

Korea: Statement on COVID-19 outbreak and responses in South Korea

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South Korea (hereafter Korea)'s COVID-19 outbreak and response are still ongoing, and assessment of it is rather hasty. But we share this conditional statement because we think it is our responsibility to share Korea's experience with civil society around the world, which is experiencing COVID-19 outbreak one tempo later than ours.

In particular, we hope that the main barriers to the government responses and the efforts of the Korean civil society to find and fill the blind spots out of reach of the government policies or existing systems will be a lesson for the civil society of each country in the responses of COVID-19.

Barrier One: Reactionary right-wing alliance makes the situation worse.

One of the most difficult challenges the government is confronted is the political assaults by the reactionary right-wing alliances, including the opposition party, Korean Medical Association (KMA) and right-wing news media. Before the general election in April, the right-wings blame the government for almost everything. They unnecessarily politicized the problems, which hampered reasonable and timely decision making by the government. They deliberately stick to the term 'Wuhan Pneumonia' and still demand a total immigration ban against Chinese people, although many experts repeatedly pointed out that it was unnecessary and special immigration process has been working very well.

The opposition party disturbed the formation of an ad-hoc parliamentary commission to plan the supplementary budget for dealing with the outbreak, insisting that the commission name should include the term 'Wuhan Pneumonia'. Even the KMA denounced the national advisory committee of which members are delegates from eleven academic societies, claiming that several members of the committee are leftists and clandestine power figures dominate government policies. Such a claim was absurd, but the committee was dissolved for protecting individual scientists from political attacks.[1][2] The KMA strongly criticizes the rationing of face-mask by the government and recommends that every citizen has to wear disposable face-mask without re-use in spite of the serious shortage of supply. In this situation, people are confused and lose trust in the government. Then the government is more likely to make hasty decisions and adopt populist measures and has to pay more efforts to rebuke fake news and misleading demands.

Barrier Two: The private, market-oriented healthcare system is the main barrier to cope with the COVID-19 though the 'public control' over the private hospitals and diagnostic kits industry makes the system keep to work.

The number of beds owned by public hospitals accounts for around 10% of the national total, which is the lowest one among the OECD member countries,[3] and the health care delivery system from primary care through to the tertiary-care hospitals is not well organized. So as the number of patients sharply increased, it became very difficult for the government to procure beds and allocate

patients according to their severity, especially in Daegu where the entire healthcare system was overwhelmed by the acute surge of patients related to the religious event. So-called 'Big 5' hospitals located in the capital city Seoul including Seoul Samsung Hospital which was the hotbed for the MERS-CoV outbreak in 2015[4] are surprisingly invisible in this situation except for the Seoul National University Hospital, while they account for 35.5% of total National Health Insurance benefits reimbursed to the tertiary-care hospitals.[5] The CSOs cannot but repeat their aged but never achieved claim that the government should expand public hospitals.

Now, tentative partial 'public control' over the private hospitals works by utilizing a pre-existing informal public-private network, not sufficiently but in a more organized way over time. Public control works much better with regard to the diagnostic kits production and supply.[6] Without the support from the government (Ministry of Food and Drug Safety and The Korean Centers for Disease Control and Prevention, KCDC) and the Korean Society for Laboratory Medicine, the industry would have never achieved the development and production of the diagnostic kits, and extensive screening tests with high quality would not be performed.[7] The acclaimed Korean test system is not the fruits of laissez-faire innovative capitalism and deregulation but an excellent example of tight coordination of public-private partnership and publicization of innovative technology. We should demand public benefit-sharing, including affordable prices and stable supplies and the public control over private sectors in dealing with public health emergencies instead of unleashed deregulation for innovation.

Barrier Three: Long-standing structural inequality/inequity paralyzes the control measures.

Almost 80% of COVID-19 cases in Korea are linked to cluster infections,[8] and many of cluster cases reveal the structural inequity/inequality pervasive in Korea.

Among them, closed-ward hospitals for chronic psychiatric patients,[9] nursing homes for the elderly mostly in bedridden status, and living facilities for the severely disabled[10] became the hotbed for infection because of their poor living environments and underlying health conditions.

Dualized labor market which is caused by long-standing labor market liberalization makes effective prevention measures impotent; for example, the largest cluster infection in Seoul occurred in a call-center where workers cannot exercise 'social distancing' in a very crowded condition without proper ventilation system nor demand paid leaves in fear of layoff.[11] The more people stay at home for 'social distancing', the higher the work demands become in some sectors, such as call-centers and delivery services. One delivery worker died of Karoshi while dealing with skyrocketed online orders from the dawn to midnight.[12] As school closure extends, substitute teachers and caregivers in precarious employment have to work for children who cannot be cared at home, while regular teachers stay at home with paid leaves.[13] Pre-existing inequality and discrimination against low-waged, precarious workers aggravate the situation around the public health crisis.

Pros and Cons in the acclaimed 'openness and transparency' strategy of the Korean government.

Korean Foreign Minister KANG Kyung-wha's interview with the BBC on March 15th is gaining popularity. The strategy of the COVID-19 response by the Korean government, "openness, transparency and fully keeping the public informed," appears to be paying off as Minister Kang said.[14]

There is a context in the government's commitment to open and transparent responses. The secrecy strategy adopted by the right-wing government during the early phase of MERS-CoV outbreak in 2015 led to the failure of timely control and wide distrust in the government.[15] For the current

liberal MOON Jae-in government, who was elected after the impeachment of the ex-president PARK Geun-hye, open and transparent responses to COVID-19 are becoming the barometers for legitimacy.

Current obsessive tracking/tracing of COVID-19 patients and information release/disclosure is possible thanks to the passage of the so-called 'MERS act' at the time of the MERS-CoV outbreak in 2015.[16] Recently, the government and the National Assembly also passed the so-called 'COVID-19 acts,' which allow involuntary testing, quarantine and treatment of those suspected of infection and the prosecution of those who refuse to test. This enabled the current aggressive massive screening tests.[17]

While the 'openness and transparency' strategy is desirable in principle, there is a rising concern over privacy and human rights violation at the same time.[18] Indeed, many individuals were blamed and stigmatized as they 'spread' out viruses, and restaurants patients had visited had to shut down in order not to being blamed. After all, the National Human Rights Commission of Korea[19] announced the recommendation not to release specific addresses or workplace names of the COVID-19 patients, nor their travel path and the places they've visited to protect their privacy.[20] The KCDC had recently updated the guideline for local governments with incorporating such recommendations. However, CSOs have to follow up the situation and continue discussing how to protect population health in balance with individual human rights.

Role of civil societies.

Many NGOs and CSOs have been monitoring the situation the disadvantaged population, such as the disabled,[21] homeless,[22] and migrants[23] are faced with, and demanded government measures. Also, trade unions collected situation reports from their locals and investigated the sufferings of precarious workers who cannot access the paid leaves and proper protection from the COVID-19 infection.[24][25] On March 19th, NGOs and CSOs, including more than 40 organizations, national as well as local, announced a collective statement that the government should provide more support for vulnerable population, expand public hospitals, protect precarious workers regarding paid leaves and employment security, publicly control healthcare resources including face-masks, and organize community-based care system. Also the statement asserts that the media should stop their way of reporting obsessed with sensationalism and racism, stigmatizing special population groups.[26]

The government showed rather proper responsiveness; for example, undocumented immigrants can get the test without risk of deportation according to the decree of Ministry of Law,[27] and the Seoul Metropolitan Government began to provide 'emergency care' services for the disabled and the elderly who experienced the interruption of daily care services.[28] Although the government has shown unprecedented efforts and quick responses, the problems rooted in long-time underinvestment in the social security system cannot be easily tackled. Many NGOs and voluntary community organizations are now trying to find and fill the blind spots in cooperation with local governments.

We hope this outbreak could facilitate social discussions for establishing a robust social protection system in Korea.

Participatory governance is needed dealing with pandemics.

It is unrealistic to expect that all systems are perfectly in place in advance of an unprecedented public health crisis such as COVID-19 pandemic. There are many loopholes in the Korean government's COVID-19 responses.

However, we could manage the situation better if we work together. Such loopholes could be filled through a 'healthy' partnership between the government and the civil society. The social power, including the CSOs, works to make the government actions more equitable and effective. The Korean civil society is closely monitoring the COVID-19 responses, as it did in the 2015 MERS-CoV outbreak,[29] with a focus on human rights and social justice.

We believe that 'participatory governance' would be effective for dealing with pandemic as well as defending democracy. We will keep working in solidarity.

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References

[1] The Hankyoreh 21, March 13, 2020, http://h21.hani.co.kr/arti/special/special_general/48375.html

[2] The SisaIN, March 17, 2020, <https://www.sisain.co.kr/news/articleView.html?idxno=41519>

[3] OECD Statistics <https://stats.oecd.org/index.aspx?queryid=30183>

[4] Ki, 2015 MERS outbreak in Korea: hospital-to-hospital transmission, Epidemiol Health. 2015; 37: e2015033. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4533026/>

[5] The Young Doctors, May 27 2019, <http://www.docdocdoc.co.kr/news/articleView.html?idxno=1068705>

[6] <http://www.hitnews.co.kr/news/articleView.html?idxno=15675>

[7] The SisaIN, February 14 2020, <https://www.sisain.co.kr/news/articleView.html?idxno=41277>

[8] The Korea Herald, March 14 2020, 8 in 10 coronavirus cases in S. Korea linked to cluster infections <http://www.koreaherald.com/view.php?ud=20200314000077>

[9] The Washington Post, March 1 2020, How a South Korean psychiatric ward became a 'medical disaster' when coronavirus hit https://www.washingtonpost.com/world/asia_pacific/how-a-south-korean-psychiatric-ward-became-a-medical-disaster-when-coronavirus-hit/2020/02/29/fe8f6e40-5897-11ea-8efd-0f904bdd8057_story.html?fbclid=IwAR1JUUYndQisgqmM0i5M7i5AzOFGmo-aRxoHx0zdSpKr43bIWZS-8CuEFMg#comments-wrapper

[10] VOA, February 26 2020, Coronavirus Outbreak Inside 2 S. Korean Medical Facilities Highlights Vulnerability of Disabled Patients <https://www.voanews.com/science-health/coronavirus-outbreak/coronavirus-outbreak-inside-2-s-korean-medical-facilities>

[11] Yonhap News Agency, March 10 2020, Seoul call center emerges as city's biggest infection cluster, numbers feared to rise <https://en.yna.co.kr/view/AEN20200310002154315>

[12] Korea Joongang Daily, March 17 2020, Union blames Coupang for delivery worker's death <http://koreajoongangdaily.joins.com/news/article/article.aspx?aid=3075014>

[13] The Redian, March 17 2020, <http://www.redian.org/archive/141581>

[14] Ministry of Foreign Affairs, March 15 2020, Andrew Marr interviews Foreign Minister Kang Kyung-wha

http://www.mofa.go.kr/eng/brd/m_5674/view.do?seq=320056&srchFr=&srchTo=&srchWord=&srchTp=&multi_itm_seq=0&itm_seq_1=0&itm_seq_2=0&company_cd=&company_nm=&page=1&titleNm=

[15] Minjeong Kang et al., 2018, From concerned citizens to activists: a case study of 2015 South Korean MERS outbreak and the role of dialogic government communication and citizens' emotions on public activism, *Journal of Public Relations Research*, 30:5-6, 202-229, DOI: 10.1080/1062726X.2018.1536980

[16] The Korea Times, July 9 2015, Install epidemics system
https://www.koreatimes.co.kr/www/opinion/2019/11/137_182505.html

[17] Korea.net (Overseas Korea Centers), March 4 2020, Cabinet passes laws to fight COVID-19 outbreak <http://www.korea.net/NewsFocus/policies/view?articleId=182884>

[18] Korean Federation Medical Activist Groups for Health Rights (KFHR), February 25 2020, <http://kfhr.org/?p=129581>

[19] National Human Rights Commission of Korea, March 9 2020, <https://www.humanrights.go.kr/site/program/board/basicboard/view?boardtypeid=24&boardid=7605121&menuid=001004002001>

[20] The Hankyoreh, Mar 16 2020, Government decides not to disclose personal information about novel coronavirus patients http://english.hani.co.kr/arti/english_edition/e_national/932783.html

[21] The Be Minor, March 18 2020, <https://beminor.com/detail.php?number=14476&thread=04r03>

[22] CSOs network, March 9 2020, http://www.konkang21.or.kr/bbs/board.php?bo_table=sotong_statement&wr_id=200

[23] Workers' Solidarity, March 9 2020, <https://wspaper.org/article/23620>

[24] Korean Public Service and Transport Workers' Union (KPTU), February 28 2020, KPTU Healthcare Workers Solidarity Division Statement on COVID-19 https://www.kptu.net/english/detail.aspx?mid=&page=1&idx=27605&bid=KPTU_PDSENG

[25] Korean Public Service and Transport Workers' Union (KPTU), March 16 2020, COVID-19 and South Korean Workers, KCTU Demands https://www.kptu.net/english/detail.aspx?mid=&page=1&idx=27604&bid=KPTU_PDSENG

[26] CSOs network, March 19 2020, <http://health.re.kr/?p=6357>

[27] Yonhap News Agency, March 5 2020, <https://www.yna.co.kr/view/AKR20200305142400064>

[28] Seoul Metropolitan Government, March 16 2020, <http://mediahub.seoul.go.kr/archives/1273495>

[29] People's Health Institute (PHI), 2016, <http://health.re.kr/?p=2751>

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- People's Health Movement - PHM. March 19, 2020:

<https://phmovement.org/phm-korea-statement-on-covid-19-outbreak-and-responses-in-south-korea/>