM is once again undergoing a transformation in the United States. Shifting populations, new healthcare regulations, broadened interest, and predominance of Western medicine provide a mix of opportunities and challenges that require a response from practitioners of TKM in order to sustain their practice in an American environment. Through an analysis of outbound marketing materials, practitioner profiles, and practitioner interviews from TKM clinics in the Atlanta and Boston areas, it can be observed that continued pressure from a largely Western medicine-focused healthcare system and broadly defined system of traditional medicine are changing TKM in the U.S. into a practice that is more accommodating to professional healthcare sector in the U.S. and less outwardly defined as “Korean.” Recognizing and understanding the changes occurring to TKM in the U.S. is necessary as it has the potential to improve care for patients utilizing TKM and other complementary and alternative medicine therapies through enhancing cultural competency in healthcare practices and expanding of integrative therapies.

In order to clearly identify the changes occurring to TKM in later chapters, Chapter One focuses on further defining TKM and understanding the current gap in research. The adaptive nature of TKM will be explored through its history of advancement and indigenization, and the beliefs, diagnostics, and treatments that characterize TKM will be outlined. The final section will focus on the clinical and anthropological research into TKM and what can be gleamed from research into traditional Chinese medicine (TCM) to advance understanding of TKM.

History and Overview of Korean Traditional Medicine

Despite including significant aspects of TCM beliefs and practices, TKM is a culturally and therapeutically distinct practice originating on the Korean peninsula. The first evidence of a medicinal practice in the region was observed in the usage of garlic and mugwort as herbal remedies in the ancient creation myth *Dangun* (Hŏ and Mouat 2013, 11-12). The lack of any reference to either herbs in one of the earliest Chinese medical texts, *Shen Nong Ben Cao Jing*, is used to verify that Korea had an indigenous practice of herbal medicine (Hŏ and Mouat 2013, 12). During the Three Kingdoms period (57 BC – AD 668), exchanges with entities from China and India introduced foreign medicinal knowledge that added upon the foundation of traditional medicine already established in Korea (Hŏ and Mouat 2013, 12). Localization of foreign medicinal knowledge began during the Goryeo dynasty (918 – 1392) through the publication of Korea's first medical journals: *Introductory Guide to Medicine for the General Public* or *Jejungiphyobang* (제중입효방) and *First Aid Prescriptions Using Native Ingredients* or *Hyangyak Gugeupbang* (향약구급방) (Hŏ and Mouat 2013, 12-13). While this early period saw significant growth in medical knowledge, the development of TKM had only just begun.

As with many other aspects of Korean culture, the Joseon Dynasty (1392 – 1910) marked a transformative era for TKM as indigenized and medical advancements in the field occurred. It was during the early-Joseon period when the first training programs for nurses and systematized research of Korean medicinal ingredients were implemented (Hŏ and Mouat 2013, 13). This more active and direct approach towards medicinal research produced an abundance of medical texts in Korean that summarized traditional medicine practices from across the East Asia region while also recording the first clinical research conducted on the Korean peninsula (Hŏ and Mouat 2013, 14). The pursuit of scholarship during this period is perhaps best represented by the cumulative text *Principles and Practices of Korean Medicine* or *Donguibogam* (동의보감) (Hŏ and Mouat 2013, 14). Written by medical officer Heo Jun, the 25-volume, *Donguibogam* was the first medical book to be organized by methods similar to modern medical categorization like internal and external systems, pathology, and lastly treatments (Hŏ and Mouat 2013, 16). The *Donguibogam* is still widely referenced and used today, but the greater impact on TKM may have been from the book's author, Heo Jun. Not only an exceptional scholar and physician, Heo Jun was also an avid reformist who sought to differentiate the medicine practiced in Korea from those found in China (Suh 2016, 1-2). As Chinese traditional medicine at the time was represented by "Northern medicine" and "Southern medicine" practices, Heo Jun argued, "Our kingdom is remotely situated in the East, and the way of pursuing medicine has never been stopped here. Thus, the medicine of our Kingdom also deserves to be called Eastern medicine (*dongui)"* (Suh 2016, 2). In addition to giving TKM a geographically distinct name, Heo Jun was known for extensive documentation and use of "local botanicals" or *hanyak* as well as composing several medical texts in Korean *hangul* rather than Chinese characters (Suh 2016, 3-4). While Heo Jun's works were not completely free of Chinese influence, his ability to re-

interpret frameworks and content within a local context ultimately helped establish TKM as an indigenous practice for both Koreans.

Towards the end of Joseon period, a categorized and specialized system of medicine called *sasang* was developed and introduced to TKM. *Sasang* or "medicine of the four physical constitutions" redefined treatment procedures by first categorizing a person into four different physical types, then diagnosing the person's illness, and finally recommending the person a treatment based on the prior information (Hŏ and Mouat 2013, 15). This methodology built upon the common use of basing treatments on principles of *yin* and *yang* and the five elements as seen in Chinese traditional medicine (Hŏ and Mouat 2013, 15). However, the emphasis on a person's symptoms and body constitution established a distinctive feature of TKM.

Following this long period of advancement and indigenization, Japanese colonial rule of Korea beginning in 1910 halted development of TKM. The Japanese regime changed regulations which made Western medicine the only officially recognized form of medicine and disqualified practitioners of traditional medicine (Suh 2016, 62). While traditional medicine was tolerated to a limited extent, practitioners were recasted as "apprentices of medicine" or *uisaeng* to emphasize Western medicine's role as the primary authority in medicine (Suh 2016, 62; Hŏ and Mouat 2013, 18). As a result of these attempts to discredit TKM, Korean practitioners were pressured into professionalizing as way to reestablish TKM as a respected and credible form of medicine. Prominent practitioners formed professional associations that rewrote medical records to emphasize Korean contributions to the field rather than Chinese sources (Suh 2016, 62-63). The nationalist reinvention of traditional medicine provided TKM with the authority necessary to challenge Western medicine's claims of superiority (Suh 2016, 63). While support for Western medicine had grown in Korea by the late colonial period, scholars and practitioners of TKM had

effectively defined biomedicine's deficiencies and TKM's complementary philosophies (Suh 2016, 75-77). Rather than bringing an end to the practice of traditional medicine in Korea, Japanese colonialism ultimately pushed the field into proving its national importance and medical relevance while going underground.

Even though TKM had survived during Japanese occupation, TKM was truly revived following Korea's liberation in 1945. The National Medical Treatment Law of 1951 created a system for practitioners of traditional medicine to be officially recognized in the country's fledging healthcare system (Hŏ and Mouat 2013, 18; Han 2016). After this legislation was enacted, the first modern universities specializing in the education of traditional medicine like *Dongyang Daehakkwan* began to appear, and public interest spurred by socioeconomic growth in the 1980s and 90s saw TKM adopted into the National Health Insurance in 1987 (Han 2016; Hŏ and Mouat 2013, 18). Despite TKM's established role in the public healthcare sector and recognition by the government, TKM and its practitioners have experienced pushback from practitioners of Western medicine in Korea. Clashes between respective professional associations primarily focus on the use of certain modern medical diagnostic equipment by traditional practitioners and the continued encouragement TKM receives from the government (Bahk 2019). Nonetheless, today TKM stands out as a prominent and integrated feature of Korean society that is the product of Korea's pursuit for a national identity independent of China and Japan.

Building upon its exchanges with China, TKM shares several characteristics with traditional Chinese medicine (TCM) while still distinguishing itself through its own interpretations and features. Similar to TCM, TKM understands the body through a set of metaphysical and philosophical principles rooted in the theory of *yin* and *yang* and the five

elements of fire, earth, metal, water, and wood (Hŏ and Mouat 2013, 26-27). In the same way that a whole is represented by the two opposite yet balanced elements of *yin* and *yang*, the body is observed and evaluated by practitioners as a system in constant flux with itself (Hŏ and Mouat 2013, 32). Encouraging and suppressing interactions of the five elements and systems within the body ensure a physiological balance that is indicative of good health (Hŏ and Mouat 2013, 20, 29-31). When an imbalance occurs in this system from a weakening or lack of vital energy, disease occurs which manifests in the form of symptoms experienced by the patient (Hŏ and Mouat 2013, 19-20, 32). Therefore, illness is seen as a result of body disharmony rather than the impact of external factors, and treatment then focuses on strengthening the person's innate vital energy in order to restore proper function and balance (Hŏ and Mouat 2013, 20-21).

The treatment protocol a patient receives is highly dependent on a diagnostic method that relies not only on an assessment of their symptoms but also on an analysis of their inherent characteristics. A patient's symptoms are evaluated by a combination of visual and auditory/olfactory examination of the body, investigation of the disease progression, and palpatation of the body (Hŏ and Mouat 2013, 40-41). The results of each method are considered in relation to one another, and no piece of information is emphasized over another when determining the illness or treatment (Hŏ and Mouat 2013, 40-41). In addition to this evaluation, a patient is categorized into one of four constitutional forms outlined by *sasang* medicine. In contrast to the assessment of symptoms, the methodology of *sasang* only considers innate characteristics of a patient such as their face and body shape and personality traits in order to determine their constitution type – either *taeyang* (greater yang), *soyang* (lesser yang), *taeeum* (greater yin), or *soeum* (lesser yin) (Hŏ and Mouat 2013, 24). This process of classification is essential to TKM as a patient's constitution type is the ultimate determinant of what kind of

treatment they will be recommended (Hŏ and Mouat 2013, 24). Even if two patients present the same symptoms but have different constitutions, they would not be prescribed the same treatment as it may affect them differently depending on their constitution (Hŏ and Mouat 2013, 49). The prioritization of constitution over symptoms ensures that patients receive a highly individualized form of treatment that is centered on their own distinct needs.

Within TKM, acupuncture, herbal medicine, and moxibustion are the three most common forms of treatment used to bolster the body's proper functioning. Acupuncture utilizes stimulation points along the body's energy-flow channels, or meridians, to restore regular flow, and there are several different forms distinct to TKM such as constitutional, single-needle, four-needle and medicinal (Hŏ and Mouat 2013, 50, 52). Similar to acupuncture, *hanyak* or herbal medicine improves energy flow while also relieving symptoms like fatigue, anxiety, and indigestion through medicinal ingredients (Hŏ and Mouat 2013, 56, 60). Different from common folk remedies, TKM takes a pharmacological approach that combines different ingredients derived from plants, animals, and minerals to produce the most effective treatment for a patient (Hŏ and Mouat 2013, 56, 60). Due to this approach and various patient-dependent factors, herbal medicine is processed by several different methods and may be dispensed as teas, pills, extracts, and patches (Hŏ and Mouat 2013, 61). Moxibustion similarly uses an herb, mugwort, to eliminate negative energy, boost blood circulation and metabolism, and relieve fever (Hŏ and Mouat 2013, 55-56) Rather than being consumed directly, the mugwort is dried into a powder, pressed in molds, and then directly or indirectly burned on the body (Hŏ and Mouat 2013, 55). Other treatments that may be used in TKM include cupping, aromatherapy, taping, and *chuna* or physical adjustment of the body, and treatments may be prescribed individually or in combination (Hŏ and Mouat 2013, 61-64). However, treatments provided by practitioners are

only part of the healing process as the ultimate responsibility relies on the patient to maintain a healthy lifestyle (Hŏ and Mouat 2013, 20). Altogether, the treatment methods reflect a long history of research and refinement as well as TKM's focus on healing internal systems rather than eliminating external pathogens.

Previous Scholarship

The field of scholarship on TKM is limited and varied depending on geographic focus, and there is a distinct divide between research conducted by practitioners of either Traditional Korean or Western medicine and non-practitioners like anthropologists or sociologists. The divide reveals an abundance of research regarding the efficacy and clinical practice of TKM but relatively little research on the social, cultural, or linguistic contributions to TKM.

The most extensive research is conducted by practitioners associated with TKM colleges from South Korea and focuses primarily on the therapeutic effectiveness of TKM as well as the evolving relationship between TKM and Western medicine. Leem and Park (2007) provide an overview of research that describes the underlying mechanisms of various TKM therapies. Herbal therapies like Korean Ginseng increase cellular responses in neuroblastoma cells that may prevent pathological conditions of the brain such as strokes and hypertension. Additionally, traditional dietary supplements like silkworm have been shown to lower levels of vasopressin (ADH) which may prove beneficial in the treatment of diabetes mellitus. In terms of acupuncture, ongoing clinical studies support current understanding of the ability of electroacupuncture to cause the downregulation of inducible nitric oxide synthase (iNOS) and thereby producing anti-inflammatory effects. Even genetic analyses of *sasang*'s constitutional body types have shown that genetic polymorphisms in certain constitutional types may be

associated with increased risk of certain conditions such as ischemic strokes. In conclusion, Leem and Park do concede that further research needs to be conducted to better understand the effectiveness of TKM therapies, but the scientific foundation of TKM proven through research shows the potential for TKM to act as a complement to biomedicine. The biggest challenge for many traditional medicine practices is proving legitimacy through the lens of biomedicine, but research showing scientific effectiveness both helps to disprove pseudo-science arguments by biomedicine physicians as well as provide reasons to explore integrated applications of therapies between the fields.

A study conducted by Yoon (2017) further supports this sentiment by evaluating the outcomes of combining modern and traditional therapies to treat a variety of diseases. Yoon found several beneficial collaborative therapies including the reduction of side effects from radiotherapy when treated alongside acupuncture and a prescription of herbal medicines. Similarly, patients prescribed anti-estrogen drugs showed reduced toxicity when also taking some herbal medicines, and acupuncture provided pain relief for patients suffering from arthritis. From these findings, Yoon suggests that rather than framing traditional medicine as solely an alternative therapy, the improved outcomes and patient experiences from collaborative treatments provide reason for more research and usage of integrated care.

South Korea might appear an ideal setting to implement integrated care on a larger scale given the strong acceptance of TKM as a cultural heritage and the active inclusion of TKM in the public healthcare system, but an ideological gap between TKM and Western medicine practitioners, as well as a lack of government oversight into TKM therapies, may prevent expansion. Lim et al. (2013) surveyed a combination of TKM, Western medicine, and dual-licensed practitioners in Korea about their perspectives on the practicability, promotion, and

licensing of integrative care as well as the need for crossover in education. While TKM practitioners generally agreed on the need and expansion of integrative care, WM practitioners showed less agreement on the issue. However, the distribution of Western medicine perceptions varied depending on their previous exposure to TKM and integrative therapies. Notably, dual-licensed practitioners agreed implementation of integrative care was impractical likely based on their first-hand experience in providing complementary therapies. Overall, the results reflect the divided perspectives and experiences of TKM, Western medicine, and dual-licensed practitioners on integrative care and the effect of personal experiences or lack thereof on internal biases. Further research is needed to understand the conflicting opinions expressed in the survey, but it appears that education and exposure to diverse practices can overcome some degree of prejudice. However, differences in physician ideologies is not the only issue affecting the potential for integrative or complimentary practices as oversight and categorization still appear vague. Yu et al. (2015) evaluated the behaviors of TKM practitioners as well as other complementary and alternative medicine providers who were providing complimentary care to patients diagnosed with cancer. The survey showed that many TKM practitioners wanted to see more legislation and national management to differentiate between qualified practitioners as the rise and diversification of other complementary and alternative therapies threatens to undermine the legitimacy of TKM practitioners. The researchers further emphasized this issue by noting the cultural overlap in licensed and unlicensed practices as well as the potential harm of negative patient outcomes coming from unregulated but similar fields. Overall, current research suggests that both practitioner perceptions and policy measures are factors contributing to the future of TKM in South Korea, especially in relation to integrative applications, and further research is

needed to understand the reasoning behind practitioners' perspectives and relationship with Western medicine.

Compared to South Korea, the amount of anthropological or sociological research evaluating TKM in the United States is rather limited despite significant Korean immigration and an involved history with South Korea, and research focuses more on the usage of TKM by immigrant populations in terms of healthcare accessibility than the extent and status of TKM in the U.S. (Min 2011). Choe et al. (2018) used focus groups of Korean Americans to understand how culture influences healthcare decisions in an urban Midwest setting. From the different groups, the researchers found that language barriers, affordability, and cultural competency were significant barriers to obtaining healthcare in the U.S. Additionally, the participants responded that they depend strongly on their friends and members of community-based organizations for medical information. The results suggest that further cultural competency training in healthcare systems is necessary to meet the needs of diverse populations and that community-based healthcare plays an important role in Korean American communities. Supporting this last point, research by Kim et al. (2002) surveyed Korean American elderly to understand their healthcare behaviors and utilization of traditional and western medicine. The researchers found that 69.3% of respondents preferred a Korean doctor and that 30.2% of respondents had utilized traditional medicine within the last six months either as a sole source of healthcare or in combination with Western medicine. Both health insurance status and perceptions of healthcare source were indicated as possible factors that affected respondents' choice. As a whole, current research into Korean American health behaviors suggest that TKM clinics provide a familiar and accessible healthcare option for Korean Americans and that increased education of TKM practices in Western medicine systems would improve patient outcomes through cultural competency.

While it is evident that TKM has a significant presence in the U.S. based on its usage by Korean Americans, there has been little research into characterizing TKM as it exists in the U.S., especially in terms of how it has been impacted by American understandings of traditional East Asian medicines and the predominance of Western medicine. An exception is research conducted by Pang (1989) who interviewed four TKM practitioners in the Washington, D.C. area as an analysis of their clinical practice and client relationship. Practitioners were observed in their clinics and interviewed using open-ended questions, and elderly Korean clients provided supplementary information on the relationship between practitioner and patient. Cross analysis of the practitioner interviews revealed genuine and involved practitioner-patient relationships that allowed for patients to take a more active role in negotiating care. Additionally, Pang found that practitioners often adapted their practice towards biomedicine as a way of both legitimizing their role in the health care field and fulfilling the expectations of their clients. At the time, practitioners' professional medical status was largely unrecognized due to a lack of licensure, language barriers, and misunderstanding within the general public, and both Korean and non-Korean patients brought with them experiences and expectations of biomedicine that reflected Western concepts of healthcare. Despite the challenges presented by being immersed in a foreign culture, it is noted that practitioners maintained a practice that was still authentic to the principles of TKM, and the primarily patient population of most clinics at the time was over 90% composed of Korean immigrants or children Korean immigrants. However, Pang's study is limited in that it only encapsulates the experiences of practitioners from one urban area, and thirty years have passed since the study has been conducted. Since then, much has changed in terms of the awareness and utilization of traditional medicine and other holistic health treatments during the past thirty years (Su and Lifeng 2011). Additionally, the Korean communities that

these practitioners serve have also changed as younger generations become more attuned to American culture and immigration trends have shifted (Kim and Seth 2008; Min 2011). Therefore, there is a need to better understand how continued pressure from Western medicine and changes to society have impacted TKM practitioners and their clinics, especially in a wider selection of environments.

While the scope of anthropological research into TKM is fairly limited, much research has been conducted in the field of TCM, and the approaches taken by these researchers can be utilized to help frame considerations when researching TKM. In *Patients and Healers in the Context of Culture* (1980), Arthur Kleinman discusses the cultural dimensions that need to be considered when studying health care systems across cultures through case studies conducted in Taiwan. In particular, Kleinman emphasizes outlining the external and internal influences on local healthcare systems as well as understanding the three components that comprise local healthcare systems: popular, professional, and folk sectors. The popular sphere contains the individual and family, professional contains organized healers, and folk contains non-professional healers. This system of categorization is highly dependent on individual societies as some may have multiple professional forms of medicine. For example, the professional sector in South Korea would include both TKM and Western medicine as both are professionalized systems that equal to one another. Conversely, the professional sector in the U.S. is dominated by Western medicine and professional subsectors like traditional medicine operate within the greater framework of Western medicine. Yet, all professional sectors are subject to the popular and folk sectors as well as external factors that can redefine their character. Therefore, it is important to the dynamic relationship of cultural factors when evaluating the changing nature of health care systems.

In addition to Kleinman's framework, Mei Zhan's use of the analytic "worlding" in *Other-Worldly: Making Chinese Medicine through Transnational Frames* is helpful in interpreting the changes associated with traditional medicines. In *Other-Worldly,* Zhan explores the transnational identity of TCM through fieldwork both in Shanghai and San Franscisco. In order to engage with these changes, Zhan employs use of "worlding," a concept originally proposed by Martin Heidegger in 1996, to recognize the multiplicity of TCM and explore how it can exist in multiple forms as defined and redefined by the worlds they inhabit. As such, it requires a disregard for finite definitions of TCM that are assumed to transcend situation boundaries. Therefore, "worlding" allows for terms of difference to be reinvented and employed with active consideration towards contingent spatial factors.

Methodologies

The major objective of this study is to characterize TKM clinics and their practitioners in urban areas so as to provide an expansion and comparison to Pang's (1987) study of TKM in the Washington, D.C. area. As a result, the findings of this study are split into two chapters, one focusing on Atlanta and the other on Boston. The Atlanta and Boston metropolitan areas were selected as locations for this study because of their accessibility as each area has a significant Korean American community. Additionally, the distinct geographic locations represented by these urban areas allowed for a regional comparison of how differences in the South and Northeast regions impact TKM. The comparative analysis and summarization of the findings is found in a fourth chapter which also addresses the limitations of the study and discusses future implications. The data representative of each area was collected from public directories and websites of TKM clinics and from a semi-structured interview with a TKM practitioner.

The public directories that provided outbound marketing and practitioner data for analysis were Korea Portal (koreaportal.com) and Boston Korea (bostonkorea.com). Korea Portal is a Korean-language digital news publication and online business directory with the aim to link overseas Korean communities both locally and globally, and Boston Korea is a mostly similar publication except that it focuses on serving the Korean American community in the Greater Boston area. The directory function was used to find listings of individual TKM clinics from each area, and the information for each clinic was recorded and categorized. Duplicate listings and those located outside the metropolitan area of interest were eliminated from the database. Clinic websites provided in the listings were used to gather observational data on marketing materials and practitioners. A qualitative analysis of all recorded documents and observations was performed that included linguistic, historic, and thematic analyses. The collection and analysis of data from both the databases and individual clinic websites was necessary to understand the ways in which TKM practitioners contextualize themselves and their practice for both Korean and non-Korean audiences. Furthermore, these external sources demonstrate how TKM may be perceived and what role TKM serves in different communities. Though, it should be recognized that interpretations of the observational data are both limited and conditioned by myself being neither Korean nor a patient of TKM.

The semi-structured interview was conducted with a TKM practitioner from the Boston area. The practitioner was referred by a faculty member at Emory University through a personal connection. Additional TKM practitioners were contacted for interviews but they ultimately declined or were unavailable. The interview itself was conducted by telephone in English, and an interview guide was devised that focused on four categories of information: practitioner background, in-clinic practice and treatments, clinic-community relationship, and practitioner

views and beliefs. The interview guide was based on the internal structure of healthcare systems as defined by Kleinman (1980) with a particular focus on considering the cultural and professional intersections that can alter general structures (49-50, 53-60). As seen through Pang's (1987) study, practitioner interviews are essential in accurately defining the values and beliefs that drive TKM as a practice while also providing first-hand experiences of how environmental factors impact TKM. Therefore, more reliable interpretations and conclusions can be made on the intentions and adaptations of practitioners. However, finding practitioners who were willing to interview for this project was an exceedingly difficult process. It would appear that community or personal connections are essential to establishing a rapport with practitioners as the single practitioner interview that was interviewed for this project was introduced by a Korean professor as Emory. Given a longer period of time, more connections to both Korean communities in Atlanta and Boston would have been possible that would have likely produced more practitioner interview. As a result, the single practitioner interview provides only a limited perspective for this project, and the analysis would be most effective if interviews were conducted with more practitioners from both areas of interest.

Chapter Two: The Practice of TKM in Atlanta

Korean American Community of Atlanta

While not widely acknowledged for having a central "Korea town" like densely populated Los Angeles and New York City, the metropolitan Atlanta area does boast a vibrant and established Korean American community that embraces the area's urban sprawl. In 2015, Atlanta ranked seventh out of the top ten U.S. metropolitan areas by Korean population with 51,000 residents of Korean descent demonstrating a significant presence ("Top 10 U.S." 2018). The population is largely concentrated in Gwinnett County where the Korean population has doubled since 2000, and 42.2% of Georgia's Korean population reside in Gwinnett as of 2017 making it the largest Korean community in the state (U.S. Census Bureau 2017).

The origin of this community is only minutely understood through anecdotes that point towards employment at factories of Korean conglomerates in the area or a desirable warm-weather retreat for retirees, but it is clear that the extent of the Korean community is itself alluring (Yeomans 2016). A drive around Duluth, the city at the center of Gwinnett's Korean population, reveals a myriad of signs in Korean and English that advertise not only Korean restaurants and bakeries but also Korean insurance agencies, lawyers, and even real estate agencies. It is this availability of a service industry operated by and geared towards Korean Americans that anchor the community and point towards its longevity. However, the mixed demographics and lower population density of the area also provides the opportunity and need to serve the county's non-Korean population (U.S. Census Bureau 2017; Yeomans 2016). As healthcare providers, TKM clinics are particularly poised towards being able to expand their practice to non-Korean patients while still serving the local Korean American community.

Korea Portal Database

The Korea Portal is an online business directory that provides listings of Korean businesses. From the Korea Portal directory, twenty-nine unique TKM clinics in the Atlanta metro area were identified with their associated name, address, and contact information. The overwhelming majority of clinics were listed under both a Korean and English name with only three clinics listed under a Korean name only. Additionally, only five clinics had an associated website that provided more in-depth information regarding the clinic and proprietary practitioner. An analysis of the database, associated clinic websites, and practitioner profiles reveal trends in language usage, promotional content, and education that characterize the practice of TKM in Atlanta.

Linguistic differences in Korean names

When comparing the Korean names of clinics, several distinct trends in word usage become apparent which indicate different interpretations of TKM amongst practitioners. The most significant difference is the use of *hanuiwon* (한의원) and *hanbang-uiryowon* (한방의료원) to signify a traditional medicine clinic. While both terms provide similar meanings today, they have very different origins which provide for contrasting connotations. The term *hanbang* (한방) originally referred to the traditional medicine practiced in Japan based on traditional Chinese medicine (TCM), and it was introduced during Japanese occupation to replace the term *hanuihak* (한의학), the native term for traditional medicine in Korea. Since *hanbang* uses the Chinese *han* (漢) character rather than the Korean *han* (韓) character, the term literally translates to "Chinese medicine," and thus fails to distinguish the practice of TKM from TCM (Park 2008). However, *hanbang* was nonetheless widely adopted during Japanese

occupation and utilized in reference to TKM for decades after Japanese occupation ended. It was not until 1986 that the term for TKM was officially changed back to *hanuihak* in order to accurately represent the indigenous nature of TKM (Han 2016, 74). Therefore, the use of *hanbang* in six of the clinics' names provides insights into the backgrounds of their practitioners. The use of *hanbang* likely indicates that the practitioner was either educated in TKM or immigrated to the U.S. prior to the official change in terminology in 1986. In either event, these practitioners are likely members of an older generation of physicians who may not strongly distinguish TKM from TCM, and thus have less of an association with TKM being inherently important to their Korean identity.

In addition to differences in the terminology used to refer to TKM, several distinct terms are used to describe the types of clinics. The term *uiwon* (의원), which translates to clinic, is the most commonly used term while the terms *uiryowon* (의료원) and *byeongwon* (병원), meaning medical center and hospital, are used in only four and three instances respectively. The differences in usage can likely be attributed to the Medical Law of 1962 which introduced a tiered classification system for medical institutions. The system primarily divides institutions along the basis of inpatient and outpatient services with clinics falling under inpatient facilities and medical centers and hospitals being outpatient facilities (Medical Law 1962, Article 3). However, institutions providing TKM would not have been classified using this system prior to 1987 when TKM was finally included in the National Health Insurance. As a result, smaller TKM clinics could have been called medical centers or hospitals prior to this change which is supported by the exclusive use of *uiryowon* and *byeongwon* with *hanbang*, the term used to describe TKM prior to 1986. The exclusive association therefore indicates that the term *uiwon* which is used exclusively with the Korean *han* (韓) character is primarily a result of the reforms

in 1986 that redefined TKM with *hanuiwon.* The distinct use of *uiwon, uiryowon,* and *byeongwon* in reference to clinics in Atlanta then suggests a generational distinction in practitioners.

Altogether, the use of *hanuiwon* vs. *hanbang-uiryowon/byeongwon* appears to indicate two distinct groups of TKM practitioners who have extensive exposure to TKM and Korean society either before or after the late 1980s. The smaller proportion of practitioners that use *hanbang-uiryowon/byeongwon* to describe their clinics fall into the category of practitioners who missed major healthcare reforms, and the larger portion that use *hanuiwon* fall into the latter category who would have been impacted by the reclamation and reintegration of TKM in South Korea's healthcare system. These different experiences would likely have an impact on the practitioner's association and interpretation of TKM, especially as it relates to TKM's role alongside Western medicine and importance as a distinctly Korean cultural symbol. Furthermore, the two groups of practitioners correspond with Korean immigration trends in the U.S. as there was a wave of Korean immigrants during the 1980s and a growing number since the mid-2000s (Min 2011, 9). Therefore, each group of practitioners may serve different groups of the community depending on their immigration history. The use of practitioner's first or last name to further distinguish clinics establishes a familiar identity with the community that can be easily recalled and passed on by word of mouth. Despite somewhat consistent trends, differences in Korean language usage reveal the diverse experiences and perspectives that TKM practitioners carry towards identity, history, and integration with Western medicine.

Translation of Clinic Names

While the majority of clinics also advertise by an English name, discrepancies in translation from Korean reveal an adaptation to Western understandings of traditional medicine. Clinics that have a personal identifier in the name of their clinics will often directly translate that component into English, but terms such as *hanuiwon* and *hanbang-uiryowon/byeongwon* which are used in every clinic's Korean name are never translated to some form of "Korean traditional medicine clinic/medical center/hospital." Indeed, neither "Korean" nor "traditional medicine" are referenced in any of the English names of clinics. Rather, English terms for either general treatment types or for East Asian medicine as a whole are used alongside personal identifiers.

An example of this phenomenon can be observed in usage of "acupuncture" and "herbal clinic" in fourteen and ten clinics' names respectively despite there being no use of either term in the Korean names listed in the directory. The choice of these terms can likely be related back to the greater familiarity of non-Korean Americans to practices of acupuncture and herbal remedies through TCM and other complementary and alternative medicine therapies (Su and Lifeng 2011). Furthermore, the growing interest in complementary and alternative medicine therapies and coverage from insurance companies incentivizes the use of these terms to familiarize potential English-speaking patients to services provided by TKM clinics (Nahin et. al 2016). However, reference to these specific treatments that are also utilized in other traditional East Asian medicine practices fails to convey the characteristics that set TKM apart. This sort of accommodation may help support the business side of TKM clinics, but they also open up TKM to misinterpretation.

The potential for misinterpretation is reinforced by the use of "oriental medicine" to describe TKM in English names. Similar to the use of other general traditional medicine terminology like "acupuncture," the use of "oriental medicine" does not directly recall the

Korean origins of TKM as oriental medicine is more commonly associated with TCM in the U.S. ("NCI Dictionary" 2011). Additionally, in the same way that *hanbang* was used in Korea despite misidentifying TKM, oriental medicine or TCM may be used by practitioners and the public simply because it is the more common terminology used in reference to traditional medicine practices like TKM. It demonstrates that TKM practitioners are both conforming to common associations in America of any traditional medicine practice being Chinese in nature while also being limited in their ability to distinguish TKM due to a lack of familiarity with other traditional medicine practices.

Clinic Websites and Promotion

In addition to being listed on the directory, a smaller proportion of the TKM clinics also used websites in order to promote their practice. From the twenty-nine clinics that were listed in the Korea Portal directory, only five had websites for their clinics. While this small number indicates that clinics do not primarily utilize websites in their marketing, the information provided on those few websites contribute valuable insight into how the clinics define themselves and who the clinics are targeting as new patients. The majority of websites listed pages detailing the practitioner's background, treatments administered, patient testimonials, and sometimes frequently asked questions and detailed history indicating the educational role these websites are fulfilling. Additionally, all five of the websites were written only in English suggesting that the websites are primarily directed towards non-Korean audiences or second/third generation Korean Americans for whom Korean may not be their primary or dominant language. Through analysis of language usage, informative content, and practitioner

profiles, it can be seen that TKM practitioners are actively adjusting the definition of their practice in order to increase accessibility to non-Korean speaking audiences.

Language Usage

Following language trends used to describe other complementary and alternative medicine practices, the practitioners use patient-focused and environmentally associated terminology to express TKM beliefs and treatments (Zhan 2009, 25, 45-48). Terms like "whole body" and "natural" are used to define diagnostic and treatment approaches, and practitioners emphasize "customized" treatments alluding to the individual evaluation of patient ailments. Without being too specific, the terms broadly define TKM ideas like *sasang* or constitutional medicine while also differentiating the practice from Western medicine experiences which are typically more disease orientated. Additionally, words like "revolutionary" and "ground-breaking" are employed to draw patients who have received Western medicine treatments for common ailments but saw lackluster results. The positioning of TKM in relation to Western medicine using language associated with common alternative therapies familiarizes non-Korean audiences with TKM.

The relativizing of TKM in more common terms associated with other styles of medicine seems to exclude specific reference towards TKM. In all five of the websites, there is no direct mention of the treatments or ideologies as being "Korean" in nature. Rather, the term "oriental medicine" is used to refer to TKM just as it was used in English translations of clinic's names. While "oriental medicine" provides a more recognizable name for patients without a thorough understanding of TKM, it introduces assumptions and background knowledge based on the interchangeable usage of "oriental medicine" and TCM in the U.S. ("NCI Dictionary" 2011).

Ultimately, referencing and explaining TKM concepts without explicitly referring to them as being "Korean" in nature risks the misidentification or erasure of TKM in English-speaking communities.

Educational Content

In addition to providing essential clinic information, the websites provide a space for practitioners to implicitly communicate details about TKM treatments, concepts, and history. The amount and type of information vary from website to website, but most websites provide an extensive list of ailments that are treated along with descriptions of various treatment types. Bodily pain like back pain commonly leads the list of ailments with infertility and arthritis were most cited amongst the websites. In terms of treatments, acupuncture and herbal medicine were mentioned on all lists with cupping and moxibustion slightly less recurrent. All the ailments and treatments listed closely align with those historically practiced in TKM, though it is evident that acupuncture is given special attention as a more well-known treatment type in the U.S. Additionally, several websites also go into greater detail to describe the efficacy and experience of treatments through either patient testimonials or research studies. Testimonials primarily recount patients' failed treatments of Western medicine and their subsequent success with traditional medicine treatments. For example, one patient details chronic pain for six years that went unaffected by the treatments of a physical therapist but was much improved after being recommended acupuncture from the clinic. Many of the names associated with the testimonials are also associated with Western cultures further demonstrating that the websites serve to inform a demographic unaccustomed to TKM. When emphasizing the benefit and safety of TKM therapies like acupuncture with scientific research, it is common for practitioners to cite

organizations that are highly respected in Western medicine such as the World Health Organization or the Mayo Clinic. Therefore, practitioners appear to recognize the predominance and influence of Western medicine in the U.S. and utilize that position to validate TKM practices to non-Korean patients.

Positioning TKM relative to Western medicine and other complementary and alternative medicine therapies also appears to manifest in the actual practice of TKM. At Choe's Miracle Acupuncture, descriptions of traditional treatments also include several modern methods and technologies described as "Oriental Medical technology" that are used in treatments. One tool described as a "body composition analyzer" is said to use "bio-electric response" in order "to determine what body/organ functions are running high or low, the cause and the treatment." Here, scientific terms like "bio-electric" and "analyzer" are used to modernize the diagnostic technique for TKM concepts like "body composition" thereby framing the practice of TKM as more reliable to patients accustomed to scientific approaches. Additionally, such treatments are also prescribed alongside herbal remedies emphasizing the integrated approach. At a separate clinic, Green Acupuncture and Med Spa, the proprietary TKM practitioner operates alongside a certified esthetician. The esthetician describes their treatments as "cross-cultural" through the use of "sculpting techniques from Asia," and the clinic's collaborative nature is emphasized by the noting that "comprehensive treatment plans combine the knowledge base of Dr. Kim and Georgia." Similar to integrating Western medicine technology and traditional concepts, establishing an association between TKM and esthetic interventions capitalizes on the familiarity of the latter to indicate the character of TKM.

An exception to this adaptation of TKM through Western medicine and complementary and alternative medicine associations can be found in the conceptual and historical approach of

Choe's Miracle Acupuncture. While the clinic does describe modern treatment approaches as mentioned above, the clinic also provides several pages that explicitly reference TKM concepts and explain their history. Dr. Jimong, the proprietary practitioner, goes in depth about the theory of *sasang*, constitution types, and dietary practices which are all distinct to TKM. Rather than taking an adaptive approach that frames the practice of TKM solely in the terms of "oriental medicine", TCM, or Western medicine, Dr. Jimong takes an educational approach that explicitly explains the distinct nature of TKM. Through an educational approach, clinics can retain more typical outward identifiers and characteristics of TKM while still modifying the practice by integrating technologies or methodologies associated with Western medicine.

Practitioner Biographies

Beyond providing descriptive information about the types of treatments practiced, all clinic websites also contained biographies of their proprietary practitioners. The biographies typically listed background information related to their qualifications such as educational history and licenses but several also included participation in professional associations, community organizations and media contributions. Through the biographies, the impact of education and regulations on the practice of TKM can be evaluated.

Background and Education From the educational history of practitioners, there was a common theme of practitioners being educated abroad and then receiving additional education prior to beginning to practice in the U.S. Four out of five practitioners received secondary level education or training in TKM (translated as "oriental medicine") from universities in South Korea with additional experience in apprenticeship prior to immigrating to the U.S. A common university amongst practitioners was Kyung Hee University which is a well-known TKM school

that aims to modernize TKM through the comparative study of Western medicine (Shim et. al 2004). A background from this school would indicate an understanding of TKM in relation to Western medicine and how the two practices can be bridged through integrative therapies. Educational training, however, is not limited to South Korea as evidenced by Dr. Brandon Lee of Suwanee Acupuncture who graduated from the University of Shanghai in Chinese Medicine before apprenticing in South Korea. With his multi-country background, Dr. Lee describes his practice as "traditional oriental medicine," yet Dr. Lee's clinic description reveals themes specific to TKM such as the practice of a new interpretation of the *sasang* constitutional medicine called Eight-Constitution Medicine (Kuon 2003).

All of the practitioners completed additional masters or doctorates from universities in the U.S. specializing in traditional East Asian medicine. It might seem that this additional schooling would be due to licensing requirements, but education requirements from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) indicate otherwise. The NCCAOM provides board exams and certifications necessary for traditional medicine practitioners to obtain a license in most states including Georgia. Applicants can take two routes to meet eligibility when receiving formal education: either U.S. or international. To meet formal education requirements in the U.S., students must graduate from either a program that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) in the U.S. For international formal education, applicants must attend a school that has government oversight or private accreditation comparable to the ACAOM and have their foreign education credits evaluated and approved by a third-party organization ("NCCAOM® Certification Handbook" 2019). Therefore, the reasoning for obtaining additional education in the U.S. might be to avoid the additional processes required of international applicants, but U.S.

universities may also be alluring as way to develop further experience in English-language settings and broaden interpretations of traditional medicine. For example, a common alma mater of Atlanta practitioners, Yuin University based in Southern California, offers a masters program that provides training in oriental medicine principles, acupuncture, herbal medicine, and Western medicine with both biomedical and TCM courses. For applicants from South Korea who have been primarily instructed on TKM, the opportunity to learn more TCM-specific practices might be beneficial for practicing in the U.S. where TCM is more widely known. Overall, many Atlanta practitioners would appear to have knowledge of traditional medicine from both Korean-centric and Chinese-centric perspectives as well as formal education in Western medicine concepts. As a result, these additional perspectives may partially influence how practitioners adapt their practice of TKM in order to better meet the expectations of Western patients.

Conclusion

Based on the observations gathered on TKM clinics in the Atlanta area, it is clear that practitioners are adapting to meet the linguistic, conceptual, and experiential limitations of American patients. Indirect English translations of clinic names from Korean show a trend of using terms like “acupuncture” and “oriental medicine” as these terms are more commonly known in the U.S. compared to more specific TKM terminology. The prevalence of “oriental medicine” and TCM in American society is further utilized to convey the metaphysical concepts that underly TKM practices. Furthermore, clinics use diagnostics and therapies more associated with Western medicine or secondary systems of medicine in the U.S. like modern technology or esthetic procedures to draw upon patients’ experiences with Western and alternative medicines. The association removes some of the uncertainty that might otherwise discourage patients from

experiencing TKM. While distinct concepts and therapies of TKM like constitutional medicine and *saam* acupuncture still appear in use at TKM clinics, they are inconsistently defined as Korean furthering the outward disassociation from Korean labels. In order to capture English-speaking patients in Atlanta, practitioners are portraying and at times integrating TKM with more established and recognized Western and alternative medicine practices.

In additional to pressures for public appeal, institutional structures seem to place pressures on TKM clinics to adapt and limit expression of TKM's Korean origins. In the U.S, "oriental medicine" is a professionalized practice with associated degree programs and governing organizations. Many of the Atlanta based practitioners attended U.S. schools where "oriental medicine" is interchangeable with TCM, and thus curriculum was limited to this purview of traditional medicine. Certifying organizations also adopt a similar definition of "oriental medicine," and therefore practitioners would be inclined to prescribe to this definition of traditional medicine in order to be recognized and respected at a professional level. While some clinics do attempt to bridge the information gap that prevents the native identification of TKM in America, the lack of formal acknowledgement and recognition within the professional sphere limits advancement opportunities. Ultimately, the process of TKM adaptation demonstrates how pressures from the popular sector and structural limitations of the professional sector are reshaping TKM within the Atlanta health care system.

Chapter Three: The Practice of TKM in Boston

Korean American Community of Boston

Compared to other metropolitan areas, Boston has a much smaller and less densely packed Korean population that is still growing. As of 2018, only 20,502 Korean Americans were estimated to be living in the Greater Boston area which is about 87.0% of the state's total Korean population (U.S. Census Bureau 2017). While the Korean population in Massachusetts would appear to be highly concentrated within Greater Boston, this population is relatively spread out across the metropolitan area with Cambridge and Boston having the top two highest number of Korean residents at only 3,602 and 2,702 respectively. Nonetheless, the state's Korean population has grown by about 43.1% since 2000 indicating a relatively newer Korean immigrant community (Kupel 2010, 1).

The earliest Korean immigrants to arrive in the Boston area were university students, and the Korean community today continues to be both highly educated and integrated within the greater Boston community. During the early 1900s, a significant number of Korean students and political exiles fled to the area in response to the Japanese occupation of Korea, and a mix of mostly scholars, professionals, and their family members followed after 1965 (Kupel 2010, 2). As a result, the Korean Americans in the region are about twice as likely to have received a Bachelor's degree compared to the general population, and rates of enrollment in college or graduate schools are highest among Korean Americans when compared to overall rates for Asian Americans (Kupel 2010, 2-3). Due to the younger and professional nature of the Korean American population along with the geographic dispersal of the community, there is a lack of active participation in identity-based organizations and religious groups indicating a degree of integration within broader society (Kupel 2010, 5-6). This phenomenon can be further seen in the

lack of service orientated businesses with Boston's unofficial "Korea Town" being primarily composed of bars, restaurants, and bakeries that serve a non-Korean customer base (Choe 2018). TKM clinics in the area therefore face several challenges when serving the Korean American community in the Boston area that makes an expanded practice more necessary.

Boston Korea Database

Using the local Boston Korea business directory, nine TKM clinics were identified as operating within the Boston metropolitan area. Out of these nine clinics listed, five were only listed by a Korean name, three were listed by both a Korean and English name, and one was only listed by an English name. Additionally, half of the clinics also had associated websites provided in their listing that focused on clinic and practitioner introductions, treatment descriptions, and insurance information. Through an examination of the database, clinic websites and practitioner biographies, trends in the language usage, content, and practitioners demonstrate the impact of the Boston environment on the practice of TKM.

Linguistic differences in Korean names

A comparison of clinic's Korean names reveals a uniformity that indicates the community's more recent expansion. Amongst the eight clinics that used a Korean name, none of them used the term *hanbang*, but each clinic did use the term *hanuiwon* to define clinics. As described in Chapter Two, *hanuiwon* is associated with the more native term for TKM, *hanuihak*, and the term was only reinstated into official use in South Korea following reforms to the Medical Law of 1962 in 1986. This information suggests that practitioners in the Boston area are of a more recent generation of Korean immigrants which is supported by the fact that nearly

half of Boston's Korean population settled in the area within the past 20 years. As such, these practitioners would have been more highly influenced by post-1986 reforms that saw more integration of TKM into modern healthcare systems alongside Western medicine. The practice of this generation of practitioners would likely be reflective of these systematic changes by being more complementary to Western medicine and organized to suit modern healthcare systems.

In addition to the use of *hanuiwon*, clinic's Korean names consistently use a practitioner identifier to form the complete name the clinic. Clinics' choice of identifiers are evenly split between the use of either a practitioner's given name or Korean-related terminology like *ingu* (인구) meaning people. As a result, the Korean names carry a strong attachment to both the clinic's Korean identity while also indicating the practitioner's background exposure to Western medicine.

Translation of Clinic Names

From the nine TKM clinics identified, only three of the clinics provided an English name for their clinic, and there is a trend of using indirect translations in order to characterize the clinics with more general traditional medicine terminology. In particular, the term "acupuncture" is used in all three English names which would appear to capitalize on the familiarity of the term due to increasing usage of acupuncture in the U.S. (Su and Lifeng 2011; Zhang et. al 2012). The additional terminology used alongside "acupuncture" included "wellness" and "herbal medicine" which were utilized by two different clinics. While these terms do vaguely describe elements of TKM, they do not necessarily distinguish TKM from other traditional medicine practices. This can be further seen in the only clinic to have just an English name where the use of "oriental medicine" generalizes the type of practice provided at the clinic. An English-speaking patient

with limited exposure to East Asian traditional medicines or cultures would likely associate "oriental medicine" with Chinese origins before Korean, especially without a Korean name to use for inference. While establishing greater patient familiarity, the use of ambiguous traditional medicine terminology results in the generalization of TKM.

This issue of ambiguity is further highlight by the lack Korean identifying words in the English names of clinics. None of the three clinics make any reference to being "Korean" or practicing TKM in their English names, and other identifying terminology that do come from direct translations such as "grace" and "sun" lack any specificity to Korean culture out of context. As a result, there is a distinct lack of Korean identity provided in the English names of TKM clinics in Boston.

Clinic Websites and Promotion

In spite of the relatively few clinics practicing in Boston, at least half utilized websites in order to promote their practice. This high proportion suggests that clinic websites in the Boston area serve an important role in reaching new patients. Accordingly, the information on these websites are particularly helpful is assessing how TKM clinics define their practice in order to appear beneficial and approachable to new patients. Since all four of the websites were written in English, this information can be analyzed within the context of appealing to a primarily non-Korean speaking audience. Using language trends, descriptive content, and practitioner biographies, it can be seen that TKM clinics in Boston employ practitioner's experiences with Western medicine to establish a methodical and transparent practice while preserving treatments and ideologies distinct to KTM.

Language Usage

While the use of descriptive words to explain TKM beliefs is fairly consistent, the use of terminology to classify the types of medicine (single or combinatory approach of TKM, TCM, or Western medicine) used by clinics is inconsistent. Treatment goals are typically centered on "well-being" and establishing "balance" amongst the body's systems, and all treatments are described as "customized" through an evaluation of a patient's "individual" needs. In simple terms, these descriptions fit the aim and approach of TKM practices, but they also generally describe the practice of TCM. Terms like "constitution" or "*sasang*" which may distinguish TKM are not utilized, so specific reference to the origin or type of medicine would be needed for clarification.

Clinics do utilize specific classifications to describe their practice of traditional medicine, but the terminology is inconsistent. For example, the website for Grace Acupuncture and Oriental Medicine describes its practice as "Korean style TCM" and then mentions specific elements like "Constitutional Medicine and Saam Five Element Acupuncuture" which are both TKM practices. While Grace Acupuncture does recognize the Korean-nature of their treatments, the use of TCM to position their practice in a more familiar light still infers that the TKM treatments are simply derived. As a result, the treatments do not receive full assignation as being Korean in origin. Conversely, the Sun Wellness Acupuncture website refers to their practice by several different terms that inflates the definition of TKM. The clinic practitioner describes their background as being in "Eastern medicine" and mentions using "Eastern herbal medicine" in their practice. The practitioner then also refers to their practice as being TCM in a Frequently Asked Questions section in which the question directly refers to TCM. In a different section, the practitioner describes their acupuncture style as being "Korean," so the practice does appear to

have distinct elements within the realm of TKM. Altogether, the mixed use of terminology used to describe traditional practices broadens the familiarity of TKM but also confuses the nature of TKM with other traditional practices.

Educational Content

The Boston clinic websites play an important role in describing concepts of the practice alongside procedural expectations of treatments. Belief systems are typically explained in reference to history, and practitioners establish a distinction from Western medicine by placing emphasis on the personalized approach to care. Though, history is typically kept brief with more focus on how treatments will be individualized after a comprehension assessment of the "imbalances" and "root-cause." Clinics also list the common manifestations of these issues in comprehensive lists of ailments which commonly include chronic pain as well as women's health and fertility issues and common mental illnesses like anxiety or depression. Altogether, the information provided on philosophies, diagnostics, and conditions are fairly constant amongst the clinics and consistent with the practice of TKM.

In terms of treatments, all clinics consistently provide two types of treatments: acupuncture and herbal medicine. Acupuncture is clearly the most popular treatment provided by clinics due to it stand-alone web pages and in-depth explanations, and the mention of herbal medicine as a complementary therapy enforces this preference. Other treatments are provided but vary from clinic to clinic. For example, Sun Wellness also offers nutritional advising and auriculotherapy, a form of ear acupuncture, whereas Park Acupuncture provides a type of massage therapy call Tui Na. Additionally, a common theme amongst the clinic websites is that each treatment receives a highly detailed and methodical explanation that focuses more on the

technical elements of how the therapies are conducted rather than relying solely on the metaphysical theories. For instance, a description of acupuncture on the Park Acupuncture website describes the treatment procedure including the sterile nature of the needles, how the needles are manipulated, and the length of the treatment. Boston clinics providing procedural information demystifies the treatment by framing it in a more clinical context without directly using Western medicine research or experiences to validate the practice as in Atlanta-based practices.

Along with enhancing patient's perspective of the treatments, Boston clinics also use their websites to address all aspects of the patient experience before and after treatment. On "New Patient" pages, clinics explain the health history and consent forms that must be filled out prior to their first visit, and recommendations for successful treatment include eating a few hours before to allow the Qi (energy) to flow and not cleaning their tongue to improve diagnostic insight. Post-treatment information focuses on obtaining rest, but also addresses rates and payments. Insurance coverage usually has its own, highly visible section where the variability of coverage by companies and burden of reimbursement on the patient is highlighted. Furthermore, Frequently Asked Question sections are common on the websites and address questions about efficacy, safety, pain, and treatment regimens. The unambiguous and explanatory approach of clinics suggests that patients unfamiliar with traditional medicine are a significant portion of the patient population, and that Boston practitioners adopt transparency in an effort to establish approachability.

Practitioner Biographies

Practitioner backgrounds are essential for understanding what experiences have influenced their approach toward and expression of TKM. When comparing the backgrounds of practitioners from the Boston clinics, several trends become apparent in both their education and their exposure to Western medicine. Not only did practitioners have significant education both abroad and locally, but several also completed degrees in Western medicine fields. Additionally, several of the practitioners shared an alma mater in the U.S. Therefore, the transparency-forward approach that is apparent in the Boston clinics is representative of active participation in the Western medicine field and shared experiences.

Background and Education Through the educational histories of the Boston practitioners, there are several common trends. In terms of education abroad, at least two of the practitioners, Dr. Park and Dr. Paek, graduated from Kyung Hee University Oriental Medicine in South Korea. Kyung Hee University uses comparative study of Western medicine to modernize TKM, so both practitioners would likely have an informed approach towards TKM (Shim et. al 2004). Their backgrounds become apparent in the methodical descriptions of their practices online. Beyond their time at Kyung Hee University, both practitioners have further exposure to Western medicine. Dr. Park earned a Bachelor of Science in Nursing and became a licensed physical therapist in Korea prior to attending Kyung Hee University, and Dr. Paek earned a Master of Medical Science in Pharmacology. However, the practitioners differ in that Dr. Paek has not received any additional education in the U.S and was certified by NCCAOM through approved eligibility of international education credentials. Both Dr. Park and a Dr. Lee obtained Masters of Acupuncture and Oriental Medicine from the Massachusetts College of Pharmacy and Health Sciences (MCPHS). While the program does include Western medical science courses in

its curriculum, it does not emphasize an interdisciplinary approach and primarily teaches Chinese Acupuncture. As a result, practitioners of Boston have backgrounds in both traditional medicine and Western medicine that inform their individual approach.

Practitioner Interview

Introduction and Background

Compared to other Boston-based practitioners, Dr. Junghan Suh's involvement with Western medicine and biomedicine prior to becoming a traditional medicine practitioner is not unusual but it is distinct. Dr. Suh initially received a PhD in Cancer Biology from Rutgers University in New Jersey, and later moved to Boston to complete post-doctoral training at the Dana-Farber Cancer Institute at Harvard School of Medicine. At this time, Dr. Suh wanted to eventually find work with a pharmaceutical company working as a cancer biologist developing cancer drugs. However, during his post-doctoral fellowship, Dr. Suh realized that his work was lacking a human element – he wanted to move away from the lab bench and closer to the bed side. Growing up in South Korea, Dr. Suh had been regularly exposed to and treated by TKM, so he was quite familiar with the practice. He had always carried an interest in learning more about traditional medicine, so Dr. Suh made the decision to switch careers from being a cancer biologist to becoming a traditional medicine practitioner.

To accomplish this, Dr. Suh enrolled at the Massachusetts College of Pharmacy and Health Sciences (MCPHS) where he studied as a full-time student for three years in their Master of Acupuncture program. As seen through the educational histories of other Boston practitioners, MCPHS is a popular program amongst local practitioners, but Dr. Suh was surprised by the demographics of his class. Out of forty classmates, he was the only Korean in the program and the only other Asian classmates were three Chinese students. The rest of the class were

Caucasian, and he would later find this distribution translate to his own patient population. Furthermore, the curriculum at MCPHS focuses on teaching TCM, but Dr. Suh defines his own personal practice as somewhere in between TCM and TKM due to the influence of his Korean background.

It is important to recognize that Dr. Suh's education in the U.S. somewhat limits him in terms of where he can practice. Dr. Suh explained that South Korea has strict certification standards that require applicants to attend an accredited TKM college in South Korea. Therefore, despite his previous education in traditional medicine and incorporation of TKM elements into his practice, Dr. Suh would have to redo his education in order to practice in South Korea.

While switching his career pursuits at a later age was admittedly a difficult decision, Dr. Suh feels very lucky that he made the change when he did. He now finds much more satisfaction and happiness in being able to directly treat patients and see them the recover. It's a humbling experience to him, and he finds gratitude in being able to do what he does.

Clinic and Practice

Dr. Suh has been operating his clinic in Boston now for three years, and only sees patients on an appointment basis. Patients range in age from 15 to 70 years old, and around 90% of his patients are Caucasian despite the practice being centered on traditional East Asian medicine. Dr. Suh believes that the increase in insurance coverage for acupuncture and a small number of referrals from Western medicine doctors contribute to the significant number of non-Asian patients. Patients come to see Dr. Suh for a myriad of ailments, but the most common are muscular skeletal issues and sports related injuries. Though, Dr. Suh mentions that he also regularly treats psychological issues like anxiety and depression as well as digestive and fertility

issues. In terms of treatments, about 70-80% of patients receive only acupuncture as he finds that Americans are more reluctant to take herbal medicine. In traditional Chinese and Korean medicines, Dr. Suh notes that herbal medicine would be used more frequently, if not with every patient, but Dr. Suh typically starts with acupuncture in order to build trust between himself and his patient. Once he has this trust established, he may introduce herbal medicine if he feels that it would improve the overall treatment.

Clinic and the Community

Dr. Suh recognizes that socioeconomic factors and established relationships with Western medicine in the local area contribute significantly to his practice. Without insurance, treatments can be very expensive and difficult to justify compared to Western medicine treatments that have more extensive insurance coverage. However, since insurance coverage has expanded to include acupuncture in recent years, Dr. Suh has seen more new patients who are utilizing their insurance benefits. Along with these changes, Dr. Suh has seen more patients who have been referred by Western medicine doctors. He attributes these changes in part to the greater acknowledgement of traditional medicine's efficacy and importance as well as people's increased willingness to try non-Western approaches to healing. Though, Dr. Suh does admit that these trends are a reflection of people in the region being more open minded and educated, and he feels that this recognition outside of the traditional medicine field might not be consistent throughout the U.S. depending on different socioeconomic factors like education or ethnic diversity.

Beliefs and Western Medicine

Despite his extensive background in science and Western medicine, Dr. Suh does not try to address his practice of traditional medicine from a scientific standpoint. When he first began his studies, Dr. Suh tried to apply his scientific background to bridge the two practices. However, he quickly realized that traditional medicine is highly spiritual and operates on empirics, so applying scientific methodologies and reasoning is incongruent with the practice. In traditional medicine, treatments are learned through trial and error and passed down generation to generation. It has been done like this for thousands of years, and the efficacy of treatments is a given because history shows the ability to heal. In comparison, Dr. Suh notes that people in America are raised to evaluate the validity of something by scientific testing. People want to be assured by measurable changes to biometrics like blood pressure or hormones, and trust is founded in such results. Dr. Suh admits that changes do occur to the body with acupuncture, and such evidence could be used to legitimize traditional medicines, but it is not necessary. He explains the difference in Eastern and Western approach through the hypothetical treatment of a patient with a herniated disk who recovers afterwards. Dr. Suh states that a Western medicine doctor might order an x-ray or MRI to determine what happened to the disk, but a practitioner of traditional medicine would investigate no further. From the perspective of traditional medicine, the treatment was effective in that it fixed the blockage of energy that was causing the pain, and the positive change in the patient's experience is the most important consideration.

Despite Dr. Suh seeing fundamental differences between Western medicine and traditional medicine, he does believe that collaboration and implementation of integrated therapies is possible and necessary. Dr. Suh provided the integrative approach of treatments at the Dana Farber Cancer Institute as an example. Patients undergoing treatment can receive acupuncture both before and after chemo or radiotherapy, and the purpose of using acupuncture

is not to treat the cancer but to treat the harsh side effects of cancer treatments such as nausea, loss of appetite, diarrhea, and insomnia. Additionally, Dr. Suh notes that he has patients who visit him prior to getting cancer treatments in order to avoid the side effects. Altogether, Dr. Suh sees this integration of Western and Eastern medicine as a positive sign of traditional medicine being more widely recognized in the U.S.

Conclusion

Based on the observations of TKM clinics and practitioner experiences, it appears that TKM practitioners utilize their experiences with Western medicine to help adapt their practice for non-Korean patients. TKM practitioners employ the use of terms like “acupuncture” and “oriental medicine” in clinic’s English names with the understanding that patients will infer the clinic’s traditional medicine practices. While the English names do not particularly distinguish the Korean nature of TKM, practitioners are clear and intentional about describing their practices as Korean when it comes to specific treatments. Additionally, practitioners employ their knowledge and experiences with Western medicine and biomedical sciences to bring specificity to their descriptions of treatments and patient experiences. As a result, patients are highly informed and have a clear understanding of what to expect from treatments. While there is definitely adaptation of the part of the practitioner, the distinct practice and Korean nature of TKM is preserved by practitioners’ explanatory approach.

Chapter Four: Conclusion

When comparing the observations of TKM clinics and practitioners from both Atlanta and Boston, it is evident that TKM is undergoing active adaptation to meet the public and professional expectations of traditional medicine practices in the U.S. When Pang (1989) initially characterized TKM clinics and practitioners in the late 1980s, TKM practitioners were already adapting to the predominance of Western medicine by incorporating biomedical terminologies and diagnostic into patient care and acknowledging patient use of both medical practices. Social and systematic frameworks that lent better understanding and recognition to Western medicine in America's health care system placed pressure on these practitioners to adapt, but exposure to these external forces were still relatively limited. At the time, clinics primarily served older Korean immigrants and operated primarily with the context of Korean American communities. However, it is now evident that TKM clinics have expanded their practice beyond Korean American communities to embrace a demographic of patients largely unfamiliar with TKM. As result, these clinics have had to redefine their practice of TKM through linguistic, conceptual, and experiential associations with more socially integrated and professionalized medical practices. While adaptation is a consistent trend amongst TKM clinics, the process of adaptation is highly informed by practitioners' individual experiences and regional circumstances that creates a high degree of variability amongst TKM clinics in the U.S.

The most apparent indicator of adaption amongst TKM clinics and practitioners can be observed through the terminology used to name clinics. Whereas the words used in Korean names like *hanuiwon* or even *hangbang* indicate the "Korean" nature of TKM, the words used in English names provide a more imprecise yet recognizable depiction. Clinics from both Atlanta and Boston employed words like "acupuncture" and "herbal medicine" which are more widely

known in the U.S. to familiarize new patients with the practices of TKM. While these terms provide insight into the treatments provided at TKM clinics, the usage also gives rise to association with other traditional medicine practices. The use of "oriental medicine" more directly connects TKM with established medical practices like TCM, and the term draws upon the more established nature of the practices to legitimize TKM. Though, the use of "oriental medicine" is not just an adaptation to public understanding as the use has professional implications. The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), whose board-certification is required for licensure in 48 states, employs the use of "oriental medicine" and "acupuncture" in official capacities which places the terms in a professional context. However, the use of these terms also highlights the limited definition of traditional East Asian medicines in the U.S. and the lack of space for the term "traditional Korean medicine" to be established in a professional sphere. Nonetheless, TKM clinics' adoption of more generalized English names ensures that they are understood and respected within public and professional health care systems.

In addition to adjusting outward identifiers, TKM clinics also adapt TKM concepts by reinterpreting them through the context of other medical practices. The most common practices employed are Western medicine and complementary and alternative medicine, but there appears to be differences in this adaptation depending on location. In Atlanta, there is a trend of using other complementary and alternative therapies as well as Western medicine to explain the concepts and character of TKM. One clinic uses a combined practice with an environmentally forward esthetician to demonstrate the "natural" approach of TKM as well as highlight the use of herbal remedies as less invasive measures. As a result, the clinic is able to convey characteristics indicative of TKM like "natural" or being less invasive through the special esthetic interventions

without directly stating or declaring them as part of a TKM practice. In comparison, several clinics also positioned TKM in terms of Western medicine through the citation of research studies from the World Health Organization to promote efficacy and the description of modern diagnostic tools such as a "body composition analyzer" which are employed in traditional treatments. Through these efforts, clinics utilize Western understandings of body function to scientifically relay TKM concepts. However, other medical practices or understandings are not always applied in order to communicate TKM concepts as is seen in the majority of clinics in Boston. Several clinics in Boston directly describe specific TKM practices like "Constitutional Medicine and Saam Five Element Acupuncuture" and others describe their practices as being "Korean." Through an explanatory approach, clinics are able to introduce TKM concepts to unfamiliar patients without the need for cross-practice interpretations. The reason for why we may see this direct approach taken in Boston is likely due to practitioners immigrating after the health care system reforms of the late 1980s in South Korea that emphasized the "Korean" nature of practices and treatments distinct to TKM. Thus, practitioner backgrounds act as another factor influencing how TKM is adapted in the U.S. Beyond the trends identified, outliers do exist in the use of conceptional adaptation such as with Atlanta-based Choe's Miracle Acupuncture which takes a direct and thorough approach to explaining TKM concepts while also employing Western medicine in some facets. Altogether, the conceptual adaptation of clinics demonstrates the greater recognition of other medical practices while also indicating the variability amongst TKM clinics and practitioners.

Adding upon expressing concepts, TKM clinics have also adapted by introducing expectations for treatments through comparisons to and approaches of Western medicine. Several Atlanta-based clinics commonly provided patient testimonials that recounted

unsuccessful treatments from Western doctors but expedient and effective treatments from TKM practitioners as well as the financial savings in seeking less expensive TKM treatments. Not only does this position TKM treatments in an appealing light compared to Western treatments, but it also demonstrates what patients may achieve or obtain through TKM treatments. Alternatively, Boston-clinics apply a methodical approach to explain treatments in detail such as duration, sensations, and side effects, and dedicated sections on their websites explain insurance coverage and reimbursements. The methodological and clinical approach taken by Boston practitioners seems to correlate with their common background in Western medical education and careers like nursing, cancer research, and physical therapy prior to practicing TKM, which was not evident in the case of Atlanta-based practitioners. Another indication of the impact of practitioner experiences on adaptations, their approach creates a sense of transparency through a familiar framework. The predominance of Western medicine acts a familiar position from which TKM practitioners are able to relate patients' anticipated experiences with TKM.

Through these various adaptations of TKM clinics and practitioners, it is difficult to define TKM in the U.S. by a single term or idea. TKM in the U.S. has been significantly impacted by a lack of formal recognition in both public and professional sectors dominated by Western medicine and influenced by established forms of complementary and alternative medicines. Accrediting institutions, such as the NCCAOM, have categorized the TKM within the broader definition of "oriental medicine" and thereby limited the expression of TKM as a "Korean" practice within the professional realm. Many practitioners have adopted use of "oriental medicine" to define their practice while still practicing concepts and treatments distinct to TKM like constitutional medicine or *sasam* acupuncture. Furthermore, the predominance of Western medicine in the health care system and the delegation of traditional medicine practices

as secondary in the professional realm has seen TKM practitioners framing concepts and treatments relative to Western medicine. In additional to these adaptations, the expression of TKM is evidently shaped by differences in practitioner backgrounds and regional characteristics. Therefore, the practice of TKM observed in the U.S. is inconsistent both between and within clinics as practitioners have sought to be recognized by the professional sectors of Western and traditional medicine in the U.S. through unregulated approaches. The most constant feature of TKM and the best way to characterize TKM in the U.S. is then by its adaptive nature.

Future Research

The adaptive nature of TKM as characterized through this research provokes a series of questions regarding the larger impact of these changes on identity and relationships within the realm of TKM as well as the Korean American community. Due to the observational nature of much of the data and limited number of interviews with TKM practitioners or Korean American community members, the research of this thesis is not sufficient to conclusively address these questions. First-hand perspectives of these community members would be essential in evaluating definitions of cultural identity and describing the role of practitioners within Korean American communities. Furthermore, additional interviews and additional research sites would allow further characterization of TKM in the U.S, particularly within Korean American communities, and thus increase the applicability of this research and its findings towards informing changes in the U.S. healthcare system.

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