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From *Jeongseong* to "Three-Minute Care":
*Healthcare Transitions in North Korea and the Cultural Adjustment of North Korean Refugee Doctors in South Korea**

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Abstract

This study explores the sociocultural challenges of North Korean refugee physicians in adjusting to the capitalistic South Korean healthcare system, focusing on how they establish their identities as professionals in transitional contexts. The older generation of refugee doctors came under the influence of the jeongseong undong (*Devotion Movement*) *in North Korea, which directed physicians to care for patients with sacrificial sincerity. However, prolonged economic hardship fundamentally transformed the patient-doctor relationship in North Korea. After the breakdown of the North Korean healthcare system, doctors were only able to make a bare living. Those who were older and of higher-rank in medical society suffered more despair and hardship, which resulted in their initial resistance to adjustment in South Korean society. In the process of reconstructing professional identities, older physicians pursued an integrated adjustment which was legacies of the Devotion Movement. In contrast, the younger generation of North Korean refugee physicians strived to assimilate into the South Korean medical society.*

Keywords: North Korea, refugee physician, cultural adjustment, post-socialist healthcare transition, *jeongseong undong* (Devotion Movement), *jangmadang* (black market), informal economy

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Introduction: Post-Socialist Healthcare Transitions and Cultural Adjustment of Doctors in Transitional Contexts

According to the South Korean Ministry of Unification, there were more than 30,000 North Korean resettlers in South Korea as of 2016. Among these, only two percent claimed that they had had professional jobs in North Korea. Furthermore, the South Korean government authorized the licenses of North Korean healthcare professionals and the qualifications of selected engineering specialties only, excluding other professionals such as teachers or university professors. Consequently, only a small minority among the about 30,000 North Korean refugees, 11 doctors and 22 engineers, were able to have their professional credentials reissued in South Korea (Kang et al. 2010). The unemployment rate of North Korean resettlers in South Korea was 6.2 percent in 2014, almost twice the unemployment rate of the general South Korean population. Many North Korean professionals, including teachers, experience culture shock, variant social expectations, and humiliation from the downgrading of their occupational status (Kang and Chae 2015). Given the influence and social status of professionals, the successful integration of a handful of North Korean professionals in South Korea has significant ramifications for the status-conscious North Korean resettler community.

The situation of North Korean migrant doctors in the South Korean healthcare system offers fertile ground for discussing the transitions of the healthcare system in North Korea. Based on life histories of North Korean refugee doctors, this study seeks to examine the lived experiences and life courses of those who went through the Cold War and their transitions as marginalized subjects on the periphery. In the post-socialist context, the state, formal and informal economies, and professionalism are all interwoven in the practice of healthcare professionals (Riska and Novelskaite 2011). Scholars studying transitions in healthcare systems consider the emerging informal economy as a symptom of entering the post-socialist era under loosened state control (Ledeneva 1998; Rivkin-Fish 2005; Salmi 2003). In post-socialist societies of the 1990s, healthcare workers, in the face of increasing uncertainty due to a rapidly changing economic situation

and the demoralization of socialist ideology, found their newly established social status via monetary compensation in the context of a culture of gifts (Andaya 2009). Deepening the marketization of healthcare practices, bribes to healthcare workers became strictly monetarized while intensifying in magnitude, demand, and scope. The inequality of healthcare access across different socioeconomic status was exacerbated, and the patient-doctor relationship became impersonalized (Stan 2012). The drastic introduction of neoliberal healthcare system based on the idea of "healthcare consumers" resulted in restricted access to healthcare and the exacerbation of the health status for populations without purchasing power in the post-socialist context of a dilapidated healthcare infrastructure and the withdrawal of state funding (Keshavjee 2014).

Recent research has moved beyond the stepwise social evolutionism from socialist to post-socialist society and begun to address the dynamic coexistence of multiple states in transitional societies (Brotherton 2008; Buyandelgeriyn 2008; Collier 2011). Soh (2016) has shown how the informal sector in North Korea coexisted with the formal sector, with the former sustaining the latter rather than replacing it. This article begins with the characteristics of healthcare system transitions in different historical periods in North Korea and how experiences of distinct eras affect the integration of North Korean doctors into South Korean healthcare society.

Following the discussion of transitions in the North Korean healthcare system, this study examines the ways in which North Korean doctors struggle to enter into the private-sector dominating South Korean healthcare system. In Israel, immigrant physicians from the former Soviet Union provide a comprehensive precursor for the potential problems of integrating refugee physicians from a socialist society into a capitalistic healthcare system. Around 1990, more than 12,000 Jewish physicians from the Soviet Union poured into Israel, which led to a two-fold increase in the number of physicians in Israel (Shuval 1995, 552). Despite the Israeli government's efforts at policy change and extensive re-training programs to facilitate their resettlement processes, many immigrant physicians were unemployed, de-professionalized, and marginalized in the oversaturated Israeli healthcare job market (Shuval and Bernstein 1997). In the midst of fierce

competition with Israeli specialists, refugee Soviet doctors had to practice in rural clinics with small population as primary healthcare providers, or to professionally downgrade to nurses or paramedics (Bernstein and Shuval 1995). Yet immigrant doctors who succeeded in relicensing in Israel showed significant improvement in their adjustment, job satisfaction, self-respect, and emotional and physical health (Bernstein and Shuval 1998). Regarding internal diversities among Soviet immigrant physicians, younger doctors who immigrated after the 1990s considered the medical profession as a means of economic livelihood, while older doctors who immigrated before the 1990s romanticized the humanistic patient-doctor relationship and professional identities in the Soviet healthcare system (Bernstein and Shuval 1996). Despite their limited knowledge in recent medical technologies, newly found confidences in their advantage in patient-doctor relationships and hands-on clinical skills became the solid foundation for their integration into the Israeli medical society (Bernstein and Shuval 1998).

Meanwhile, the experiences of Eastern German physicians in the post-socialist context revealed several challenges in their integration into the capitalistic healthcare system after reunification with Western Germany (M. Lee 1997). In principle, unification of two healthcare systems was the incorporation of the East German medical professionals into the West German system. Despite pre-unification exchanges between the two sides and acknowledgement of medical licenses of East German doctors, following the reunification, the social status of physicians from East Germany was downgraded together with their professional self-esteem. The unemployment rate of former East German doctors reached 24 percent by the late 1990s (Horntrich 2009). Doctors from West Germany disregarded the outdated technology of socialist healthcare, and more than 10,000 doctors moved to West Germany to learn and participate in advanced medical practices in modernized settings. However, doctors from East Germany were quickly disenchanted by the capitalistic nature of West German medicine, and criticized the profit-seeking practices of their counterparts. Residents from East Germany lamented the loss of the humanistic touch of the paternalistic patient-doctor relationship in the socialist healthcare context,

and disparaged the seeming irresponsibility of West German doctors who provided choices of medical care for patients rather than dictating to them what to do, which was more familiar to their idea of healthcare (Aronson 2011).

This brief review of doctors in post-socialist transitional contexts suggests the challenges and potential solutions in the sociocultural adjustment of North Korean medical doctors to South Korean medical society: demotion, unemployment, competition, education and training, and reestablishing their professional and personal identities in novel contexts. With these historical precursors in mind, this study aims to explore the sociocultural challenges of a group of North Korean refugee physicians in adjusting to a capitalistic South Korean healthcare system, focusing on how they establish their identity as professionals and resettlers in a transitional context. Specifically, this research seeks to explain how healthcare transitions in North Korea informed the bifurcated pathways of these North Korean physician refugees in adjusting to South Korean medical society.

Methodology

The authors, as South Korean medical doctors, offered mentoring and a clinical education program for North Korean refugee doctors who were in preparation for professional relicensing in South Korea. This component of participant observation laid the foundation for more nuanced interpretations of the distinct lifeworlds and experiences of the North Korean refugee doctors. In-depth interviews and focus group studies were conducted on 10 North Korean refugee doctors among 15 living North Korean refugee doctors who revalidated their North Korean medical education to qualify for the medical license examinations in South Korea (Table 1).[1]

1. To protect the anonymity of the limited number of research participants in South Korean society, the authors avoided listing their demographic backgrounds, which could potentially be misused for identifying specific interviewees. Instead, a table of relevant demographic compositions is provided.

Table 1. Demographic Characteristics of Research Participants

Age	30s	40s	50s	60s and above
	3	2	3	2
Gender	Female		Male	
	6		4	
Medical college graduated	Cheongjin	Pyongyang	Hamheung	Military
	4	3	2	1
Rank in North Korean medical society	6	5	4	3 and above
	4	2	1	3
Re-licensing in South Korea	Passed		In-preparation	
	5		5	

Among these, five doctors have passed the license examination, and the other interviewees are undergoing the relicensing procedure. Focus group studies clarified divergences in viewpoints of North Korean doctors with variegated life trajectories. Data presented below are based on semistructured and open-ended interviews in Korean, which lasted approximately two hours each. This is the first time that in-depth interviews have been conducted with North Korean refugee physicians with a focus on their transitional experiences in South Korea, as previous qualitative studies on North Korean resettlers in the South have targeted the general refugee population (Jeon, Yu, and Eom 2010) or focused on the previous experiences of healthcare professionals in the North Korean healthcare system (Soh 2016). For data analysis and interactive revision of interview questions, the Grounded Theory was adopted to find relevant themes emerging from the texts of interviews (Glaser and Strauss 1977). Through the process of intersubjective interactions and self-reflexivity, this research attempted to describe the rich contextual meanings derived from the place of North and South Koreas, the behavior of medical care, and the relationship of North Korean doctors as participants and South Korean doctors as investigators.

The North Korean Healthcare System in Post-Socialist Context: From the Devotion Movement to the Arduous March

Discontinuities in the transitional history of the North Korean healthcare system were conducive to internal divisions among North Korean refugee doctors in their trajectories in the South Korean healthcare system. Their ideals, daily practices, and hardships under different historical periods in North Korea provided a productive framework for understanding their present-day conflicts and struggles for establishing social positions and identities in South Korean medical society.

During the Cold War era, healthcare workers in North Korea were at the forefront of the ideological battle to claim the superiority of the communist social system, prominently manifested in the slogan of "free medicine and free education" (H. Lee 2013). In the late 1950s, under the socialist principles of universal health coverage and preventive medicine, the prompt reconstruction of the North Korean healthcare system after the Korean War was one of the centerpieces of North-South competition. Within this context, in 1959, Kim Il-sung, the leader of North Korea, pointed out that criticisms among healthcare professionals over increasing medical problems related to the Cheollima Movement—North Korea's state-driven mass mobilization for the rapid development of the socialist economy—were capitalistic remnants of the bourgeois mentality (Hwang 2006, 101). Thus, ideological struggles within the realm of healthcare and mobilization of the healthcare workforce were an urgent necessity for the broader state project of building a socialist regime in North Korea.

In the early 1960s, the "Kim Il-sung eorok" (Instructions of Kim Il-sung), in effect equivalent to the constitution, directed physicians to take care of patients with utmost sincerity in the name of the *jeongseong undong* (Devotion Movement) (Choi, Kim, and Hwang 2006; Hong 1981). The Devotion Movement was initiated to inspire doctors' devotion to socialist ideology, even to the point that it was not unusual for North Korean surgeons to sacrifice their own blood and skin for blood transfusions and skin grafts, if necessary. This offering of blood and flesh appropriated metaphors of sacrificial maternal love and care in the name of loyalty to the

Party and the North Korean family state (Jung 2014). During the period of famine and economic turmoil known in North Korea as the Arduous March (*gonan-ui haenggun*) in the late 1990s—tantamount to the Special Period in Cuba (Andaya 2009)—North Korean doctors put forth their best efforts to take care of the patients despite a severe shortage of basic medical resources. As primary healthcare providers, they were widely respected in the community and maintained close relationships with the villagers by providing visitation care and delivery services. Although they were proletariatized and deprofessionalized in communist society, North Korean doctors took pride in their medical service for the state and people, much like former Soviet doctors in Russia (Field 1991; Rivkin-Fish 2000). In Kim Il-sung's words, a doctor should become a dedicated communist before becoming a competent professional: "Healthcare workers must be red warriors for the Party" (H. Lee et al. 2014, 365). *Jeongseong* (devotion) was imagined to be the socialist panacea in eradicating colonial legacies of medical professionalism and the market failure of the capitalistic healthcare system. The *jeongseong* ideal was integrated into every aspect of North Korea's healthcare system: preventive medicine, universal health coverage, state mobilization, and Korean medicine (Choi, Kim, and Hwang 2006). *Jeongseong* was not only emblazoned on their gowns, but also imprinted on their minds.

North Korean doctors who practiced before the period of the Arduous March—when the *jeongseong* ideal was intact—tended to romanticize the humanistic patient-doctor relationship in North Korea, contrasting it to the impersonal clinical encounters in South Korea.[2] A middle-aged refugee doctor from North Korea suggested that "whereas South Korean doctors apply a stethoscope to the pulse of patients, North Korean doctors listen to the

2. Note that the Devotion Movement was initiated in the late 1950s and early 1960s, before the older generation of North Korean refugee doctors had even entered medical school (Choi, Kim, and Hwang 2006). They started their practice during the 1970s and 1980s, when the Devotion Movement was the dominant paradigm of patient-doctor relationships in North Korea. Thus, I underscore the discrepancy between periods before and after the Arduous March, which was conducive to the rise of an informal sector, manifested by the spread of the *jangmadang* (black market).

heartbeat of patients."[3] In her critique of profit-driven South Korean doctors, another interviewee argued,

> The mind of physicians should be clear and unaffected, and the *jeongseong* of doctors should be the best medicine. However, here in South Korea, medical care itself stands only for money making.[4]

In the midst of resource-limited healthcare settings, *jeongseong* was ever more emphasized as an essential virtue of healthcare professionals and therapeutically effective in treating diseases incurable by the capitalist mode of healthcare.

Nevertheless, prolonged economic hardship fundamentally transformed the nature of the patient-doctor relationship in North Korea. Without adequate government provision for their livelihood, doctors could barely make a living, even when they accepted under-the-table bribes from patients and sold unauthorized medicine on the black market (*jangmadang*) after the breakdown of the North Korean healthcare system during the Arduous March (Soh 2016). Their official position in the formal healthcare sector was merely utilized as the signifier of the credibility of their pharmaceutical sales on the black market. Basic essential medicines were spared for special services reserved for Party members and military officers, to the exclusion of the general population of North Korea. This depravity of high-ranking officials aroused moral indignation and presented an ethical dilemma among North Korean medical doctors. Medicine, once the symbol of modernist progress and the dedicated care of the communist state for the people, became a marker of social status or a market commodity, heralding the arrival of a market-based approach to healthcare delivery and changing patient-doctor relationships (Keshavjee 2014). The socialist ideal of *jeongseong* was slowly replaced by the emerging paradigm represented by the *jangmadang* market.

During the Arduous March, the heretofore tradition of a gift from patient to doctor changed to the unofficial mandatory fee for services, and

3. North Korean refugee doctor (age: 50s), interview by author, Seoul, January 11, 2011.
4. North Korean refugee doctor (age: 60s), interview by author, Seoul, December 15, 2010.

some healthcare workers explicitly requested bribes from patients. Surgeons and obstetricians who performed risky life-saving procedures were in particular the beneficiaries of bribes. Workers had to pay to request a medical certificate for exemption from mandatory labor. This emerging economic dimension resulted in unequal access to healthcare among the North Korean population. According to a 1999 survey on the traumatic experiences of North Korean refugees in China, 89 percent of respondents reported experiencing "illness without access to medical care" (Y. Lee et al. 2001). It was not unusual for delayed diagnosis, transfer, and treatment of mild treatable conditions to result in catastrophic prognoses of peritonitis or sepsis. Despite the North Korean regime's pride in universal health coverage, by the late 1990s, the principle of free medicine, the cornerstone of the socialist healthcare system, was no longer viable in practice.

Amidst uncertainty regarding the potential collapse of North Korean society, an increasing number of children of North Korean Worker's Party officers entered medical school, because medical doctors enjoyed relative economic stability through the receipt of bribes, and the medical license was expected to be valid even in South Korea and any future unified Korea. Today, main reason for entering the medical profession in North Korea is job security, not service to patients. Consequently, many North Korean medical doctors became skeptical about their calling as professional caregivers. One North Korean migrant doctor who began his medical practice only after the Arduous March remarked,

> Medicine is not free of charge anymore in North Korea. Doctors have to rob the pockets of patients for a living. I couldn't do that. I made up my mind that I would not practice medicine again in my life.[5]

The transition of professional identity from a calling as caregiver to an occupation as a means of economic livelihood proved a heavy moral burden for these individuals exposed to contract-based patient-doctor relationships in a capitalistic healthcare system. Their notion of "service" to

5. North Korean refugee doctor (age: 30s), interview by author, Seoul, January 18, 2011.

the state and people had to be radically transformed into "service" for consumers in a healthcare market.

The Journey to Becoming a Physician in a Capitalist Healthcare System: From Escape to Structural Barriers

On their navigation through the South Korean medical community and society at large, North Korean medical doctors show variegated adjustment patterns. Kang Jin-ung (2011) categorized identity formation among North Korean resettlers into assimilative, integrated, disordered, and resistant types based on refugee reaction and adjustment to the disciplinary governance of South Korean society. Although these categories may not fully reflect the complexity of the shifting identities of North Korean resettlers,[6] diverging patterns of adjustment were observed among different groups of North Korean medical doctors.

The primary motivation of escape from North Korea was the social barrier in North Korean society, especially in regards to *seongbun*.[7] In North Korea, regardless of one's academic record or performance, a would-be physician cannot choose his or her area of specialty or geographical location of practice. In effect, *seongbun* is the primary factor in the decision making regarding one's career path in North Korea. Consequently, those who are of lower *seongbun* are unable to overcome the imposed limitations of *seongbun* and are forced to accept their destiny in North Korean society. The unequal North Korean social system means one may be unable to realize one's dream to become a surgeon, or to marry a certain lover. Moreover, smuggled videotapes of South Korean soap operas have been fostering images among members of the younger generation in North Korea of a South Korean society that is economically prosperous, socially egalitarian,

6. On this complexity, see for example B. Lee (2014).
7. *Seongbun* is an ascribed social status in North Korea determined by the class of one's parents, which can be modified by occupation and life trajectories, commitment to the North Korean Worker's Party, as well as by the changing social contexts of North Korean society. For further discussion of *seongbun*, see Jeon (2013).

and without discrimination based on family background. These North Koreans had limited information about the complex social inequalities of South Korean society reproduced through networks of education, geography, and kinship. These young professionals found their way out of North Korea.

On the other hand, many older North Korean refugee doctors came to South Korea in order to be reunited with their North Korean defector children. As one older physician refugee said regarding factors in his son's flight to South Korea:

> At first, my son came to South Korea. He aspired for a new life in South Korean society, watching Korean soap operas such as *Lovers in Paris* and *Glass Slippers.* He had the illusion that he would overcome *seongbun* by going to South Korea. He escaped without any notice. Can you understand the broken hearts of us parents who have lost their children? We came to South Korea to meet him again. Otherwise, my life as a doctor in North Korea would have been really rewarding.[8]

North Korean refugee doctors faced many obstacles to become physicians in South Korea. The first barrier was their lack of will to become a doctor again, because they wished to be free from the toilsome experience of being a doctor in North Korea. In North Korea, day and night, they had to respond to every call from patients and Party officers, participate in disease prevention activities and compulsory mobilizations for collecting herbs, and keep strict official records of medical care and pharmaceuticals to avoid humiliations and criticisms during the weekly "public reviews of Party life" (*chonghwa*). Despite the sprawling black market system, Party officials continued to exercise significant influence over North Korean healthcare workers via auditing healthcare records and hygiene status, enforcing job assignments, and controlling resources for medications, water, and electricity. North Korean medical doctors were under both the ongoing control of the state and novel exposure to the unofficial market. They were exhausted by the strenuous responsibilities of unpaid official

8. North Korean refugee doctor (age: 60s), interview by author, Seoul, January 15, 2011.

work in hospitals and unofficial economic activities like subsistence farming in their backyards and commercial trading on the black market. However, in South Korea, they were left little choice but to resume their medical career because of their limited expertise in other employment sectors and the structural unemployment of North Korean refugees in the South Korea job market.

> Escaping from North Korea, I made up my mind not to be a healthcare worker again in my life. When I first came here, I literally knew nothing. There seemed to be no road for me. I did all manners of manual labor: food deliveries, construction, and working heavy machinery. I was so exhausted. Every day I fainted away as soon as I arrived at home. Then I sunk into the depths of despair, asking myself, "Did I come to South Korea to live this kind of life?" After years of emotional struggle, I chose to again pursue the medical profession.[9]

Through the preparation procedure for relicensing in South Korea, they strove to regain their lost social status, self-respect, and professional identity, and to discover the meaning of South Korean society for themselves and their family.

As a first gateway to relicensing, the North Korean refugee doctors had to prove the validity of their medical education in North Korea through an inspection process under the National Intelligence Service. Then, via the National Health Personnel Licensing Examination Board, ten professors from different medical schools conducted oral exams of the refugee doctors' clinical knowledge and knowledge of basic medical concepts and allowed them to apply for the South Korean medical license examination. All doctors who were educated in a foreign country, including North Korean doctors, were obligated to undergo these processes because of discrepancies in medical education and the division of labor in the healthcare workforce. For instance, regarding the sophisticated division of labor in the East German healthcare system, there were different kinds of doctors who did not correspond with the physicians in West Ger-

9. North Korean refugee doctor (age: 50s), interview by author, Seoul, April 14, 2011.

many, such as a hygiene doctor, who monitored sanitation and infection control. The German government tried to hire these doctors to fill health administration posts. In North Korea, there are more diverse levels of healthcare professionals, such as semi-physicians, hygiene physicians, and physicians without regular medical school education, who do not correspond to anything in the South Korean healthcare division of labor (Park and Park 1998). This complexity signals potential challenges for the unified Korean healthcare system in differentiating between those professionals and assigning appropriate job descriptions and retraining procedures for those positions.

After settling administrative affairs, the North Korean refugee doctors had to fight battles of language, medical knowledge, and poverty. In terms of medical terminology, English pervades medical textbooks and jargon in the hospital setting of South Korea, whereas in North Korea every textbook is written in Korean, and doctors have limited exposure to Latin and Russian terminologies only. Translating English terms into Korean, North Korean migrant doctors had to spend several months just to understand the medical license exam preparation books in South Korea.

> Reading medical textbooks was the most difficult task for me. More than half of them were written in English, right? Here I learned English for the first time in my life. I could hardly understand any English at first. English forced me to give up many times. Every South Korean doctor taught us in English. One day, I asked a South Korean medical school professor whether he could teach in Korean alone. He could not. Then I realized that I had to learn English. I went to private institutions to learn English from scratch. I spent most of my study time looking up words in dictionaries. It took me three months to compose a small notebook of basic vocabularies in order to read a medical textbook.[10]

Hardships due to lack of proficiency in English continued to hamper their further training in South Korean hospitals. Moreover, refugee doctors were required to update their medical knowledge about interpretation of imaging

10. North Korean refugee doctor (age: 30s), interview by author, Seoul, January 11, 2011.

studies and laboratory tests, newly introduced pharmaceuticals and clinical diagnosis, and South Korean medical laws. Due to lack of updated knowledge for therapies and diagnostic techniques and unfamiliarity with multiple-choice questions, their passing rate was only 75 percent, significantly lower than average South Korean medical graduates on the Korean Medical License Examinations (Chae et al. 2016).

To make matters worse, they could not concentrate on studying for the license exam alone, but had to work hard during the day to support their families. The cost of rent, children's education, transportation for retraining programs, and medical license exam preparation textbooks were significant economic barriers for their decision to pursue the preparation for licensing exams. In this regard, it is noteworthy that Soviet doctors in Israel received monthly salaries from the government during their period of preparing relicensing exams and could take exams in Russian (Shuval 1995). As a result, many of the North Korean refugee doctors were unable to pass the medical license examination for several years, some abandoning their attempts at relicensing in South Korea.

For those North Korean refugee doctors who passed the license examination, most chose to go through a one-year internship in secondary hospitals to better understand the clinical atmosphere of the South Korean medical system. During this internship, they experienced further hardships due to the use of unfamiliar English abbreviations of medical terminology, management of electronic medical records, demanding physical workloads, and interpersonal relationships with fellow South Korean healthcare workers. Although it is almost mandatory to continue residency training in South Korean medical society, where more than 90 percent of doctors are specialists, many North Korean refugee doctors vacillated between residency training and entering the job market without any specialty. Without the relevant cultural capital of education or training in South Korea, the refugee doctors did not have many career options, and were forced to practice in marginalized rural areas that had a shortage of physicians or to major in unpopular specialties like surgery. Whenever North Korean refugee physicians applied for a decent position in an urban area, most employers stopped the job interview process as soon as they

discovered the refugee doctors' North Korean origin by their unfamiliar accents or the name of the medical school from which they graduated. As one refugee doctor related,

> In a phone call for a job interview, the employer asked me which medical school I graduated from, after picking up on my awkward accent. My medical colleagues advised me to lie about my background. As soon as I stated a fact just as it was [i.e., my alma mater], it [the interview] came to a stop. I can't [lie about my background].[11]

One North Korean doctor failed 26 consecutive job interviews. South Korean doctors expressed doubts about the competency of North Korean medical education and clinical practices. The refugee doctors could find a limited number of positions in South Korean hospitals via recommendations from South Korean doctors who advised their clinical trainings. Despite years of struggles to become a South Korean physician, there was not an acceptable vacancy open for North Korean refugee doctors in urban areas. They found jobs in rural areas or long-term care hospitals with financial constraints.

Dr. Kim Pyeong-hwa, a former professor of neurology at Pyongyang University of Medicine in North Korea and a clinical neurologist in the Czech Republic, migrated to South Korea in 1997 (Cho 2010). In 2001, he became the first physician to hold medical licenses from both socialist North Korea and capitalist South Korea. Although he had more than 16 years of clinical experience, he restarted his medical training in South Korea as an intern, and later as a family medicine resident in a South Korean hospital. A few days before his final examination for the family medicine board certification, he died from a liver dysfunction, which he developed through the overconsumption of alcohol to cope with his longing for reunion with his family in North Korea.

In their initial years of arrival in South Korea, hardships from nonmedical labor and social discrimination in South Korean society led many North Korean refugee doctors to long for their previous social positions

11. North Korean refugee doctor (age: 50s), interview by author, Seoul, January 5, 2011.

and respect as healthcare workers in North Korea and to distrust their South Korean counterparts. Out of relative deprivation and repeated failures in relicensing procedures, some North Korean doctors thought about returning to North Korea or migrating to the West. In the early stage of adjustment, North Korean refugee doctors followed the resistant type. But their pathways into Korean medical society bifurcated according to their lived experiences in North Korea.

Two Pathways of Cultural Adjustment by North Korean Refugee Doctors

As a socially distinct minority group under a prejudiced gaze, being a North Korean refugee in the South is a stigmatized and marginalized condition (J. W. Kang 2002). To avoid harming their social identity by the exposure of their North Korean origins, young North Korean refugee physicians in their 30s and 40s have tried hard to erase their North Korean accents and avoid explicitly exposing their North Korean origins in the hospital setting. By drawing social boundaries, they have formulated identities as part of the South Korean society of healthcare professionals. At first, as members of a middle-class professional group in South Korean society, they kept a social distance from other North Korean refugees in terms of welfare assistance.

> I do not have time to think about North Korea. I forgot the names of my medical college classmates in North Korea. I am very busy with reading (South Korean) liberal arts books to have engaging conversations with my medical colleagues. There is no room to think about North Korean resettlers. It [social adjustment] is just a matter of self-struggle. Others [South Koreans] do not care and do not have time to think about the others. I do not have North Korean resettler friends. I feel more comfortable with South Koreans. Their ways of thinking are more rational.[12]

12. North Korean refugee doctor (age: 30s), interview by author, Seoul, January 31, 2011.

They have striven to assimilate into the social atmosphere of South Korean hospitals as ordinary South Korean doctors, not necessarily in clinics or healthcare services dedicated for North Korean resettlers. They have expressed their desire to help the North Korean resettler community in South Korea in general, not through individual interactions but via anonymous donations or research. The younger generation of North Korean refugee doctors prefers not to disclose their North Korean backgrounds. Some of them have taken this one step further to resolve the problem of English fluency and to pursue career developments as visiting researchers or fellows in medical schools in the United States, which is a valuable asset in the competitive South Korean healthcare market.

Yet, among the older generation of North Korean refugee doctors, who experienced nearly insurmountable barriers and discrimination in South Korean medical society, many have regained feelings of solidarity with the North Korean refugee community. In terms of emotionality, many have expressed missing the frank criticism and close emotional bonding in North Korea vis-à-vis what they see as the hypocritical and calculative social relations of South Korea's capitalist society. Despite the South Korean public imagination of the North Korean "theatrical public face," North Korean medical doctors have emphasized the emotional dimension of non-theatrical "pure heart" in the North Korean affective culture (Jung 2013). One North Korean migrant doctor reported:

> In a capitalist society, people distrust each other. Human beings cannot always be alert to who is going to devour them, or who will bite their flesh, can they? Sometimes, I just want to be free from cares. I want to weep, smile, have a heart-to-heart talk, or fight when I feel like it. Yet, I can't do those things in South Korea.[13]

They would rather have the open criticisms of the North Korean *chonghwa* than the duality of unexpected backbiting with belying gentle face-to-face manners of the South Korean work environment. However, as Jung (2005) pointed out, the emotionality of North Korean resettlers, largely nurtured

13. North Korean refugee doctor (age: 40s), interview by author, Seoul, July 23, 2011.

as marginalized subjects in the peripheral rural areas of North Korea, was such that their candid emotional responses risk creating barriers for their integration with South Korean medical professionals, who share an emotional culture of middle-class urban society.[14] Unlike the relatively flexible negotiations of morality in interpersonal relationships in South Korea, many North Korean refugee doctors said that their upbringing in North Korean society imprinted a tendency to make judgments based on a rigid dichotomy of right and wrong.[15]

For North Korean refugee doctors, the strict hierarchy between senior and junior medical colleagues was another unfamiliar aspect of South Korean medical society. Despite the age and political hierarchy prevalent in the North Korean society, it took many years for them to recognize the polite language usage and deferential attitudes among young doctors within a similar age bracket, particularly doctors who had graduated from the same medical school. North Korean doctors found themselves on the periphery, not belonging to any specific group of doctors due to the ambiguity of their place in the social hierarchy and their lack of educational capital in South Korean medical society.

In the process of reconstituting their professional identity, the older generation of North Korean refugee physicians found their strengths to be in their clinical skills and experiences, much like immigrant doctors from the former Soviet Union in Israel (Remennick and Shtarkshall 1997). In North Korea, they tend to emphasize the primacy of firsthand clinical experience, in comparison to the dependence on technology in South Korea. Without access to up-to-date medical imaging facilities, North Korean doctors developed expertise in physical examination and clinical reasoning. On the other hand, from the North Korean doctors' point of view, South Korean doctors depend heavily on the technical assistance of

14. Eight out of ten North Korean refugee doctors are from peripheral rural areas near the border with China, far from Pyongyang.

15. North Korean refugee doctor (age: 50s), interview by author, Seoul, January 5, 2011; North Korean refugee doctor (age: 30s), interview by author, Seoul, January 10, 2011; North Korean refugee doctor (age: 40s), interview by author, Seoul, January 13, 2011; North Korean refugee doctor (age: 50s), interview by author, Seoul, July 23, 2011.

imaging studies and laboratory results rather than their privileged clinical experience. In refugee doctor accounts, North Korean medical practice was based more on "listening" to the patient, while South Korean medical practice is based more on "seeing" test results. As a North Korean migrant doctor suggested, "While South Korean doctors look at a computer screen, North Korean doctors look at the patient."[16] Another refugee physician summed up the reasons why clinical skills were more relevant in the context of the North Korean healthcare system:

> Since medical equipment is easily available in South Korea, South Korean doctors depend heavily on machines. Yet, this form of measurement always has an information bias, and clinical presentations are too diverse to estimate. Disease does not always follow the course of pathogenesis. In this kind of healthcare setting, it is very hard to develop clinical skills. In North Korea, the hands and eyes are diagnostic tools. If doctors' hands and eyes are not keen, it might kill patients rather than save them.[17]

Older generation of North Korean doctors claimed their superiorities in asking relevant questions of patients and establishing close rapport with patients and family members, which South Korean doctors often lacked. They boasted that their North Korean clinical experiences allowed them to develop a more holistic view of patients compared to their South Korean counterparts, allowing them to cure both the mind and body of a sick person. They also argued that compassion as someone in the caregiving profession was a more critical core asset than mere knowledge of medical technologies, which could be acquired through continuous learning processes. Their emphasis on humanistic patient-doctor relationships may be seen as legacies of the Devotion Movement, which shaped their formative years as clinicians in the North Korean healthcare system. They criticized the limited amount of time—so-called "three-minute care"—allowed for outpatient care of each patient under the fee-for-service reimbursement policy of the South Korean Healthcare System, which leave no room for personal inter-

16. North Korean refugee doctor (age: 60s), interview by author, Seoul, January 15, 2011.
17. North Korean refugee doctor (age: 50s), interview by author, Seoul, January 11, 2011.

actions with patients. Moreover, the older North Korean refugee doctors had clinical experiences that combined traditional Korean medical practice with Western biomedicine. The North Korean regime has criticized the suppression of traditional Korean medicine by the Japanese colonial occupiers and thus encouraged the development and application of Korean medicine to overcome both the colonial legacy and shortage of pharmaceuticals (Hwang 2006).

North Korean refugee medical doctors of older generation have expressed hope that their firsthand clinical practice, knowledge of herbal medicine and acupuncture, and humanistic patient-doctor relationship might appeal to patients in South Korea and help them to rebuild their professional and social identities, which were lost in their complicated trajectories of navigating transitional periods. North Korean medical doctors may prove invaluable resources for building therapeutic relationships with North Korean resettlers, who have difficulties in expressing their symptoms in a way that is understandable to South Korean medical doctors (Ahn et al. 2007). Despite their pride in their clinical skills and experiences, younger generation of North Korean refugee medical doctors have criticized the lack of objectivity in North Korean clinical practices and upheld the excellence of advanced South Korean medical technologies.

However, this simplistic dichotomy of two generations of doctors may not necessarily explain every individual trajectory of North Korean refugee doctors. One female doctor in her late 50s has continued to pursue an academic career in South Korean medical society. Like the younger generation of doctors, she continued to improve her English proficiency by attending private institutions. She pursued a doctoral degree at a South Korean medical school and applied for researcher positions in prominent universities in the United States. Yet even as she made admirable efforts to succeed in the South Korean society of healthcare professionals, she lambasted the profit-oriented healthcare provision in South Korean clinics and praised the humanistic North Korean patient-doctor relationships under the ideal of *jeongseong*. Her strong academic record in North Korea was behind her motivation to prove herself in the South Korean medical community despite her age and attitude towards the capitalistic healthcare system.

Conclusion: Bifurcated Trajectories of North Korean Refugee Doctors

Age was one of the most significant determinants in ways that North Korean migrant doctors integrated into South Korea's capitalist medical society. This, we argue, has much to do with the paradigm shift in North Korean healthcare between the socialist Devotion Movement and the informal sector characterized by the *jangmadang* market following the Arduous March of the late 1990s. Those who were of higher status—that is, older (age 50 or above), male, members of the North Korean Worker's Party, military-trained, and with better family backgrounds (*seongbun*)—and who practiced prior to the demise of the Devotion Movement following the Arduous March of the late 1990s, suffered more from the despair and hardship that accompanied their demotion in social status and the relicensing procedure upon migrating to South Korea. This contributed strongly to their initial resistance to adjustment in South Korean society. However, many found alternative pathways of integrated adjustment by drawing on their strengths in clinical skills and humanistic patient-doctor relationships that were cultivated under North Korean conditions of technological shortages and the paradigm of the socialist Devotion Movement.

On the other end of the spectrum, those who were younger (40s or under), female, and lower ranking in the North Korean medical society adjusted more quickly to the paradigm of competition and economic success that characterized the medical profession in South Korea. These doctors adopted the assimilative view of South Korean physicians and criticized the limitations of the socialist healthcare system after the Arduous March, limitations that contributed to their flight from North Korea.

Drawing upon Benjamin's (1968) historiography, Buck-Morss (2002) has argued that in the post-Cold War context history enters into the present as fragments or images of the past rather than as stories. For North Korean refugee doctors, the *jeongseong* ideal and a timeworn stethoscope signified fragments of a utopian socialist healthcare they dreamed of and held onto amidst catastrophe of transition: commoditization of medicine by the *jangmadang* informal economy in North Korea and the commercialization of healthcare in the South Korean healthcare system, represent-

ed by the notion of "three-minute care." The older generation of doctors witnessed the utopian vision of communist healthcare in North Korea shattered by the breakdown of the public healthcare system in the post-socialist transition, and they were then introduced to the neoliberal healthcare market in South Korea. For them, positive memories selectively drawn from their socialist past in North Korea became emotional foundations for overcoming their humiliations in a South Korean society that treated them as foreigners (Fahy 2015, 174).

Nevertheless, this vision of the *jeongseong* ideal was not shared by junior North Korea refugee doctors, who as physicians in North Korea experienced only the emerging realities of medical practice in the informal *jangmadang* market that followed upon the Arduous March, and the subsequent breakdown of the North Korean healthcare system. Younger North Korean doctors were disenchanted with both the phantasmagoria of healthcare under the socialist state and in the capitalist market, symbolized by *jeongseong* and "three-minute care," respectively.

Out of nineteen North Korean refugee physicians in South Korea, four passed away in their 30s and 40s as they prepared for their relicensing examination and residency training amidst the stresses of acculturation and poverty. Even under the constant surveillance of the state in North Korea, there existed gaps to accommodate negotiations and improvisations in everyday practice. In South Korea, the market replaced the master status of the state in North Korea. Although they also experienced glimpses of the market economy through the black market in the porous post-socialist society, the harsh reality of the private-sector dominated healthcare market in South Korea allowed no room for doctors without recognizable cultural capital.

To prepare for the integration of entirely different socialist and capitalist medical systems, further studies are needed to delve into the challenges and complicated dynamics of post-socialist countries in transitioning to a capitalistic healthcare system. One North Korean physician expressed the hope that, on the day of reunification, he would return to Pyongyang and contribute to developing a rational healthcare system, combining the strengths of both socialist and capitalist medical systems to overcome the contradictions of the two Korean healthcare systems. Likewise, North Kore-

an refugee doctors expressed their shared vision of contributing to the North Korean resettler community in South Korea and advancing healthcare in North Korea following reunification.

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