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국가거버넌스포럼, “동아시아 현대화와 거버넌스”
2022년 7월 1일, 온라인 회의

Reclaiming a Robust Governance in East Asia: Lessons from South Korea's Tackling Covid-19

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1. Glimpse of Korean Government's Reaction to Covid-19

- **Top-down Strategy**
- 1st Round: Year 2020 (Fear and Compliance among citizens)
 - K-Prevention Strategy: 3 T's (Test, Tracking, and Treatment)
 - Commitment and sacrifice of medical staff members and governmental & public officers.
 - Volunteering: Social/ physical distancing and wearing face-mask
 - Violating human rights against marginalized and vulnerable groups
- 2nd Round: Year 2021 (Patience and Cooperation among citizens)
 - Vaccination Process
 - Political mobilization vs. Deliberation and transparency
 - Divide, discrimination, and hatred towards the poor, minority groups
- 3rd Round: Year 2022 (Anger and Resistance among citizens)
 - Living with Covid-19 policy
 - Collapse of social safety net among the self-employed

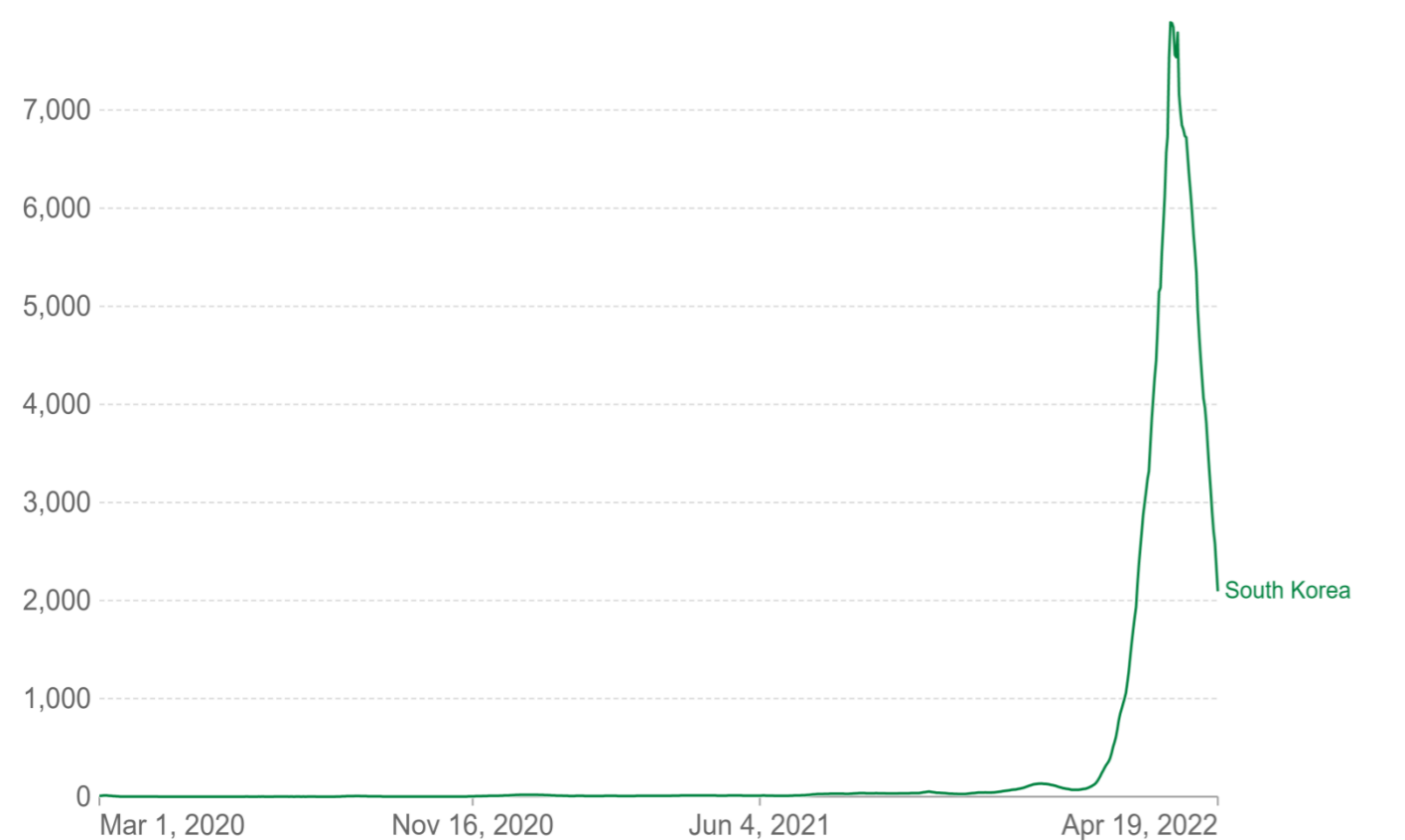
Covid-19 and Vaccination in S. Korea

Confirmed Cases (cumulated): 16,674,045	Domestic Cases(cumulated): 16,642,379	Abroad Cases (cumulated): 31,666	Deaths (cumulated): 21,667
Vaccination (first) 87.7%	Vaccination (second) 86.8%	Booster Shot 64.4%	Youth Vaccination(1 st /2 nd) 16-18yrs. (90.26%/ 88.3%) 13-15 yrs. (76.4%/ 72.9%)

Source: <http://ncov.mohw.go.kr/> (accessed on April 21, 2022)

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

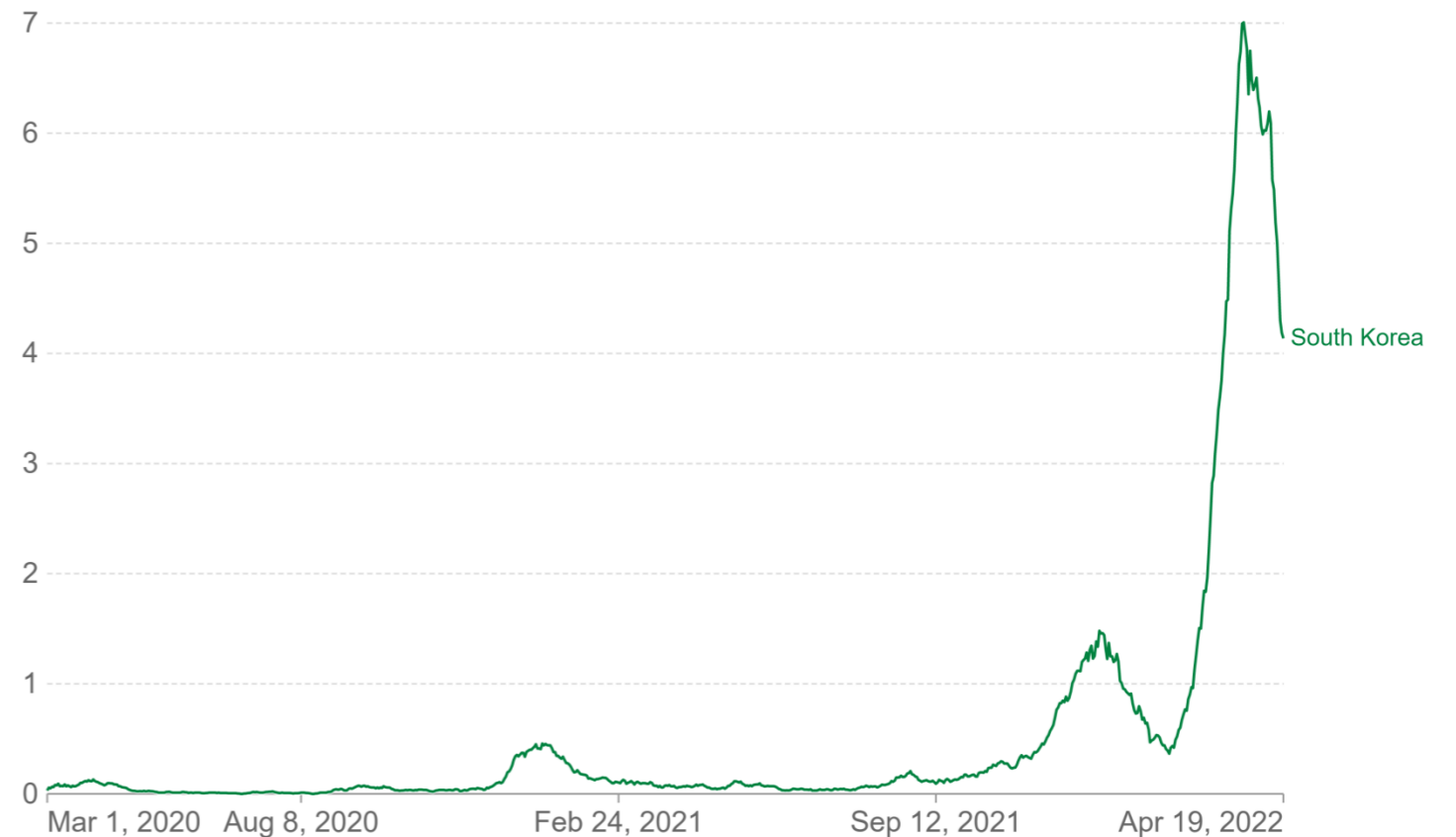


Source: Johns Hopkins University CSSE COVID-19 Data

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Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

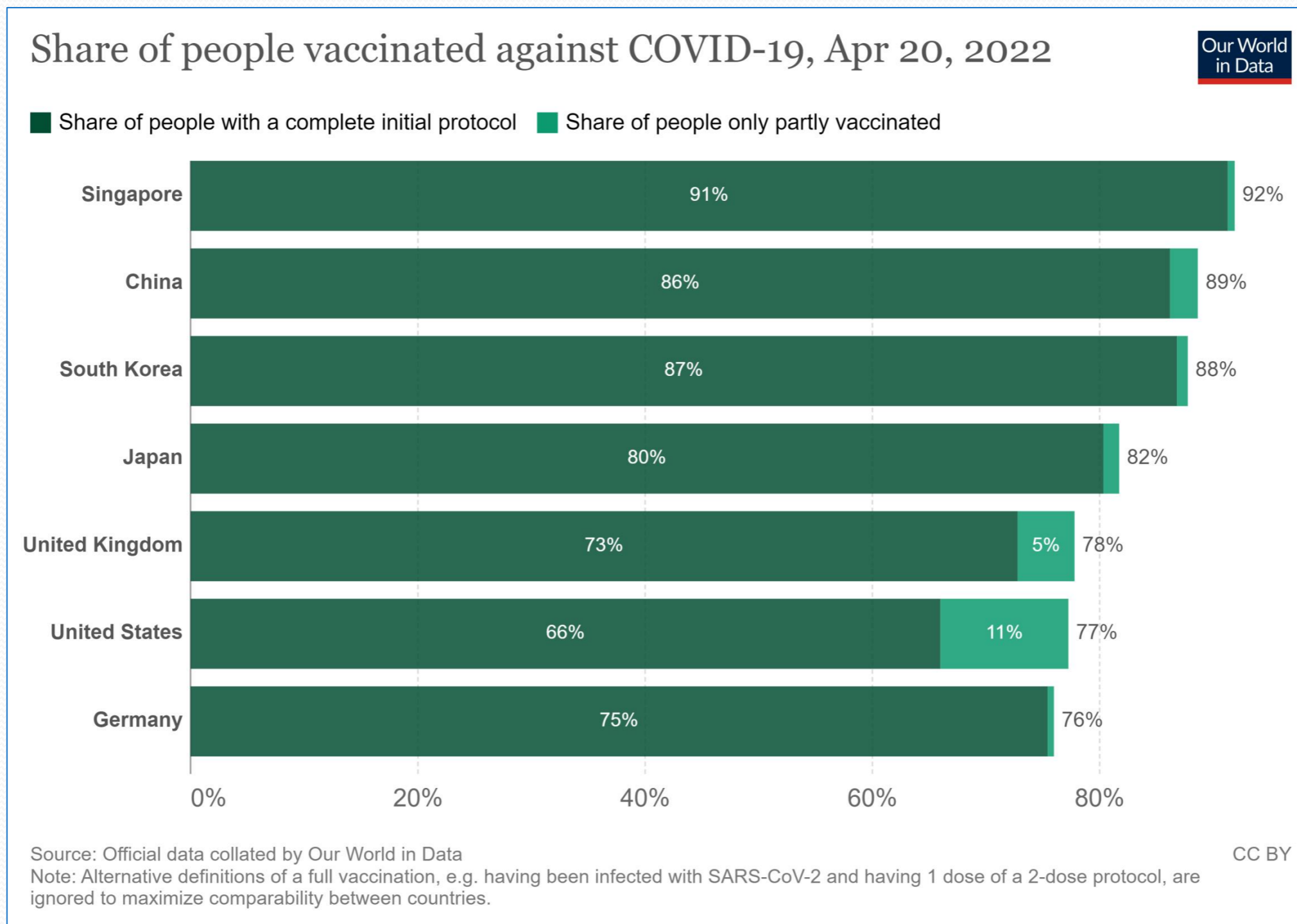


Source: Johns Hopkins University CSSE COVID-19 Data

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Source: <https://ourworldindata.org> (accessed on April, 21, 2022)

Vaccination Process in South Korea (Comparison with Key States)

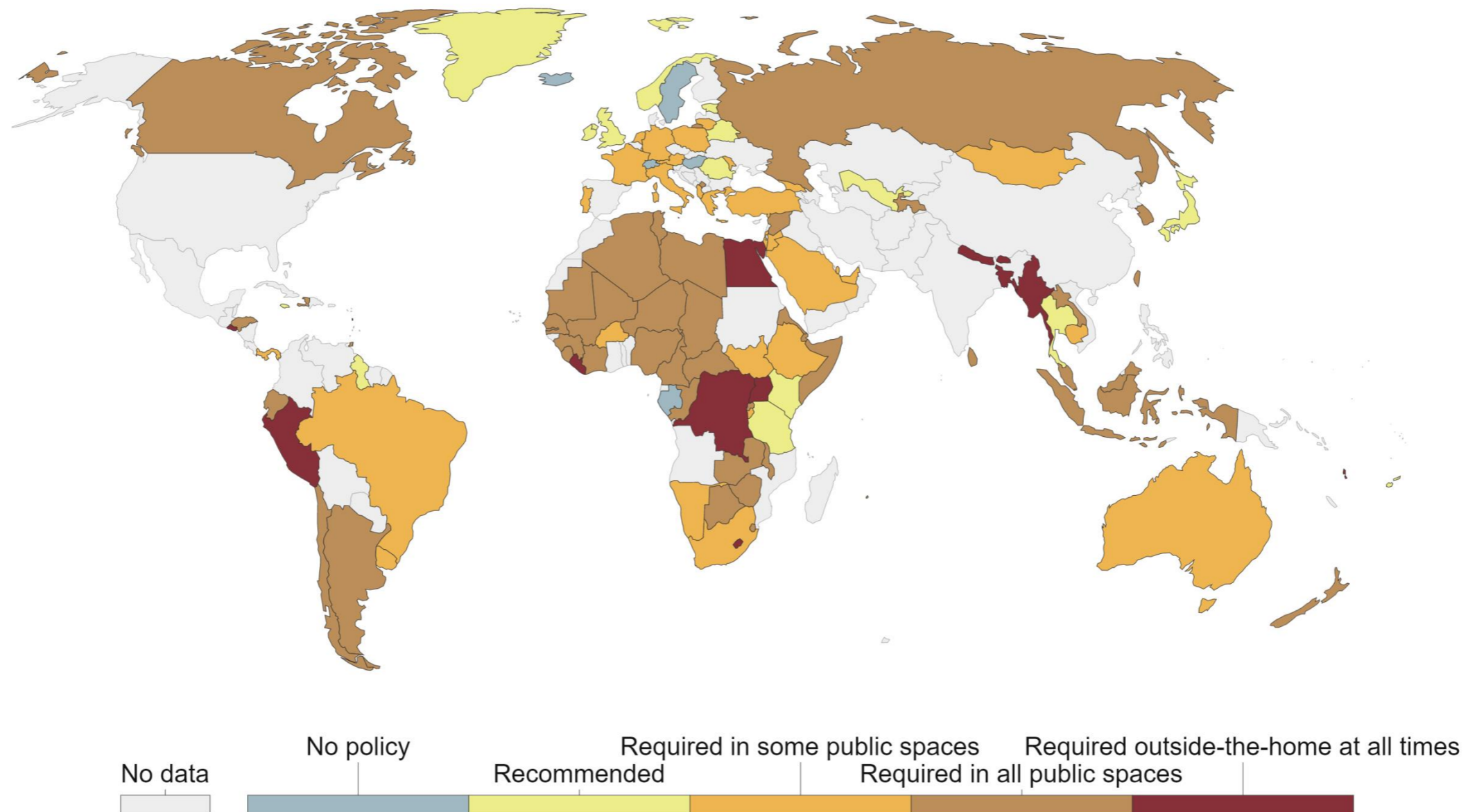


Face Covering Policies

Face covering policies during the COVID-19 pandemic, Apr 21, 2022

There may be sub-national or regional differences in restrictions. The policy categories shown may not apply at all sub-national levels. A country is coded as having these restrictions if at least some sub-national regions have implemented them.

Our World
in Data



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 21 April 2022
OurWorldInData.org/coronavirus • CC BY

- Maintaining the guideline of wearing facemask indoors in South Korea
- Mask wearing mandate outdoors may is highly likely to lift in May, 2022.

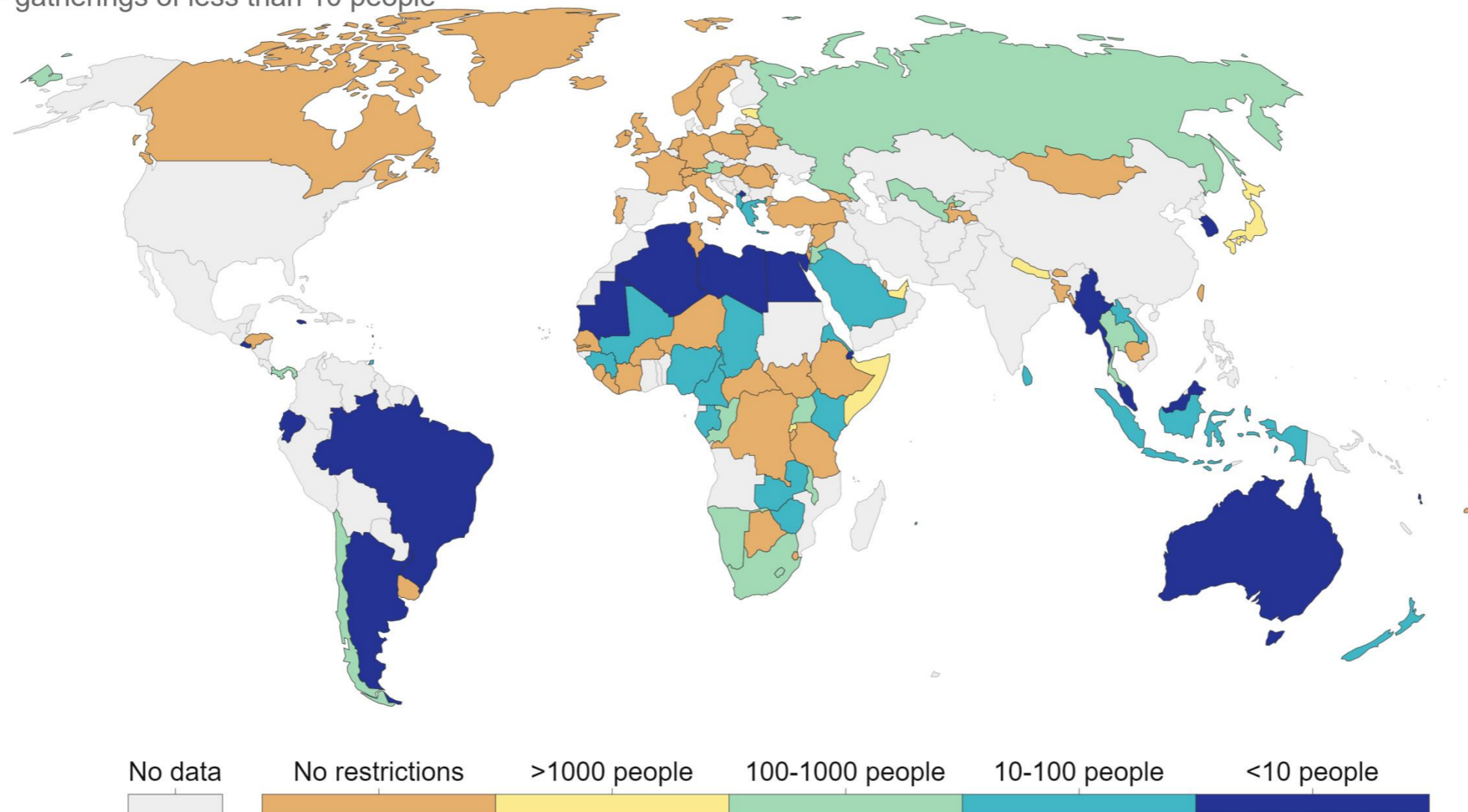
Restrictions on Public Gatherings

Restrictions on public gatherings in the COVID-19 pandemic, Apr 21, 2022

Our World
in Data

Restrictions are given based on the size of public gatherings as follows:

- 1 - Restrictions on very large gatherings (the limit is above 1000 people)
- 2 - gatherings between 100-1000 people
- 3 - gatherings between 10-100 people
- 4 - gatherings of less than 10 people



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 21 April 2022
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* All the restrictions in South Korea lifted on April 18th, 2022.

Korean Government's Reaction to Covid-19

- Return of Strong State -

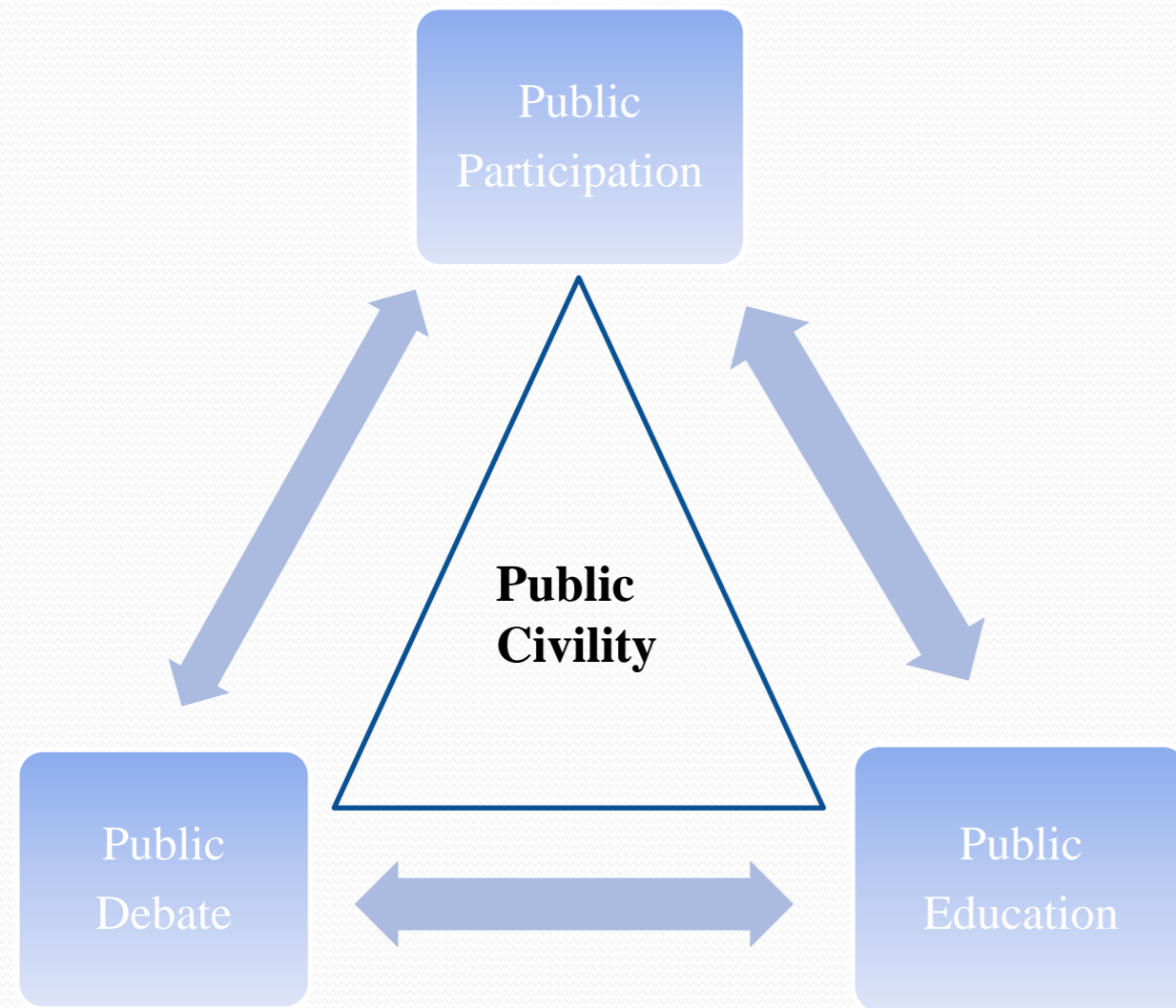
- Stuck to K-Model
 - Quick Test, Tracking, and Treatment
 - Mobilization of Medical staff and public officials' sacrifice and commitment
 - New policies: Social distancing, wearing face-mask, and restricting business hours
- Surveillance System
 - Public release information on routes of confirmed cases (privacy)
 - Negative impact on all the related shops and restaurants (business)
 - Safety Band Requirement for Self-quarantine (freedom)
- Struggling with New Challenges
 - Social Stigma for minorities
 - Fake News on Covid-19
 - Political vaccination
 - Caring Social minorities

Emerging Issues along Round 1 to 3

- Shrinking Civil Society-

- **Round 1: Discrimination, Hatred & Surveillance**
 - K-Model: fully support and compliance from civil society
 - Learning from the past experiences such as SARS in 2003 and MERS in 2015
 - Leadership: Recognition and respect of experts
 - Pride in early response based on 3Ts
 - But ignoring social minorities and their human rights
- **Round 2: Minorities, Inequality, & Caring**
 - March 2020: Gatherings prohibited at church, sports facility indoor, pubs
 - September 2020: Restaurant and café closure after 9pm but only for pick-up and delivery after 9pm.
 - January 2021: Private gatherings of more than 5 people are prohibited nation wide
 - Since then: Repeatedly increasing and decreasing private meetings and business hours
 - November 2021: With the secondary vaccination rate exceeding 70% , social distancing was relaxed but private meeting are still restricted to 10-12 people.
 - April 18th, 2022: Social distance policy rifted after 2 years and 1 month since late February 2020
 - Decreasing social service for social minorities and increasing job loss, business closure, and debt among the poor and the self-employed.
- **Round 3: Public health, Community, Solidarity, and Citizenship**
 - Omicron attack in December 2021: Shifting the focus from flattening the confirmed cases to caring critically ill patients (decreasing death rated)
 - Reflecting Public Health System and expanding facility and medical staff
 - Repurposing the role of civil society from compliance, to cooperation and to accountable citizenship
 - No more request of citizens' commitment and sacrifice. Rather transparent and reasonable compensation for the victims and small-medium sized business groups and self-employed business.
 - Special attention to platform economy workers, irregular workers, freelancers, and care workers

2. Korean Citizen's Engagement in the Pandemic Era



Source: Scholte, 2003

- *Jan A. Scholte 2003. Trilateral approach-Public education, debate, and participation-to promoting public civility.*
- *It can facilitates mutual recognition, communication, and trust and solidarity to take care of social minorities and include them as a community members.*
- *To evaluate K-Model and examine the effective mechanism and its obstacles in terms of Citizen's Engagement.*

Distorted tripartite relationship: Participation first, and lack of public debate and education

Public Participation: Government driven policy and compliance

- Citizen's Observance of CDCK Guideline align to Infectious Disease Control and Prevention Act (ex) Enforcement Decree of the Infectious Disease Control and Prevention Act
- Social Distancing and Physical Distancing (WHO) from close contact at dense, close & closed place.
- Understanding and following the 'five-day rotation face mask distribution system' as well as mask supply and demand stabilization policy (ex) No panic hoarding or stockpiling in S. Korea
- Fundraising, donating and volunteering (medical doctor, nurse and related staff and volunteers)
- Psychological support: supporting message and touching story sharing through SNS

Public Education on Public Health and Civil Rights

- Why such a prolonged pandemic caused anger resistance from the public general in Round 3 in South Korea?
 - Citizen's engagement in public health governance
 - Distinction, discrimination, divisiveness, hatred, stigmatization in early infection response
- Democratic civility vs. group divide, segregation, selfishness
 - Fake news and self-confirmation through social media vs. digital literacy
- Basic income, Disaster Support fund, Good landlord rent, protecting unfair dismissal, digital panopticon, and gig laborer

Public Debate on K-Model

- Piggyback on the return of state
 - Speedy response approach: 3 Ts (Test-Track-Treatment) might be distorted into digital surveillance system (ex) digital Panoptic-on
- K-Model is straddling life, safety, public health between individual freedom and privacy
 - Bracketing key social values such as safety, life, welfare of social minority into the master frame of K-model
- Building public sphere?
 - To advocate preventive measures of social minorities
 - To reflect and strengthen public health system
- Social inequality and Alternatives
 - Social and economic prevention activities by embracing social minorities into local community (ex) Coop, social enterprise, local community business

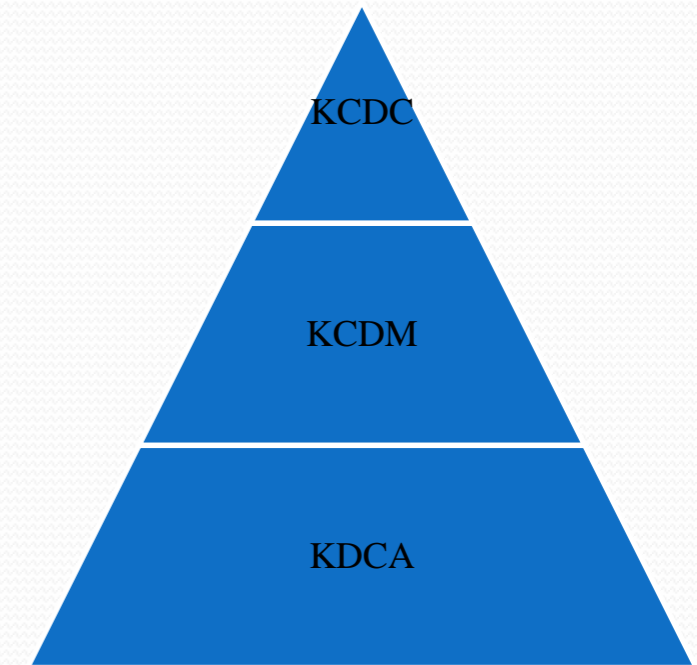
3. K-Model Revisited and Reflected

Group learning prior to Covid-19

- In 2003, SARS (Severe Acute Respiratory Syndrome)
- In 2014, Leadership crisis for national disaster (ex) Sewol ferry incident
- In 2015, MERS (Middle East Respiratory Syndrome)
- In 2016, Lawsuit on Deaths caused by Humidifier disinfectant
- In 2017, Threat of Fine dust and face mask preparation and distribution
- Threatened by infectious disease, fine dust, nuclear plants beyond border.
- Significance of National Risk Management and Governance Capacity to prevent all the threats.

Government Leadership: Quick and Effective Management

- K-Model, How Effective?
 - Korea Centers for Disease Control and Prevention (KCDCP), upgraded into Korea Disease Control and Prevention Agency (KDCA)
 - Central Disaster Management Headquarters (KCDM)
 - Central Disease Control Headquarters (KCDC)
- Collaborative system with experts
 - Quick developing diagnostic test kit
 - Massive test and open and transparent information sharing on pandemic
- Providing Creative innovation
 - Drive-through testing
 - Mobile app for active monitoring
 - Mobile app for publicly-distributed face mask
 - Digital Vaccine Pass (KI-PASS: Digital customer register/ QR code based entry logs)



Citizens' Compliance and Cooperation: Mask Wearing and Social Distancing

- *“The best vaccine is correctly wearing mask and social distancing.”*
- A series of mass infection incidents emerged in 2000:
 - February 18th, Mass infection at New Heaven and Earth Church
 - February 23rd, Infection Crisis Level 3, ‘Severe’ level, with intensive social distancing advisory
 - May 6th, the advisory changed down to level 1, social distancing everyday.
 - Mass infection in Seoul Metropolitan area during the golden weekend in May 3-5.
- Discrimination, hatred, and stigmatization for super spreader with misinformation.
 - Nationwide resurgence and cluster infection with increasing asymptomatic cases and confirmed cases without knowing the infection route.
 - Not person but environment (causing super-spreading)
 - *“Anyone can be a super-spreader.”*

Reflection: From Compliance to Consensus?

- **Increased Fatigue and Burn-out**
 - “We are getting exhausted with such a prolonged Covid-19”
 - Increased confirmed cases without knowing infection route
 - Medical staff, government official, and volunteers are drained and burnt out
- **Privacy and Digital Monitoring (Surveillance)**
 - On March 14 2020, the KCDC decided not to disclose the detailed address and company name of the confirmed cases. However, the risk of personal information mining still remains.
 - Local government’s rush-to collecting information on confirmed cases.
 - Local government’s obsession of active monitoring self-quarantine people.
 - Digital monitoring system can not solve infectious disease control.
- **Lack in Consensus on the goal of K-model**
 - Reducing the number of confirmed cases vs. Keeping public health system sustainable
 - Not lockdown but economic activities with Covid-19
 - Democratic citizenship should be working with civic volunteering and engagement.

4. Covid-19 and Unjust Social Impacts

- *Hatred, Discrimination, and Stigmatization*
 - Privacy:
 - Human rights groups and National Human Rights Commission Korea's criticism on over-release on personal information and its route. (privacy issue)
 - Misinformation and Biased Information
 - Conservative Media: Highlighting the origin of Covid-19 by naming Wuhan virus.
 - Blocking the entry of Chinese travelers and students as a potential spreader.
 - In 2019, Foreign students(160,165), Chinese students (71,067, 44.4%)
 - Chinese Hatred
 - Distinction, Segregation, Discrimination, Hatred, and stigmatization of Chinatown residents
 - Hatred to New heaven and Earth Church at Daegu.
 - Cluster and local community infection. Stigmatizing the church members as criminals.
 - Right-based Public education on the Pandemic
 - Infectious diseases can never be solved with our own protection net like lockdown.
 - As a community member, what is for others is for oneself.

● *Unequal Social Impacts*

■ *Untact Labor (Platform workers)*

- The Social Distance and Filling the gap with platform workers' efforts
- Platform workers are losing their lives every day at work from overwork or accidents.
- Platform workers = individual contractor as a free self-employed but invisibly controlled through algorithm.
- In 2020, while more than 2,000 people lost their lives due to COVID-19, 2,062 workers died from industrial accidents.

■ *Aging Society*

- Too tough for the poor and sick elderly to practice physical and social distancing.
- Limitation of the principle through the eyes of the average person.

● *Migrants and Migrant workers*

- Indifferent virus but discriminated support such as face-mask, and urgent financial aid
- For the right to health of migrant workers, we should lower their burden and increase their accessibility to medical services.

- *Deepening the marginalization in the Pandemic Era*
- *Women & Gender Equality*
 - Among the confirmed cases, there are slightly more males, but there are more females who have died.
 - Women are more likely to lose their jobs and suffer from domestic/care work.
- *Sexual minorities*
 - It is ironic that promiscuity of sexual minorities is a target of repression, and promiscuity of heterosexuals is permitted for the reason of revitalizing the local economy.
- *Mental disorder*
 - If Korean society does not overcome the social stigma and hatred of “the weakest among us,” the tragedy of the mentally disabled will continue even after the COVID-19 pandemic is over.

5. Challenges Ahead in the Next Pandemic Era: Reclaiming a Robust Governance in East Asia

- New Challenges Ahead
 - Communication Crisis
 - Despite the vaccine for COVID-19, people will not be vaccinated without trust.
 - The most important thing in responding to the pandemic is trust, that is, social capital.
 - Fake News
 - Info-demic as scary as a pandemic
 - President's announcement of 'early end of COVID-19'
 - Unclear guidelines for 'wearing a mask'
 - Evidence and open information based on assertiveness and certainty.
 - Shrinking Korean Civil Society in the Pandemic
 - NGOs are missing during the early response to Covid-19 as a service provider, communication facilitator, collaboration mediators, and advocates for the minorities
 - NGOs should promote the cooperation among themselves for infectious disease prevention, quarantine, volunteer participation and resource mobilization.

- *Advocacy for the right to be healthy*
 - Infected patients and stigma
 - The pain left where the virus disappeared
 - Even if the virus infection stops, if those who have had the infection and their families are still struggling with discrimination, is the virus the only thing we have to fight against?
 - Chinese Hatred
 - Hating the Chinese is not prevention but domestic politics.
 - Among those arriving from China, the number of confirmed cases was so small that it accounted for less than 1% of the total number of inbound patients.
 - Nurses: Imposed Sacrifice
 - K-Model was made possible by the sacrifice of the nurses.
 - 49.3% of nurses (400,000 licenses) are estimated to be working in the field.
 - Creating conditions for nurses to live first is to promote the health of all.
 - Social Support for Minorities
 - To reduce socio-economic impacts in the long term, policy support for the elderly, children, and social minorities including the disabled, migrants and specially employed workers at gig and platform sector should be provided first.

Reclaiming a Robust Governance

“recognizing others as a person, protects their privacy, and respects open spaces where they can participate creatively in local communities.”

Diversity/Inclusion:

- Recognition and respect for social minority

Deliberation

- Talking politics: listening and persuasion, communication

Participation

- Agenda setting, decision-making, and implementation (3 steps)

Accountability

- Responsibility for publicity, community and solidarity

Transparency

- Openness, professionalism, humble (predictability)

Independency

- Civil and political rights; non-intervention, bottom-up initiative, creative

• *Reclaiming Publicity as well as Civility*

- Citizens must start with observing the basic principles for safety, and public health.
- Citizenship should be guaranteed regardless of nationality, race, religion, region, gender, educational background, socio-economic background. We must admit that anyone can get infectious diseases.
- The state cannot continue to impose on its citizens a strategy of endurance.
- Citizens must also move away from the passive attitude of wanting the government to solve all problems and seek alternatives.
- The long-term success of K-Model depends on public learning mechanisms for citizens.
- The government should provide open public sphere in which they can get accurate, and transparent information and then debate responsible policies.
- The government should be careful not to mobilize all possible regulations aimed at controlling infection.
- Citizens also need to engage in various spaces where they learn, discuss, and participate to enhance citizenship and publicity.

Q & A



For more questions, email to Dr. Suk-Ki Kong (skong@snu.ac.kr)