

Chapter 1

How to Make “Vietnamese Traditional Medicine” More Vietnamese?: Neglected History in the Divided Vietnam (1954–75)

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1. Background

Medical philosophy reflects the choices made by society, its people, and its governing bodies. Especially, when we look at traditional medicine, we see that it has been historically affected and transformed by social, economic, and political factors.

During the Cold War, the Indochinese Peninsula was a place of conflict and competition. In 1954, Vietnam was divided into its North and South territories by the Geneva Agreement. Previous studies claim that while North Vietnam (the Democratic Republic of Vietnam) created a policy for the improvement of Vietnamese medicine as an institutionalized medicine, South Vietnam (Democratic Vietnam) took no such initiative.

In Vietnam, there are three elements in the institutionalized medical system. *Thuoc Nam* (thuốc nam, 南藥), Vietnamese original medicine, *thuoc bac* (thuốc bắc, 北藥), which derives from Chinese medicine, and *thuoc tay* (thuốc tây, 西藥), western medicine. *Thuoc nam* and *thuoc bac* are now positioned as one concept of traditional medicine, *Dong y* (Đông y, 東医) [Oda, 2010].



Fig 1. A pharmacy specialized in *Dong y* in Hanoi.

Source: Photograph by the author, March 2009.

During the independence movement of the late 1940s and 1950s, North Vietnam experienced a lack of medicine and medical resources. Therefore, to make the most of the local medical resources, *thuoc nam* received considerable attention. Even after the independence movement and the First Indochina war, North Vietnam promoted the use of *thuoc nam* [Thompson, 2003: 114–118]. Moreover, it began 1) promoting the use of *thuoc Nam* and *thuoc Bac*, and 2) integrating them with western medicine into one medical system [Hoang, 1999; 2012].

In this context, scholars have argued that nationalism has played an important role in reinforcing traditional medicine, similar to how other countries have attempted to demonstrate their superiority and uniqueness through medicine.

However, most of the research has overlooked the situation in South Vietnam. This is partly because Vietnamese historiography tends to be observed from the perspective of North Vietnam when constructing its national history, as present-day Vietnam is established on the foundation of North Vietnam.



Fig. 2. Vietnam after the Geneva Accords in 1954

Source: <https://commons.wikimedia.org/wiki/File:Vietnam1954.jpg#file>

This paper will consider the idea of Vietnamese traditional medicine within the official medical system of the South Vietnam (Democratic Vietnam) during the time that Vietnam was divided, from 1954 to 1975. In this chapter, medicine will be defined as a whole system of medical practices.

In doing so, I will show 1) how South Vietnam institutionalized/promoted its own traditional medicine after being influenced by French colonization, and 2) what important problems to the government faced in institutionalizing and defining Vietnamese traditional medicine within the medical system.

2. Regulations for *Dong y* (Đông y) Practitioners in South Vietnam

(1) Ngo Dinh Diem's Period

The first era is the time of Ngo Dinh Diem (Ngô Đình Diệm). He became the first Vietnamese president with the support of the United States. He has often been regarded as a puppet of the United States; however, recent studies propose that he was both an anti-communist and a nationalist, and sought to build a modern Vietnam that would not be affected by either Western or Communist influences [Miller, 2013].

The Ngo Dinh Diem administration did not provide the opportunity to exploit traditional medicine within its medical system, or have an appropriate authorization system, and was still exercising a decree enacted during the colonial period. The decree mentioned here is “Arrete du 17 Juillet 1943,” enacted under the name of Governor General Decoux on July 17, 1943. The decree (hereafter Decoux's decree) regulated the import and practice of Vietnamese/Chinese medicine and its products in French Indochina. Moreover, it prohibited selling “toxic medicine,” that was, 13 kinds of minerals, 36 plants, and 2 kinds of animal products used as medicine [Sắc Luật số 9/64, 1964 (Decree No. 9/64. 1964)].

(2) Post-Diem Period: Amendment of the French Colonial Law

It was after the coup against Diem in 1963 that the government and the Ministry of Health began to consider bringing traditional medicine into the modern medical system. In April 1964, the Ministry of Health decided to enact a law based on Decoux's decree of 1943. The new act had a new list of “toxic” medicinal products, as in Decoux's decree; however, it only allowed practitioners to use medicinal products for two days [Sắc Luật số 9/64, 1964 (Decree No. 9/64. 1964)].

Behind the amendment of the 1943 decree, traditional medical practitioners' groups supported the idea of promoting traditional medicine. For instance, a magazine published by medical practitioners "*Đông y Dược*" referred to Vietnamese traditional medicine as "A special science for the Vietnamese" and declared that, "A decree on July 17, 1943, by Decoux colonial government must be abolished and replaced by a new condition for Eastern medicine in the Republic of Vietnam...." As it became more difficult to obtain medicine from North Vietnam and China, the practitioners' groups also claimed that "Everybody had been united so as to repeal Decoux's decree. Everyone in the organization of Eastern medicine wants to reconstruct the knowledge of *Đông y*, Eastern medicine" [*Đông y Dược*, February 1957].

(3) Reorganizing Practitioners' Occupations

At the same time, the government officially approved *Dong y* practitioners within the medical system for the first time. In doing so, the government divided medical practitioners into several professional occupations.

Except for healers whose knowledge was transmitted through family tradition (*gia truyền* 家伝), all types of *Dong y* practitioners (*Đông y sĩ* 東医士, *Sinh dược viên* 生薬員, *Thực dược viên* 実薬員, and *Đông dược sĩ* 東薬士) were required to have Vietnamese nationality and to be over 25 years old. They were also required to have graduated from a public or overseas *Đông y* medical school that provided a license [Sắc Luật số 9/64, 1964 (Decree No. 9/64. 1964)].

In other words, those qualified to prepare, sell, and examine medicines had to have Vietnamese nationality. Merchants who sold pharmaceuticals at the market and family-transmitted practitioners were allowed to be non-Vietnamese.

(4) Why Nationality Mattered

Why did Nationality matter? To answer this question, we must examine the history of South Vietnam's integration into the whole "Vietnam" that was caused by the strong influence of ethnic Chinese people.

The majority ethnic group in Vietnam is the Kinh, Viet people. However, the southern part of Vietnam was not originally the Kinh people's land. The Viet (Kinh) political forces expanded from North to the South around the fifteenth century. This expansion to the South continued until after the latter half of the seventeenth century [Li, 1998: 12–16].

Modern immigration from China to Vietnam began after the end of the nineteenth century, particularly migration from southern China to Cochinchina, the southern part of French Indochina. One statistic in 1931 shows that more than 10% of the total population of Cochinchina was Chinese, whereas in the Northern part of Vietnam, only 5 to 10% of the population was Chinese, and they were especially concentrated in the Hai Phong area. It is thought that most of the overseas Chinese lived in Cochinchina because the majority were either merchants or engaged in the rice trade [Mantetsu East Asia Economic Survey, 1939: 55].

According to statistics from 1928, before the Indochina War, half of the Saigon population consisted of ethnic Chinese, which totaled approximately 319,000 people [Engelbert, 2008: 193; Li, 2011: 53]. Many of them soon engaged in the rice economy and gained power in the market, selling rice, goods, and medicine.

During the era of division from 1954, they still had distribution power and influence in the rice polishing industry. After the mid-1950s, it was estimated that South Vietnam monopolized nearly 90% of non-European capital [Tran, 1993: 23–28].

Against this backdrop, Diem came to power in 1955. His administration tightened control on overseas Chinese who were Chinese residents. The Diem administration imposed Vietnamese nationality on the

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residents, and imposed various restrictions on their freedom of employment if they did not choose Vietnamese nationality. For example, Decree No. 53 was issued stating that only Vietnamese nationals were allowed to work in 11 occupations in which many Chinese people were engaging.

In tandem with this trend against the Chinese, the restriction on *Dong y* practitioners' nationality can be seen as an attempt to strengthen the management of the *Dong y* industry in the southern part of the country. I suggest that this change in the restrictions could have been a strategy to define Vietnamese *Dong y* by drawing a line between specialists of Vietnamese and non-Vietnamese nationality, as a strong presence of Chinese people could be seen in the *Dong y* industry.



Fig. 3. Chinese medicine town in the largest Chinese town in Saigon around the 1960s.

Source: Online image. Flickr. <https://www.flickr.com/photos/13476480@N07/36951531545/> by Manhhai. “CHOLON - Ngã tư Khổng Tử - Phùng Hưng nhìn về ngã tư Trịnh Hoài Đức - Phùng Hưng”. Uploaded on September 1, 2017.

We can see the Chinese influence in *Dong y* as follows. During the French colonial rule, one of the major goods imported from China to Vietnam through their commercial transactions was medicine [Mantetsu East Asia Economic Survey, 1939: 116]. Even in 1974, the proportion of South Vietnamese capital which belonged to the Chinese was high. It is said that the investment of Chinese capital accounted for 16% of the total. Among the total number of business establishments and stores, 500 business establishments of Chinese origin involved Chinese herbal medicines, and the amount of investment in *Dong y* was \$730,000. These establishments of Chinese origin accounted for about 80% of the total investment in Eastern medicine [Tran, 1993: 43]. For another example, in Hue before 1975, traditional *Dong y* practitioners would obtain herbal drugs from Hong Kong through an agent in Cholon, Saigon. In Dong Nai, medicine was imported from Hong Kong via Saigon.¹

When we take a look at *Dong y* in the official medical policy, the Diem administration and the following administration set a nationality clause. Given the enormous Chinese influence on the medical market, the government needed to differentiate Vietnamese medicine from Chinese medicine. However, this was nearly impossible as long as the medical market was mostly occupied by the Chinese. Therefore, it can be said that the government differentiated the practitioners' by their backgrounds. This was to differentiate Vietnamese medicine as practiced by Vietnamese nationals, for which the government could take responsibility, from non-Vietnamese (mainly Chinese) for whom the government could not take responsibility.

3. A Chinese Practitioner's Case

To be an officially authorized *Dong y* practitioner, one was also

1 An interview with Lê Hữu Mạch, *Dong y* practitioner in Hue on December 25, 2014.

required to have graduated from a public or overseas *Dong y* medical school that provided a license [Sắc Luật số 9/64, 1964 (Decree No. 9/64. 1964)]. Individuals who wished to study *Dong y* overseas would have studied either in Hong Kong or Taiwan, as these two places were allies under the Cold War regime. In addition, there may have been some practitioners among the elder generation who had studied in mainland China before the 1949 establishment of People's Republic of China. Having said that, it does not seem as if these rules surrounding education were strictly applied.

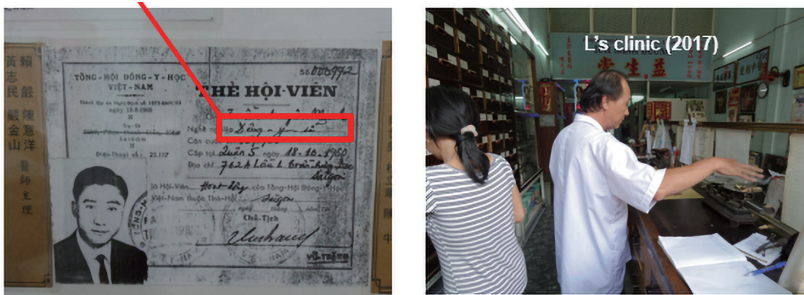


Fig.4. Left: Membership card of *Dong y* practitioners' association.

Right: L's clinic.

Source: Photographs taken by the author on March 15. 2016.

For example, *Dong y* practitioner L, who was of Chinese ethnicity and resided in Ho Chi Minh city, recalled that his father never received a degree at a medical school, but rather studied traditional medicine intermittently in his youth in mainland China. L's father was born in 1928 in Fujian and moved to Beijing and Nanking. Eventually, he moved to Saigon from mainland China in 1952. He taught mathematics, physics, and chemistry at a British school before starting his career as a licensed *Dong y* practitioner in Saigon. We do not know when he obtained Vietnamese nationality; however, he was practicing *Dong y* in

1960 at the earliest.²

4. Conclusion

The South Vietnamese government approved and defined the legalized *Dong y* practitioners by categorizing them as well as distinguishing them according to their nationality. Ethnic Chinese populations were targeted, as they were unable to practice advanced medical care without Vietnamese nationality due to the professional subdivisions which had been created, separating the professions of diagnosing patients and mixing medicines. This allowed the government to recognize and manage *Dong y* practitioners. In the late years of the Republic of Vietnam, the government attempted to institutionalize *Dong y* primarily by professionalizing practitioners and differentiating Vietnamese practitioners from those of other nationalities.

Although the name *Dong y* emerged and gained popularity within the framework of the East/West dichotomy, this chapter has shown that “Eastern medicine” had several meanings for Vietnamese. Geographically, South Vietnam is far from China; however, as far as officially establishing Vietnamese traditional medicine, or Vietnamese *Dong y* was concerned, it was quite a significant and difficult problem to differentiate it from Chinese medicine.

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² An interview with *Dong y* practitioner L on March 15, 2016.

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