



Characteristics of Korea's COVID-19 Response from the Standpoint of Democratic Governance

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※ Data are also available at the KOICA library website (<http://lib.koica.go.kr>).

Abstract

This report aims at assessing the impact of the COVID-19 pandemic in South Korea and other countries in terms of democratic governance in order to find out the common and different characteristics as well as lessons which can be applicable in other countries.

The Korean response to the COVID-19 has so far been considered ‘successful’ as a model that has faithfully followed the international standards and manuals provided by the WHO as well international human rights and democratic norms. The findings of this report are expected to be used as a useful reference for other countries, in particular, partner countries of the KOICA for effective development cooperation.

The report consists of the several chapters : the first part covers theoretical framework and international standards on governance and COVID-19, and the main part analyses impact and main characteristics of the COVID-19 in South Korea and provides international comparison among several selected countries in Europe and East Asia. Main emphasis in the analysis of the Korean experience, was given to the role of civil society, specially citizens participation in the response to the COVID-19.

The concluding part describes how the Korean government as well as the KOICA has responded to the COVID-19 internationally, and several recommendations were made with regard to the future tasks and strategies on the COVID-19 in terms of the SDGs and democratic governance, with focus on the Goal 16 and public diplomacy.

It is hoped that this report can be used for effective policy development for the development cooperation agencies as well as advocacy for civil society organizations internationally in particular partner countries.

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I. Characteristics of COVID-19, Overview of the COVID-19 Pandemic in Korea and the Korean Government's Response to the Pandemic

Having raised the contagious disease crisis alert level to "Severe" on February 23, 2020, the Korean government activated the Central Disaster and Safety Countermeasures Headquarters, formed to coordinate the COVID-19 response and led by the prime minister, and is making a pan-governmental effort to contain the virus.

Considering the expertise required in contagious disease response, the Central Disease Control Headquarters (Korea Disease Control and Prevention Agency) is functioning as the control tower in Korea's quarantine efforts. The role of the first deputy chief of the Central Disaster and Safety Countermeasures Headquarters and the chief of the Central Disaster Management Headquarters has been assumed by the Minister of Health and Welfare, who is supporting the quarantine activities of the Central Disease Control Headquarters, headed by the director of the Korea Disease Control and Prevention Agency. The Minister of the Interior and Safety (chief of the Pan-governmental Countermeasures Support Headquarters) is functioning as the second deputy chief of the Central Disaster and Safety Countermeasures Headquarters, providing such support as the coordination of the central government and local governments.

Each local government has formed a "regional disaster and safety countermeasures headquarters" led by the local government head, and is allocating patients to contagious disease treatment hospitals. When the capacity of a contagious disease treatment hospital is exceeded, the central government supplies sickbeds, personnel, and resources.

To contain the pandemic, the Korean government is managing the country's points of entry to intercept the import of the virus. Currently, there are a number of special

entry procedures in place. Entry into Korea by foreign nationals through the Chinese province of Hubei is banned. Toughened visa restrictions are imposed on persons entering from China and Japan. China (Hong Kong and Macau included), Italy and Iran have been designated as "special quarantine countries," and persons entering from these countries are required to undergo special quarantine.

Since February 4, 2020, all persons entering Korea from China have been subject to "special entry procedures." The application of these special entry procedures was subsequently expanded to include persons entering Korea from Hong Kong and Macau (Feb. 12), Japan (Mar. 9), Italy and Iran (Mar. 12), and the 5 major European countries (France, Germany, Spain, UK, Netherlands; Mar. 15), before being further expanded to apply to all persons entering from any country in Europe (Mar. 16) and then expanded again to apply to all persons entering Korea from any foreign country (Mar. 19).

As of March 19, as per the special entry procedures, all persons entering Korea from overseas, including Korean nationals, must undergo a body temperature measurement and complete a special quarantine report form and a health questionnaire. Persons to whom the special entry procedures apply must provide a verified phone number and address in Korea to be granted entry; they must also install a "self-isolator safety protection app" or a "mobile self-diagnosis app" for the detection of symptoms of infection during their stay in Korea, such as a fever. After this app has been installed on the smartphone of every person entering Korea, they must then check for any symptoms once a day for 14 days; any symptoms found must be recorded in the app. The names of all persons entering Korea are provided to every city and province of Korea to enable local governments to enforce strict surveillance.

There are measures in place to strengthen the quarantine of persons entering Korea from overseas. Following a sudden spike in COVID-19 patients around the world and an increase in the import of the virus into Korea from overseas by international travelers, as of midnight April 1 the Korean government has been imposing a 14-day isolation period on all persons entering Korea from abroad.

The isolation period starts on the date of entry and ends at midnight on the 14th day after entry. As of midnight April 13, all persons entering from the US are subject to a screening within 3 days after the start of the isolation period.

Any persons entering Korea from overseas, if found with a fever or respiratory symptom during the quarantine process, must undergo a screening; if diagnosed positive, such persons are transported to a hospital or community treatment center; if diagnosed negative, Korean nationals and long-term stay foreign nationals are put into self-isolation (14 days, self-isolator safety protection app installed), and short-term stay foreign nationals are put into isolation at a designated facility (14 days, mobile self-diagnosis app installed).

If no symptoms are detected on entry, Korean nationals and long-term stay foreign nationals arriving from Europe or the US must undergo self-isolation (14 days, self-isolator safety protection app installed) and receive a screening at a health center within 3 days; Korean nationals and long-term stay foreign nationals arriving from countries outside of Europe and the US must undergo self-isolation (14 days, self-isolator safety protection app installed) and receive a screening at a health center within 14 days.

Short-term stay foreign nationals entering Korea from Europe or the US without any symptoms must undergo a screening at the airport and then self-isolate (14 days, mobile self-diagnosis app installed). Short-term stay foreign nationals from a country outside of Europe or the US must isolate at a designated facility (14 days, mobile self-diagnosis app installed) and receive a screening within 14 days.

Persons entering Korea from overseas who are exempt from isolation (Persons with the visa type A1 (diplomat) or A2 (government employee), or persons who were issued a quarantine exemption from a Korean embassy or consulate general before arrival) must undergo a screening at a temporary screening facility and wait until the result is confirmed; if diagnosed negative, such persons must install the mobile self-diagnosis app and be under active monitoring for 14 days starting on the day after

the arrival date. The cost of screening and treatment of persons arriving from overseas is covered by the Korean government; living cost is not covered. A person arriving from overseas who does not abide by the isolation rules can be imprisoned for up to 1 year and/or fined up to ₩10 million for violation of the Quarantine Act and the Infectious Disease Control and Prevention Act; in such a case, the foreign national can also be deported and/or banned from re-entry as per the Immigration Act.

To stop the spread of COVID-19 through the early detection of infectees, the Korean government is operating screening clinics for ready access to screening. A large number of screenings is taking place quickly for the detection of infectees.

A screening clinic is where a person with suspected symptoms of infection, such as coughing and a fever, can receive a diagnosis before visiting a medical institute for health care. There are 638 health centers and medical institutes operating as screening clinics; 606 of these (95%) are capable of sample collection. More recently, drive-through and walk-through screening clinics have been set up. Diagnostic testing is being carried out in 118 locations: 23 of these are public institutes, 81 are medical institutes, and 14 are third-party testing institutes. Five diagnostic reagents have been approved for emergency use. The pool of testing institutes and the use of emergency-use diagnostic reagents have been expanded, and as a result, the maximum daily testing capacity has been increased significantly, from 3,000 persons in February to some 20,000 persons today.

When a patient is identified, the central government and local governments track the source of infection through epidemiological investigation and isolate contacts. An epidemiological investigation includes a patient interview to verify an infectee's movements and basic information; the infectee's doctor and family are also interviewed. If additional information is required, more objective information such as medical records, smartphone location data, CCTV data, and credit card records is collected and verified. Based on such collected information, the infectee is put into self-isolation, where they receive health education and monitoring for symptoms. Their movements are made public online to prevent further infections. Contacts,

including family members and cohabitants, identified based on the infectee's movements and the infection source identified through epidemiological investigation are put into self-isolation for the duration of the maximum incubation period (14 days), during which they are monitored for symptoms indicative of COVID-19 infection. Self-isolators are tightly managed by the Ministry of the Interior and Safety and local governments. Each self-isolator is assigned a case manager. Regardless of the presence of symptoms, self-isolators are banned from leaving Korea for 14 days. Violation of self-isolation requirements results in a fine of up to \10 million and/or imprisonment of up to 1 year.

As well as providing counseling to care for the mental health of the public during this pandemic, the Korean government is implementing up-to-date plans for managing the public's compliance with social distancing rules and for managing self-isolators. Such mental health counseling is provided by the COVID-19 mental health support foundation, in charge of counseling and self-isolator management, through the National Mental Health Center and mental health and welfare centers throughout Korea, which are overseen by the National Center for Disaster Trauma. The Ministry of the Interior and Safety (disaster trauma recovery support foundation) and the Ministry of Education ("Wee Center") as well as civilian organizations (psychologists' associations, counselors at community treatment centers, free phone counseling by the Korean Psychological Association) are also providing mental health service.

In the ongoing pandemic, there is a need to consolidate dispersed capacities into a unified effort to maintain the mental well-being of isolators and the public at large. The efforts made by the government in combating mental health issues resulting from the pandemic include the provision of counseling to willing patients and their family members through the National Center for Disaster Trauma and public mental health institutes; phone mental health counseling services (1577-0199) for self-isolators and the general public, operated by local governments through mental health and welfare centers; the distribution of mental health campaign materials to the public; and the operation of fatigue management programs for professionals on the front line of the

response to the pandemic, such as medical professionals. Through cooperation with the Ministry of the Interior and Safety and the Korea Forest Service, "companion plants" are being provided to self-isolators, and indoor gardens ("smart gardens") are being installed in the workplaces of frontline response personnel. In conjunction with the general mental health service provided to the public, intensive counseling by civilian experts and psychological treatment are scheduled to be provided to high-risk groups. To help medical personnel and government employees directly involved in the response to the crisis, the Korea Forest Service is planning to provide a "nature-healing program" free of charge. The government is on a constant lookout for mental health support programs that can keep the people's spirits high and comfort them in these troubling times, such as online cultural performances.

II. The Korean Public's Response to COVID-19

1. Outline of the Korean Public's Initial Response to COVID-19: Mass Education, Urgency, Cooperation of the Public

The Korean people experienced a number of national disasters prior to the COVID-19 crisis. How well was democratic governance achieved in those disasters? It's difficult to give a positive answer to this question. The consensus is that while such incidents were fraught with conflict and limitations, they served as an opportunity for mass education of the Korean public. Witnessing SARS, the Sewol ferry disaster, MERS, and the death of farmer Baek Nam-ki, the Korean people censured the government for its failure to do its duty. Criticism was not the only outcome of such disasters; they led to discussions, albeit slow-paced, on policy alternatives that can guarantee the safety of the people. Other disasters that promoted such discussions were the Fukushima Daiichi nuclear disaster and the yellow dust. With the terror of the Fukushima Daiichi nuclear disaster of March 11, 2011, and the notable worsening of the yellow dust since 2017, the Korean people were driven to take their safety and well-being into their own hands rather than wait for the government to provide solutions.

What stood out was the involvement of young women in such movements. Regrettably, that movement ended due to governmental monopoly during the Park administration and the impeachment of President Park Geun-hye. It was a painful lesson in how important the crisis management capacity of a political leadership is when it comes to obtaining public cooperation in national disasters. The Korean public learned that the government's crisis management capacity, the president's leadership, and the guarantee of these two factors through co-governance by the public were important in guarding their safety and well-being from the ubiquitous threats of contagious disease, yellow dust, and nuclear development. That is, the disasters that preceded

COVID-19 left the Korean public yearning not for governance based on some abstract ideology, but for structured and democratic governance.

Here is an outline of the key events in the COVID-19 pandemic in Korea. As <Table 1> shows, the effectiveness of the crisis management that took place based on Korea's unique contagious disease response model and its political leadership deserves attention. It can be seen that during the initial outbreaks, the Korea Disease Control and Prevention Agency took immediate action, first through the Central Disaster Management Headquarters and then through the Central Disease Control Headquarters, increasing the scale, range, and intensity of the response as the alert levels rose. The public, prioritizing the safety and well-being of local communities, voluntarily and strictly followed the government's quarantine guidelines. The Korean government's crisis management capacities of full-scale testing, speedy response, transparent information disclosure, and inducement of the cooperation of both the public and experts were the factors that made a significant contribution to the early success of "K-quarantine."

<Table 1> Key Events in Korea's Response to COVID-19

Date	Key event/governmental response
Jan. 20	Entry of COVID-19 detected during airport quarantine (first confirmed case). Contagious disease alert level elevated to "Alert."
Jan. 24	Second case of COVID-19 confirmed (arrival from Wuhan).
Jan. 26	Third case of COVID-19 confirmed (arrival from Wuhan).
Jan. 27	Contagious disease alert level elevated to "Warning." The Central Disaster Management Headquarters activated (morning of Jan. 27; 4 confirmed cases).
Feb. 4	Restrictions imposed on foreign nationals entering Korea from Hubei, China. "Special entry procedures" applied to persons entering Korea from China. Jeju-do's visa-waiver entry system temporarily removed.
Feb. 18	Thirty-first case (61-year-old Korean female) confirmed, the first of the infections at the Shincheonji church in Daegu.
Feb. 20	First death from COVID-19 (63-year-old male infected at Daenam Hospital, Cheongdo).
Feb. 23	Contagious disease alert level raised to "Severe," the highest level.
Feb. 26	Total confirmed cases exceed 1,000 (1,146).
Feb. 29	The largest increase in confirmed cases in 1 day (909).
Mar. 3	Total confirmed cases exceed 5,000 (5,186).

Mar. 7	Mask sales rationing system started (designation of purchase day by birth year).
Mar. 15	Daegu and certain areas of Gyeongsangbuk-do designated as "special disaster areas."
Mar. 22	"Strict social distance" started, restricting the operation of religious, entertainment, and indoor sports facilities. Stricter quarantine measures imposed on arrivals from Europe (two-week self-isolation, even following a negative test).
Mar. 27	Two-week self-isolation made mandatory for arrivals from the US.
Apr. 1	Two-week self-isolation made mandatory for all overseas arrivals.
Apr. 3	Total confirmed cases exceed 10,000 (10,062). First death of a medical professional (doctor of internal medicine in his 60s).
Apr. 4	Strict social distancing period extended by two weeks.
Apr. 18	Eighteen new confirmed cases, marking the first time in 58 days there were more than 10 new cases in 1 day.
Apr. 19	Social distancing, with lessened restrictions, extended to May 5.
Apr. 24	No COVID-19 deaths for the first time since Mar. 16 (39 days).
Apr. 27	Tracking wristband system for self-isolation violators introduced.
Apr. 30	A second-revised supplementary budget for disaster aid funding was decided in a plenary session of the National Assembly.
May 6	"Everyday social distancing" started. First confirmed case from Itaewon nightclub transmissions.
May 8	Administrative order issued banning the operation of entertainment venues, including nightclubs, for one month.
May 14	Anonymous COVID-19 testing system implemented nationwide. Following the Itaewon nightclub transmissions, ban on gatherings at entertainment venues, COVID-19 testing, ban on social contact ordered by local governments.
May 20	Return of high school year three students to school, as students' return to school is allowed in phases.
May 29	Strengthened quarantine measures applied to target areas in the Seoul area between May 29 and June 14.
Jun. 2	Strengthening of quarantine with the introduction of the electronic (QR code) sign-in system.

Source: COVID-19 and Democracy Research Team (June 2020)

For example, the Korean government immediately recognized the seriousness of COVID-19 and cooperated with a network of experts to carry out immediate testing. Shortly after the first case in Korea was confirmed on January 20, experts voluntarily shared their opinions and began close communication with the government. Having experienced a lack of communication during the 2015 MERS epidemic, the Korean government had created a systemic device that allowed such cooperation to take place and diagnostic kits to be approved as soon as possible. The medical sector also

contributed to an early control of viral spread by proposing the innovative testing method of "drive-through" testing. However, the overzealousness on the part of government bodies, particularly local governments, to keep the case count down led to the control of self-isolators through a tracking wristband system and the publicizing of infectees' movements, both of which raised privacy issues. The public identification of infectees and their backgrounds resulted in prejudice, discrimination, and stigma toward the socially disadvantaged and minority groups.

A political motive was suspected as being behind the Korean government's failure to implement restrictions on travel to and from China, and mass transmissions among the Shincheonji religious group, linked to the city of Wuhan, led to an explosive surge in infections in Daegu. Still, without locking down Daegu and Gyeongsangbuk-do, the government was able to stop the viral spread into other regions by enforcing strict social distancing measures.¹⁾ As <Table 10> above shows, the Korean government endeavored to stop transmission through strict social distancing. When Korea's first confirmed case of COVID-19 surfaced on January 20, 2020, all schools were shut down and large gatherings were restricted. On January 27, the contagious disease alert level was elevated from "Watch" to "Alert." On February 18, the case count exploded in Daegu and Gyeongsangbuk-do when mass transmissions occurred at the Shincheonji church in Daegu. In the wake of this event, the alert level was raised to "Severe," and the government enforced strict social distancing at level three, the highest. Between March 22 and May 5, the case count dropped thanks to strict social

1) "Social distancing" is a three-level quarantine measure enforced by the Korean government for contagious disease control. The activation of each level, from one to three, is determined based on the daily case count, percentage of unidentified transmission channels, mass transmissions currently being managed, and quarantine network occupation rate. At level one, known as "everyday social distancing," everyday socioeconomic activities continue while quarantine take place. Level two restricts non-essential outings, gatherings, and the use of group facilities; at level two, social contact is recommended to be minimized. At level three, all outings and gatherings other than those intended for socioeconomic activity are banned, and staying at home is recommended. Source: The COVID-19 Website of the Ministry of Health and Welfare (as of June 30, 2020)
http://ncov.mohw.go.kr/tcmBoardView.do?brdId=&brdGubun=&dataGubun=&ncvContSeq=355170&contSeq=355170&board_id=&gubun=ALL

distancing, and "everyday social distancing" (level one) began on May 6. However, mass transmissions occurred during the May 3-5 long weekend in nightclubs and bars in Itaewon, Seoul, making the transmission of the virus to other parts of Korea a possibility. Since June 5, community transmissions have been continuing in the Seoul area, with notable cases being the mass infection of a group of multi-level marketing/door-to-door salespeople and the attendees of small-scale social gatherings.

As <Fig. 15> shows, case counts soared in February and March, then fell to under 100 a day after mid-March, before reaching the current rate of around 50 a day (as of June). In June, a rise in transmissions of unknown origin in the Seoul area is causing concerns about a second wave of infection. The reproduction rate shows how many people a single virus carrier can infect: before the first confirmed case of the Itaewon nightclub transmissions, the reproduction rate was 0.5, but this rate subsequently increased to 1.9. In June, new confirmed cases who have been infected by routes unidentifiable by epidemiological investigation are rising, accounting for 8.9% of all confirmed cases, a rise from the previous level of 5%. This indicates a prominent risk of a second wave of infection. The ongoing pandemic is causing fatigue among medical professionals, government agencies, and their employees. It is high time that Korea deliberate on its policies, which it has been working so hard on for the glory of global recognition of "K-quarantine." The mass transmissions that began in the Seoul area are now spreading into the Daejeon and Gwangju areas. As Korean society is so tightly knit and social spheres are expanding, the government alone cannot carry the burden of disease control.

How much longer can this nation continue its socioeconomic activities while following strict quarantine rules to prevent the spread of community transmissions? Paramount to this is the public's voluntary participation and democratic co-governance by the government and the people. In the COVID-19 crisis, it is important that a mechanism of K-quarantine be created that keeps the Korean people wary of the government's regression to authoritarianism while strengthening

democracy through increased public participation. The lessons learned from a brush with SARS and MERS and the government's agile leadership proved valuable in Korea's initial response to COVID-19. As the crisis becomes a long-term one, the government's crisis management capacity and leadership will not suffice; there is an increasing need for the creation of democratic governance rooted in the people's voluntary participation.

2. Key Issues in the Response to COVID-19

It is undeniable that Korea set a standard for the world to aspire to with the way it handled COVID-19 when it first began to spread. But this successful initial response does not mean that Korea's quarantine mechanism is without its issues. If a developing country was to adopt Korea's quarantine model, it would be important to first create a mechanism for overcoming the major issues Korea encountered in its response, before providing a manual such a beneficiary country could refer to. Even after the success Korea achieved from its quarantine efforts, there are three major tasks still to be tackled. First, there is the issue of prejudice, discrimination, and stigma. Second, there is the issue of privacy violation from the ascribing of absolute value to quarantine. Third and last, there is the most important issue of inequality, or the deepening of social polarization. If, complacent with the achievements of K-quarantine thus far, these issues that will cause longer-term problems in Korean society are neglected, the effectiveness of quarantine will dwindle. Each of these issues will be examined from the three perspectives relevant to the democratic and public interests of the Korean people: public learning, public discussion, and public participation.

1) COVID-19 and the Resulting Prejudice, Discrimination, and Stigma: An Opportunity for Public Learning

The discovery of coronavirus carriers in Korea drew an acute reaction from the public.

Having experienced SARS and MERS, the Korean people reacted in terror. With a focus on the virus's origin in the Chinese city of Wuhan, a public outcry demanding that the Chinese be banned from setting foot in Korea resonated through a number of news media outlets. But the Korean government, rather than sealing off the borders, decided to control the virus through immediate testing and treatment, implementing staggered entry restriction measures. The public, deeming foreigners such as immigrants and international students potential virus carriers, objected to their entry into Korea. Such prejudice, discrimination, and stigma targeted at foreigners were particularly severe during the early stages of the pandemic in Korea. Discrimination against Chinese international students was particularly egregious. As of 2019, there were 71,067 Chinese students in Korea, accounting for 44.4% (160,165) of the entire international student population. Hatred born out of a desire for safety spread endlessly through social media, an indication of the Korean people's social mentality. It shows that the Korean people did not recognize that even as foreigners in Korea, these immigrants and international students are human beings that deserve respect, and indeed, are members of Korean society with roles that have a meaning therein. It makes it plain that in this day and age, the concepts of cosmopolitanism and inclusivity are still foreign to the Korean people.

The Korean public's reaction to the mass infection of the employees of a Guro call center demonstrates its readiness to exclude. Businesses around this call center are now suffering because their customers refused to visit. Prejudice, discrimination, and stigma are plaguing neighborhoods in which mass infections occurred or that are home to patients. It is exclusion to an extent that is reminiscent of older fears of such maladies as HIV, AIDS, leprosy, and tuberculosis. The same pattern of behavior could be seen when the mass infection of Shincheonji church-goers occurred. The stigma forced on the people of Daegu, where the church is located, and on Shincheonji as a collective was evident in shocking and disconcerting news reports and general communication that would lead one to believe that these people were criminals. Such stigmatization and prejudice can worsen the Korean public's inclination to exclude. The Korean people need to ask themselves if such harsh drawing of conclusions and

prejudicial and discriminatory reaction should have a place in our society. If Shincheonji indeed was a cult of dubious religiosity engaged in unethical practices that many denounce it as, rather than stigmatizing and discriminating against the people of Shincheonji, their punishment for such wrongdoings as questionable proselytism, breakup of families, and opaque accounting practices can be demanded in due course of law. Koreans' demonizing of certain groups in the process of quarantine is an issue of discrimination and an instance of human rights violation, which can lead to greater conflict within society. What is even more worrying is that, in addition to Shincheonji and foreigners, coronavirus patients are now a target of such prejudice, discrimination, and stigmatization.

"Confirmed case no. 00." The word begets hostility. It screams out, "Look out! Coming into contact with this person is dangerous." Paradoxically, this pandemic has a cleansing effect on the collective of "us." Do your best to stay safe and healthy, but that won't put an end to this pandemic. Contagious disease exposes the weakest link--it exposes the most vulnerable amid us. Most of the victims of the Guro call center mass infection were temps. We saw how appalling their work environment was. Huddled close together, they didn't even have time for bathroom breaks. Life is even worse for the 395,000 unregistered foreign laborers, the ones we call "illegal immigrants." Initially, these people were in a blind spot when it came to the mask distribution system. Even with the health authorities promising to turn a blind eye to their immigration status, telling them they have access to free testing, these people are hesitant to come out and get tested. Let's call this an act of charity. If we don't accept these "unregistered foreign laborers" as one of us, if we don't let go of our prejudice and discrimination against these neighbors of ours, this kind of charitable act will only be temporary and for "me," not for "us." 2)

Let us examine this phenomenon from the standpoint of public education, which Scholte emphasizes as one of the building blocks for improved democratic

2) Je-kyu Ko, "The Neighbors COVID-19 Brought Out." *Shisain* Vol. 653. (Mar. 24, 2020)

governance. COVID-19 has reminded the Korean public of the importance of life, public health, local community, and solidarity. On an individual level, by learning about such principles, values, or norms and agreeing with them, one experiences what is described as "cognitive liberation." One then ascribes the ultimate value to life and safety. Safety, life, welfare, and protection of the socially weak and vulnerable – these values must be continuously learned and practiced to be made our own. During the early days of the pandemic, the people were concerned only with the safety of themselves and their families. Now they are learning the value of collective safety – the lives of all – public health. They are learning that this pandemic cannot be defeated when each person is left to fend for himself. In addition to quarantine and hygiene rules, the people must be continuously given cultural education to achieve public health and safety. By practicing what they learn, they will master the art and ethic of safety. Social distancing, wearing of facial coverings, and self-hygiene are examples. The realization that the safety of others is one's own safety comes from public education on collectivism.

In short, it comes down to how the individual sees himself in society. Without a voluntary effort to recognize that the safety of others is just as important as one's own, striving for collective safety, and protecting lives, the war on COVID-19 will only become less effective as it drags on. Public education is important in achieving this. The long-term success of K-quarantine depends on the development of a mechanism of public learning. The government placing an absolute value on quarantine above all else and expecting the public to cooperate out of a sense of duty will not achieve this result. To induce the voluntary cooperation and participation of the public, opportunities for public learning must be increased to share accurate and transparent information, and deliver responsible policies that the public understands, believes in, and agrees with. This is linked to the improvement of Korea's management capacity, which is required for the long-term success of K-quarantine.

2) COVID-19 and the Risk of Master-framing: A Topic for Public Discussion

As the fight against COVID-19 continues, there is a risk of a master frame of "quarantine" making all policies subordinate to quarantine policy. As the pandemic continues for much longer than expected, violations of privacy and civil liberties are becoming increasingly common. Initial efforts in containing the pandemic included an excessive publicizing of virus carriers' movements, and controversy surrounding the human rights infringement this constituted ensued. Information that is not necessary for quarantine, such as residential addresses and places visited, was publicized, causing economic damage to businesses on and around the routes of infectees' movement. As such, on March 9, the National Human Rights Commission of Korea recommended that information that identifies particular individuals not be disclosed when publicizing infectees' movements. As the commission's Chairwoman Young-ae Choi stated, "the recent cases in which details of private life were exposed to an extent that was beyond what was necessary in the process of making the public aware of patients' movements are a cause for concern." Human rights groups also vehemently opposed the excessive disclosure of virus carriers' personal information for the sake of quarantine. In response, the government immediately set a new rule: as of March 14, the Central Disaster and Safety Countermeasures Headquarters is not releasing the home and work addresses of confirmed cases. However, when there is sufficient interest, it is still possible for members of the public to identify confirmed cases from personal information available on the internet.

The cause of excessive information disclosure can be traced back to local governments' desire for control. Local governments began to make demands that exceeded what was specified in the Central Disaster and Safety Countermeasures' manual for local governments. They are demanding that they be authorized to access individuals' card transaction histories.³⁾ The intent of these local governments is

3) Under the Infectious Disease Control and Prevention Act, the head of a local government can, for the purpose of "quarantine" and "prevention," restrict or ban gatherings and hospitalize or isolate individuals suspected of being infected with a contagious disease. The use of force is also possible. This kind of authority was brought to attention in the handling of the religious

understandable: to disclose information transparently in order to reduce the public's anxiety and protect them from infection. However, the issue is that there is no set standard based on which local governments announce information. Infectees' movements are identified through a verbal interview by an epidemiological investigator. GPS data, Drug Utilization Review (DUR) data, and credit card transaction details also serve as important data in identifying infectee movements. The issue here is that accessing such information can constitute a privacy violation. Local governments are demanding that they be granted direct access to DUR data and card transaction details. Such a demand for excessive data access can cause suspected infectees to cover their tracks and evade quarantine. The issue of privacy violation was also pushed aside during the 2015 MERS epidemic, as the task of stopping the spread of MERS took precedence. In the current pandemic, local governments are putting pressure on the central government to grant them an unprecedented level of access to personal information. They are fervent in their pursuit of all information possible for containing COVID-19, and under the banner of "transparency," "openness," and "sharing," are indiscriminately uploading detailed information on confirmed cases' movements in real-time, not only to their websites but also to social media. Thankfully, owing to the vehement objection of the National Human Rights Commission of Korea and local communities, personal and business information is being given better protection than it was initially. Still, the public discourse on the matter of information disclosure has been insufficient, and the attitude has largely

group Shincheonji. Local governments, which previously were without a designated epidemiological investigator, protested such a deficiency. Suwon and Yongin were two such local governments. Consequently, as the bill for a revision of the Infectious Disease Control and Prevention Act was passed by the National Assembly on February 26, local governments too will be able to have a designated epidemiological investigator. Local governments took the reins in acquiring mask inventories and in the direct supply of masks. They began notifying the public on how to purchase masks by emergency text message notification. On February 23, when the COVID-19 alert level reached "Severe," the entity responsible for announcing confirmed cases' movements changed from the Korea Disease Control and Prevention Agency to local governments. The almost competitive manner in which confirmed cases' information is disclosed by local governments stems from this change. Disclosure of information in such excessive detail is critically impacting individual human rights and even local businesses. Source: Dong-in Kim, "Individual Rights Under Fire from Local Governments' Administrative Race" *Shisain* Vol. 653 pp.32-33 (Mar. 24, 2020)

been one of acceptance. It is a matter on which public discussion is crucial, but the people are not realizing this.

Another key issue was the introduction of the tracking wristband system, a gross infringement of individual civil liberties. The central government and local governments need to be wary of being fixated on achieving early containment of the pandemic. Driven by this ambition, they are expanding the realm of quarantine to include the control of isolation breakers. Rather than searching for alternatives, the government decided to use the tracking wristband system, a digital surveillance system. Would the success of K-quarantine be worth celebrating if the ignominy of having used a digital system for the tracking and monitoring of infectees and contacts was attached to it? Some are even quick to jump to the conclusion that K-quarantine succeeded on the basis of IT capital and biodigital technology. It should be noted that, in such discussions, the most important thing is missing: the voluntary participation of the public. As the pandemic continues, community transmissions are occurring at such an increased rate that they are now out of the government's control — these cannot be stopped with the government's resources and administrative power. Whether the tracking wristband system contributes to quarantine or worsens the public's fear of contagious disease is a topic on which public discussion should be prioritized.

The government must govern through communication with the public that has the goal of drawing their consent and voluntary participation. Those who have been infected or were required to self-isolate know only too well about the prejudice and discrimination that such status entails. In our society, a superspreader is not afforded understanding and acceptance, but censure. As the pandemic is getting to the stage of becoming a new normal, it must be acknowledged that the issue is not superspreaders, but the metropolitan, "superspreadable" environment of Korea, the Seoul area in particular, in which contact with a large number of people is inevitable. The public must remember that anyone can contract the virus in an environment like this, and must practice such safety measures as social distancing and personal

hygiene. The public must be wary of crowded and sealed environments. Where possible, such environments must be prevented and avoided.⁴⁾ Social distancing should continue to be practiced, but it must be recognized that the tracking wristband system is an example of a privacy infringement. Prioritizing monitoring and control in quarantine is based on the logic that individual rights can be temporarily restrained for public safety. The right to safety does not conflict with the right to freedom; rather, they complement each other. The public must play an active role in providing quarantine and support to facilities and workers vulnerable to mass infection. Rather than leaving the responsibility for the quarantine of high-risk facilities and workers to the individual, the public must engage in active discussion to reach a decision on how best such a responsibility can be fulfilled.

Public discussion and the building of a social consensus on such matters involving the socially vulnerable and minorities, such as facilities for the disabled, poor work environments like the Guro call center, overworking of courier workers, female caregivers employed on a casual basis, and discrimination against refugees and foreigners, are of critical importance. Control of the COVID-19 pandemic must be approached with careful consideration of the human rights of the socially disadvantaged and minorities. Without such deliberation and discussion, K-quarantine will not be sustainable or applicable.

3) COVID-19 and Social Polarization: A Call for Public Participation

The success of K-quarantine does not mean that Korea's public health system is superior and successful. The predominant view is that it resulted neither from a stable public health system nor the active participation of an informed and cultured public, but that it is an expedient system that has endured the pandemic owing to the

4) After the mass infections at the Itaewon nightclubs, the health authorities, emphasizing that unregistered foreign laborers too must be tested to make quarantine effective, demanded an active approach to their testing. However, whether such a policy would be expanded to guarantee such illegal immigrants their rights to health and to allow their contribution to public health as members of society is not yet known.

government's active containment measures, the public's cooperation, and the sacrifices made by medical personnel. Is such a quarantine strategy sustainable? The virus has encroached on all areas of society; there is now a need for socioeconomic and psychological quarantine. In particular, there must be policy support for such socially disadvantaged groups as the elderly, children, the disabled, immigrants, and workers in certain categories. The shutdown of public facilities and the reduced availability of social welfare service are causing them greater disadvantages. It must be noted that such workers as caregivers and couriers are at a greater risk of exposure to COVID-19.

Efforts to expand the quarantine and public health systems through co-governance by local governments and the public are being made from the bottom up. For example, on March 12, when a sharp upward spike in new cases began, the city of Hanam turned the first floor of one of its public libraries into a "respiratory infection clinic" and provided health services. As the case count mounted, when a patient visited a private clinic, that clinic would immediately be shut down, resulting in severe economic losses; for this reason, private clinics started to avoid suspected COVID-19 patients. Even though the government issued grants to clinics that were forced to shut down due to COVID-19 contact, the grant alone was generally not sufficient. Recognizing such a problem, the government of Hanam provided public health service through government-civilian cooperation so that anyone could receive a screening with peace of mind. Eleven doctors volunteered their services at that respiratory infection clinic set up in a public library in Hanam. This screening clinic, established through government-civilian cooperation, can serve as a good model for a public relief hospital. If case counts rise beyond the capacity of such a makeshift clinic patients would have to be transferred to other public medical facilities, but the fact that the residents of Hanam can receive health care in their local community will strengthen their sense of belonging.

Let us now examine the key areas of public participation, which are the wearing of facial coverings and social distancing. Koreans are generally receptive to wearing

masks because of their experience with SARS and MERS, and more recently, yellow dust. On the other hand, most westerners avoid wearing masks. As at the beginning of the pandemic in Korea there were not enough masks for everyone, and Koreans did not wear masks strictly – the outcome was a gap in quarantine. COVID-19, with its powerful communicability, spread at a speed that the public health system could not handle. Both the government and the public failed to realize the magnitude of the threat that COVID-19 presented. The erroneous judgment that the medical system of a developed country could contain the virus, despite the warnings of experts, ahead of such politically important events as the US presidential election and the Tokyo Olympic Games, was a main reason why early containment failed. For Koreans, wearing of masks has already become a way of life because of yellow dust. With increased awareness of the right to health, life, and the environment, they were able to conform to quarantine rules.

However, the public lapsed in its conformance to quarantine rules. As the alert level was lowered and the public was told to practice "everyday" quarantine measures, people gradually let their guard down and reverted to their old way of life. What kind of participation should be expected of a cultured member of society? The people may go on living their lives, but with strict social distancing. The public, through mass media, including social media, is constantly reminded of the pandemic they are in through campaign materials and text message alerts on new confirmed cases. Gatherings of people who were recently overseas should be avoided, anyone with a fever should stay home, and venues should be well ventilated and 2 to 3 times larger than pre-COVID-19. When attending events, body temperature must be checked, masks worn, hand sanitizer used, and personal details recorded. How well these rules have been followed is something each person should ask himself. There have recently been group infections because these rules were not followed at small-scale events. This indicates a lack of one of the defining characteristics of a cultured individual: respect for others. Each and every person must form a habit of following the basic rules of COVID-19 safety. Korean society has long been disgraced by accidents that bring its capacity for safety and prevention into question. A cultured member of

society cannot exist without rights and participation. A crisis like the current pandemic cannot be overcome without the members of society looking out for one another, regardless of nationality, race, religion, locality, gender, education, and socioeconomic standing. It must be remembered that contagious disease does not discriminate.

Schooling is an area in which the public's participation in quarantine has been tested. With children stuck at home for months, relying on online education, both parents and children reached a breaking point. Even with the reopening of schools being postponed multiple times as a result of decisions reached through discussions between the superintendents of education for local governments and health/medical experts, there has been a shared understanding among the public, and efforts were made to heed the words of the public from the bottom up, resulting in strategies such as the reopening of schools one grade at a time. However, the public did not actively participate in the process of deciding on the return to school and coming up with follow-up measures. The decision to reopen schools was largely fueled by politics. That is, schools had to operate according to the school calendar so that child care, education, and enrolment could take place as scheduled. It must be remembered that schools can start a second wave of infection. The health authorities provided every school with 31 safety guidelines, but their strict implementation is difficult in a school environment. With guidelines applicable to specific situations not established, the Ministry of Education created a clause on exemptions so that decisions could be made by school heads and even teaching staff. As such, schools can be source of community transmission. Children infected but without symptoms can infect their parents, who then go on with their socioeconomic activities, infecting more people. With mass infections continuing in the Seoul area, social distancing must be practiced rigorously to prevent the spread of the virus into schools. People can selfishly think that quarantine is achieved if they themselves do their part. With the continuing of socioeconomic activities to minimize the socioeconomic impact of the pandemic, it is difficult to predict how well the public would accept a return to practicing the highest level of social distancing. Schools are running both online and classroom-

based curriculums. As school lunches are being provided in accordance with the quarantine rules, their quality has decreased. With students strictly abiding by the social distancing rules at school, students, teaching staff, and parents alike are questioning whether the children should be attending school in such a manner.

The government cannot merely continue to demand that the people tolerate the inconvenience of the pandemic. The people themselves should also do away with their passivity of relying on the government to solve all the problems, and actively seek alternatives. The people must come together in finding and implementing alternatives that can guarantee the students their right to education, while ensuring that effective quarantine takes place to guarantee everyone their right to safety. If the public does not come up with such an approach, issues in education, care service, and health can only be resolved at an individual level; this will only worsen the social polarization experienced by the socially disadvantaged and minorities and lead to a loss of public confidence in the government, the system, and the local community, resulting in frequent outbreaks of conflict within society.

3. The Task COVID-19 Presents to the Public

So far, I have examined the key issues that affect the public interest in the response to COVID-19. How much sacrifice can individual freedom and human rights endure for the sake of public health? Is a social consensus being built? The question of whether the public took an active approach to achieving public discussion and consensus should be examined. Without public learning, discussion, and participation, the exercise of government power with the objective of reaching a zero count of COVID-19 cases will be futile. The speed, scale, and range of the transmission of COVID-19 must be more closely analyzed. Proper functioning of public agencies and the fulfillment of their "public" nature depend on the trust of the people. A government that employs all possible measures to contain the pandemic is an overambitious one. Collective control through democratic co-governance is the

right solution. But is the public ready to engage in such collective control? Is there a sound framework of cooperation among the public and its various groups for the management of a contagious disease like COVID-19? Why are the public's volunteer activities not taking place sustainably? The following section will examine the task the Korean public faces in the response to COVID-19. It is a task for the individual, for the different regions of Korea, and for achieving global solidarity.

1) Repurposing of the Public

In this era of socioeconomics, global development cooperation, and immigration, Korean society is undergoing an expansion in the areas of support for the socially disadvantaged and minorities, and of volunteer work. Advocacy-based activities of the past are being replaced by social services, and there is an increasing number of groups engaged in stable activity under co-governance with the government. Such groups, executing tasks on behalf of the government, are sometimes criticized as being agents of the government without the autonomy befitting a civic group. The civic groups are becoming increasingly diverse, and their boundaries frequently converge and overlap.

However, a look at the activities of civic groups in the response to COVID-19 shows a gross deficiency in the overcoming of such boundaries and in their cooperation. No civic group could be seen actively responding to the pandemic. With most of the public working from home due to the social distancing measures brought about by this unprecedented situation, normal activities and businesses could only be put on hold or reduced. But the fundamental objective of the activities of civic groups is to improve public consciousness. Public education in the fulfillment of civil duties is of great importance. The reality is that this point has been missed by the public. While the people are in agreement that such public education is necessary, as energy and resources are divided between various projects, sustainability is not being achieved. There are a number of educational programs being provided under various names such as public value education, democratic collective education, and global society

education, but rather than being the positive outcome of cooperation between civic groups, they are the domain of larger civic groups. Through such experience, civic groups were faced with the task of repurposing in the course of the response to COVID-19.⁵⁾ Faced with the threat of contagious disease as a collective, civic groups from different regions must cooperate in quarantine, volunteer work, and the collection of resources. Civic groups must set a collective object toward which they can cooperate on a regional level, and must ensure that cooperation continues on a regional level. Civic groups should not be watching the government's response to the pandemic from a safe distance; they should set the objectives of their activities in a way that improves the safety and well-being of local communities, and engage in active response on a regional level. In other words, a change in the collective objectives of civic groups is required. Merely engaging in policy advocacy activities will not do their cause justice (Seok-ji Kong, et al., 2018).

Granted, as the pandemic continued and brought a number of social issues to the surface, civic groups responded in the manner in which they were accustomed. Human rights groups issued joint statements denouncing instances of privacy violation by the health authorities. As COVID-19 caused greater social polarization, civic groups united in demanding that the government provide socioeconomic quarantine through quarantine policies that transcend the domain of public health. What is regrettable is that these civic groups did not take action when the pandemic first began. They did not take the lead in creating opportunities for discussion on and participation in public health and COVID-19, and in public learning and the role of the people. Repurposing of civic groups is required in this regard, as there is a great possibility that society may be hit with another contagious disease like COVID-19. When civic groups are repurposed to create opportunities for public learning, discussion, and participation, such activities as volunteer work and donation will take

5) Brechenmacher, Saskia, Thomas Carothers, & Richard Youngs "Civil Society and the Coronavirus: Dynamism Despite Disruption" Carnegie Endowment for International Peace. April 20, 2020.
https://carnegieendowment.org/files/Brechenmacher_Carothers_Youngs_Civil_Society.pdf

place more effectively.

2) Volunteer Activities: The Importance of Coordination

One of the factors to which the early success of K-quarantine can be attributed is the voluntary participation of the public in the form of volunteer work and donation. The Korean people have a history of making sacrifices in times of national disaster. A recent example is the public's involvement in the gold collection movement aimed at financially supporting the government during the 1997 Asian financial crisis. When COVID-19 exploded in Daegu and Gyeongsangbuk-do, many medical professionals and volunteer workers gathered in the region to provide support. Members of the public who could not provide frontline support gave donations. Community Chest of Korea, a nonprofit organization, collected donations amounting to ₩107,981,329,580 as of April 30. This fund was used for quarantine and hygiene (₩40,104,054,321), living support for the socially disadvantaged (₩22,188,615,056), welfare service supplementation (₩7,734,759,130), and support of medical personnel, volunteer workers, and patients (₩10,709,047,451).⁶⁾

Volunteer work of various types was executed. As of June 2, 622,709 volunteer workers provided their service. The table below shows a summary of volunteer work by region and type.

6) See the details of the donations collected by the Community Chest of Korea on its website (<https://chest.or.kr/ca/specmys/initCovid.do>). As of June 18, the Red Cross had collected ₩43,030,204,000 in donations and ₩34,424,943,000 worth of donated items (https://www.redcross.or.kr/donation_campaign/202003/index.do#n). As of June 18, Hope Bridge Association of the National Disaster Relief had collected ₩95,784,841,713 in donations (<https://relief.or.kr/hope>).

〈Table 2〉 COVID-19 Relief Volunteer Work by Region and Type

Region	Total (persons)	Type of volunteer work							
		Quarantine/ disinfection	Campaign	Counseling	Isolator support	Distribution of goods	Manufacture of goods	Pharmacy support	Other Farming support Misc.
Total	622,709	289,803	54,126	8,603	3,396	59,100	131,408	19,018	7,418 49,837
Seoul	64,713	27,953	21,001	2,044	9	3,396	7,481	64	0 2,765
Busan	48,851	23,803	2,987	842	1,023	3,510	12,553	594	0 3,539
Daegu	12,241	2,131	2,293	1,332	8	2,814	1,675	23	124 1,841
Incheon	57,179	39,910	60	146	167	5,510	8,826	476	- 2,084
Gwangju	28,342	18,578	2,166	200	294		5,385	690	
Daejeon	9,030	2,004	876	-	33	1,492	3,517	753	- 355
Ulsan	22,387	9,869	769	0	0	1,663	5,026	2,789	0 2,271
Sejong	4,946	1,926	426		32	446	813	801	422 80
Gyeonggi	133,942	54,883	11,452	1,027	338	19,491	28,870	5,520	60 12,301
Gangwon	42,279	11,576	1,952	495	72	2,082	18,324	402	1,974 5,402
Chungbuk	24,228	15,039	202	3	0	401	5,179	1,012	1,119 1,273
Chungnam	29,582	9,739	1,598	255	443	2,655	8,766	88	248 5,790
Jeonbuk	19,839	6,954	1,216	34	89	3,510	4,568	1,286	859 1,323
Jeonnam	33,631	11,586	2,020	688	69	6,144	7,213	767	1,024 4,120
Gyeongbuk	31,276	23,379	1,628	22	752	301	3,849	283	0 1,062
Gyeongnam	28,027	5,050	2,427	-	5	4,613	7,306	2,942	1,303 4,381
Jeju	32,216	25,423	1,053	1,515	62	1,072	2,057	528	285 221

Source: Seoul Volunteer Center (<http://volunteer.seoul.go.kr/>)

Let's take a close look at the types of volunteer work performed.⁷⁾ First, volunteers made masks. The volunteer center of Yangcheon-gu is executing a program in which volunteers who own a sewing machine make masks at home. Volunteers who are members of a sewing learning group made and delivered some 2,000 masks to the needy. In Chungcheongnam-do, volunteer workers, working out of a defunct library, made 1,500 masks, on average 200 a day, and delivered them to the elderly and children in the region (set of 2 masks each). In Daegu, volunteer workers made filter-replaceable cotton masks and delivered them to medical volunteers. A video showing how these masks were made was shared with the public.

Second, a campaign to support the residents of Daegu and Gyeongsangbuk-do, which endured a particularly severe economic impact from COVID-19, was carried out. The Suseong-gu volunteer center of Daegu posted an indoor exercise video which included a message of good wishes to help residents get through the pandemic. The residents of Gwangju also produced campaign videos at local children's centers and multicultural volunteer centers, and shared them to express gratitude to the medical personnel and volunteer workers who were taking part in quarantine and treatment in the Daegu area. Hashtag messages of good wishes were shared through social media. Examples include #Volunteer_work, #Stay_safe_Daegu_Gyeongbuk, #Medical_personnel, #Safe_Korea, #Safety_campaign, #Volunteer_centers_are_here_for_you, #Stay_strong. These messages boosted the morale of all those negatively affected by the pandemic.

Third, volunteer centers ran campaigns encouraging the consumption of local goods to alleviate COVID-19's economic impact. Employees of the Andong volunteer center voluntarily spent 5% of their earnings on the purchase of vouchers, which they then used for groceries at local traditional markets. The creative drive-through screening clinics were used for donation campaigns. The Daedeok-gu volunteer center of Daejeon accepted donation items using a drive-through system so that donors did not have to get out of their cars. Household essentials, food items, hand sanitizer, and

7) Seoul Volunteer Center data has been interpreted (<http://volunteer.seoul.go.kr/>).

personal protective equipment were donated to the volunteer center of Daegu by some 151 entities, including individuals, families, and groups. Farming regions experienced a shortage of workers, as the closing of the borders due to the pandemic cut off the supply of immigrant workers who normally provide much-needed labor during the peak farming season. In response, the volunteer center of Jeonju, to provide assistance to local farming families experiencing hardship due to COVID-19, cooperated with Jeonju Food Foundation in promoting the sale of local food products through social media and in providing volunteer work in such areas as the packing of food products in an effort to generate revenue for local farming families. The volunteer center of Jeollabuk-do assisted local farming families who were experiencing difficulty selling their produce by purchasing their goods, which were then used to prepare various traditional, healthy food items and donated to some 136 needy households. The volunteer centers of Gyeongsangnam-do and Milyang joined forces to hold a "drive-through market" at which eco-friendly produce was sold on behalf of local farming families hit hard by the pandemic.

Last, the volunteers worked hard in quarantine activities. Some 200 volunteers of the volunteer center of Gyeongsangnam-do engaged in quarantine activities. Friday of every week was designated as "quarantine day," and on these days volunteers are still taking part in ongoing quarantine activities. The volunteer center of Muju-gun carried out quarantine activities in collective facilities that did not receive the local government's quarantine measures such as outdoor sports facilities, playgrounds, banks, and police stations. As can be seen, in this pandemic the Korean public demonstrated its willingness to help and sacrifice. Volunteers provided valuable services directly and indirectly to the residents of Daegu, the city hit the hardest by the pandemic, as well as rural farming families and socially disadvantaged groups such as temporary workers and the elderly.

As can be seen, volunteer workers, through volunteer centers, served the community through performing various types of volunteer work. However, there is a sustainability issue with volunteer work provided by volunteer centers. It lacks a

framework for stable cooperation, as volunteer work, campaigns, and funding take place on a case-by-case basis. In a national crisis like the current pandemic, volunteer work provided on a one-time basis does not suffice. Volunteer work must be performed on an ongoing basis and in increasingly varied forms. People, money, and time are needed, not to mention the most important factor of coordination. The role of a coordinator is critical, as it communicates, sets procedure, and induces cooperation on determining which region, which facility, or who needs what kind of help from what kind of people and how. In short, networking is needed. In Korea, volunteer work performed by the public lacks coordination of its organization, including the organization of areas in which volunteer work is performed, of communication between areas served. There is a system of vertical communication between the central and provincial regions of Korea that achieves a degree of organization, but there is a lack of horizontal connection and coordination within regions. Anyone is able to assess whether the many volunteer workers and donated items and money are distributed and utilized appropriately where needed. It is the system of rough estimation that is untransparent. As was seen in the case of Korea's nonprofit sector, the activities of different groups overlap with each other and abundant cooperation is taking place, but there is still no manual for achieving public health and safety through a collective quarantine effort. If this is not done by the government, the nonprofit sector must work to jointly prepare a manual on how the public can contribute to the provision of public medical service for emergency response through the coordination of different regions and of Korea as a whole.⁸⁾ The barrier between the public and volunteer groups must come down so better communication and cooperation can occur. The pandemic is spurring such coordination and cooperation.

8) The US Centers for Disease Control and Prevention distributed the manual "Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health" in October 2018. A revised edition was released in 2019. Download link: (<https://www.cdc.gov/cpr/readiness/capabilities.htm>)

3) COVID-19 and a Value Shift

Korea went through an accelerated industrialization period, achieving development of its industries in a very short span of time. It was then completely exposed to neoliberalism in the age of globalization, which caused its severe social polarization (Hyun-jin Lim, Seok-ki Ko, 2014). It was during Korea's resorting to socioeconomics or local community as a reaction to such social polarization that it was met with the pandemic. Is the Korean public taking its response to the pandemic as an opportunity to deliberate on the health and medical system that is responsible for its safety and health? If the government is too preoccupied with promoting the effectiveness of K-quarantine to the world, it will commit the grave error of losing this opportunity. This deliberation means a value shift, under which the people themselves tend to their public interests.

Korean society created a value system that exalts development, growth, and anti-communism. Values such as safety, life, welfare, the social safety net, and the public interest are unfortunately at the bottom of this value system (Chang-yeop Kim, 2013). Now is the time for a shake-up of this value system. In times of authoritarianism or despotism, such conflict and competition did not occur in a democratic fashion in Korea. Public health cannot be approached with the camp logic of the progressive or the conservative. Built on Confucianist familism, Korean society prioritized nationalism, pride, and national dignity. But true national dignity results from a value shift toward public consciousness, solidarity, and transnational cooperation. The Korean government should not let the success of its initial quarantine efforts feed its nationalism. The Korean public has much to learn from the modern Japanese public.

As can be witnessed, Japanese society is facing many issues in its response to the pandemic due to certain unique political and sociocultural traits. The Japanese people were enticed by their government's publicized intention of hosting the Olympic Games for an economic revival. As a result, the Japanese public could not censure the Abe administration for its failure to immediately respond to COVID-19.

This shows the flaw of nation-centric thinking. The reason why the Japanese government could not take immediate action was because there is a deep-seated "manual" culture. Because it is not customary to take action that is not specified in a manual, Japan, rather than demanding a political decision by the leader, relies on textbook instructions. By no means are manuals not important. However, a manual culture leaves no room for innovation and taking chances; there is only room for passivity and adaptation. The typical Japanese individual abhors causing others harm and is mortified when it happens. In this regard, the Japanese public must work together on overcoming its individualism, which can be interpreted as passivity. The first step to take in this direction would be the creation of a quarantine manual by the public. Japan cannot be topped when it comes to disaster management, but it still does not have a manual for the control of a contagious disease like COVID-19. Rather than passively waiting for the government to provide a manual, the people of Japan should take action and create one themselves.

The Korean public must remember that if nation-centrism or nationalism that emphasizes the effectiveness of regulation in the current pandemic prevails, the individual can regress to a state of passivity. The society we need is one in which people embrace and share the democratic public culture of respecting one another and their privacy regardless of nationality, religion, race, gender, education, and occupation, and of creatively participating in the local community. However, this is far from the reality. Couriers must carry unreasonable workloads, and platform workers must keep searching for new business. Workers in such unstable categories as caregivers and call center workers are under great stress. The transformation of the public into one that provides the socially disadvantaged, such as immigrants and refugees, with improved access to health and safety information and resources, and that accepts and respects them so they do not feel isolated, is another task COVID-19 presents.

III. The Korean Government's Diplomacy for COVID-19 Response

The Korean government's COVID-19 response can be divided into domestic and international response. A week after the first confirmed case in Korea was identified on January 20, the Central Disaster Management Headquarters, led by the Ministry of Health and Welfare, was activated, on January 27. With the virus spreading across the country, on February 23 the Central Disaster and Safety Countermeasures Headquarters, headed by the prime minister, assumed responsibility for COVID-19 control. The Ministry of Foreign Affairs, having formed a task force for COVID-19 response, provided information in English on its website opened on May 25.

The Korean government's international response and cooperation can be divided into the president's bilateral and multilateral conferences and diplomatic activities and the Ministry of Foreign Affairs' activities. The latter can be divided into bilateral medical support and cooperation to aid countries struggling with the pandemic, and multilateral ventures such as conferences with international agencies.

1. COVID-19 Diplomacy: Principles and Direction

In his May 10 special address on the third anniversary of the start of his term, President Moon gave an outline of the government's COVID-19 response thus far and described the 4 tasks it faces: the first is navigation of the post-COVID-19 era through creative economy, the second is the improvement of the employment safety net through a dramatic expansion of employment insurance coverage and support for job seekers, the third is the execution of the national project called the "Korean New Deal" for job creation, and the fourth and last is leadership in international solidarity and cooperation aimed at protecting the lives and safety of people.

The fourth task sets the tone of Korea's human rights diplomacy. President Moon spoke of "human security" as the core concept of post-COVID-19 international cooperation. He also emphasized that support and cooperation that aims at aiding developing countries and countries with underdeveloped health systems will pave the road to diplomacy and cooperation for peace between North and South Korea.

At the G20 Virtual Summit, the Virtual ASEAN Plus Three Summit Meetings, and the World Health Assembly, President Moon gave an outline of Korea's quarantine experience and foreign policies. A summary of the Korean government's COVID-19 response system based on the policies of the Ministry of Foreign Affairs and other governmental agencies is shown in <Table 3> below.

<Table 3> Framework of COVID-19 Response of the Korean Government/Ministry of Foreign Affairs

Classification	Details	
Core values	• Freedom for all, solidarity and cooperation for freedom, mutual trust and acceptance (President Moon's World Health Assembly address) • Human security (President Moon's three-year anniversary special address)	
Three core principles	Openness, transparency, democracy (President Moon's G20 Virtual Summit address)	
Execution principles	"Trust" card news campaign	
	Card news campaign phase 1 (early March) Transparency Robust Screening and Quarantine Unique but Universally-applicable Strict control Treatment	Card news campaign phase 2 (early April) Transparency Responsibility United Actions Science and Speed Together in Solidarity
Execution strategies	Sharing of quarantine experiences through human support International cooperation in the development of vaccines and treatments Maintenance and improvement of international health regulations on contagious disease management	
Execution sub-strategies	3Ts of Test, Trace and Treat & Civic Participation, (Ministry of Foreign Affairs)	

2. World Health Assembly

President Moon's address at the May 19 World Health Assembly, titled "Freedom for All," emphasized the need for "solidarity and cooperation" and "mutual trust and acceptance" for freedom. The address concluded by pointing out three tasks.

- Humane support and sharing of quarantine experiences to aid countries with underdeveloped health systems
- International cooperation for the development of vaccines and treatments
- Maintenance of and improved adherence to the International Health Regulations

3. Multilateral Summits on COVID-19

The 2020 G20 Virtual Summit, chaired by Saudi Arabia, and the Virtual ASEAN Plus Three Summit Meetings, chaired by Vietnam, both took place in March. The Korean government is scheduled to hold a virtual summit meeting with the new leadership of the EU on June 20.

At these summit meetings, President Moon shared the experiences of the Korean government in its COVID-19 response. He outlined the Korean government's principles and strategies in its COVID-19 response and proposed the strengthening of international cooperation.

1) G20 Virtual Summit

At the G20 Virtual Summit and the ASEAN Plus Three Virtual Summit Meetings, President Moon encapsulated Korea's principles in its approach to COVID-19 as "openness, transparency, and democracy."

He then proposed the following:

- ① Sharing of quarantine experiences and clinical data between member countries;

development of vaccines and treatments; cooperation in supporting countries with weak health/medical systems

- ② Implementation of comprehensive (economic) policies to strengthen the global financial safety net and support the economic stabilization of underdeveloped countries
- ③ Maintenance of economic exchanges between countries (exchanges of essential personnel such as scientists, doctors, businessmen)

2) ASEAN Plus Three Virtual Summit Meetings

At the April 16 ASEAN Plus Three Virtual Summit Meetings, President Moon again emphasized the "openness, transparency, and democracy" of Korea's approach to COVID-19 and proposed the following.

- ① Bilateral and multilateral cooperation by region to facilitate the timely supply of quarantine and medical supplies to the people who need them
- ② Sharing and joint use of quarantine information and clinical data to strengthen regional health cooperation systems
- ③ Maintenance of economic exchanges, personnel exchanges; continuation of trade and investment; maintenance of the flow of food supplies

3) Korea–EU Virtual Summit Meetings

At the July 1 Korea-EU Virtual Summit Meetings, President Moon engaged in a number of discussions on cooperation in the COVID-19 response. The leaders shared their countries' experiences in the COVID-19 response in the areas of health and the economy, and took part in wide-ranging discussions related to mutual support.

The development of cooperation between Korea and the EU was assessed based on the three core agreements (the Framework Agreement, the Free Trade Agreement, and

the Crisis Management Agreement). The leaders, acknowledging the 10th anniversary of the strategic partnership between Korea and the EU, agreed to work toward even more forward-looking and mutually beneficial cooperation in a wide range of areas including the economy, commerce, digital technology, environment, and energy. Recognizing that progress in North-South Korean relations and peace on the Korean peninsula are necessary for world peace and stability, the leaders agreed on mutual support that aimed at producing such an outcome.

The leaders also recognized the importance of a joint response to such international issues as climate change, protectionism, and cyber security, and agreed to strengthen their cooperation in combating these issues.

〈Table 4〉 Agenda Items of Major International Conferences and the Korean Government's Proposals

Conference	Key agenda items and proposals
G20 Virtual Summit (Mar. 26, 2020)	① Sharing of quarantine experiences and clinical data between member countries; development of vaccines and treatments; health/medical support of developing countries ② Strengthening of the global financial safety net through comprehensive (economic) policies; support for the economic stabilization of developing countries ③ Maintenance of economic exchanges between countries (exchanges of essential personnel such as scientists, doctors, businessmen)
ASEAN Plus Three Virtual Summit Meetings (Apr. 16, 2020)	① Bilateral/multilateral cooperation within regions for timely supply of quarantine and medical supplies to the public ② Sharing of quarantine information and clinical data through strengthening health cooperation within regions ③ Continuation of economic exchanges, personnel exchanges, trade/investment, essential flow of food supplies
World Health Assembly (May 19, 2020)	Solidarity and cooperation for freedom ① Humane support of countries with poor health systems; sharing of quarantine experiences ② International cooperation in the development of vaccines and treatments ③ Maintenance of regulations such as the International Health Regulations; strengthening of adherence to regulations
Korea-EU Summit Meetings (Jul. 1, 2020)	Sharing of COVID-19 response experiences in the health and economy sectors; mutual support "Green new deal" partnership The Second P4G Summit Meetings (Korea, 2021)

4. Global Friendships for Support and Cooperation

For the purpose of strengthening global governance, the Korean government initiated the formation of the "Group of Friends of Solidarity for Global Health Security" in New York on May 12, the "Support Group for Global Infectious Disease Response" in Geneva on May 20, and the "Group of Friends for Solidarity and Inclusion with Global Citizenship" in Paris on May 26.

The "Group of Friends for Solidarity and Inclusion with Global Citizenship," a human rights diplomacy group meeting chaired by Korea, was attended by Armenia, Austria, Bangladesh, Colombia, Italy, Jordan, Kenya, the Philippines, Serbia, and Senegal. This group functions as a platform for a joint response to human rights violations associated with COVID-19, such as hate crimes and racial discrimination.

The Ministry of Foreign Affairs undertook the following COVID-19 diplomacy activities.

- Supply of medical and quarantine supplies
- Support of medical supplies export
- Supply of facial coverings to Korean War veterans (marking 70th anniversary of the Korean War)
- Safe return of Koreans abroad
- Protection of Koreans residing abroad
- "Stay Strong" campaign
- Anti-racism campaign of the Voluntary Agency Network of Korea

The Minister of Foreign Affairs' interview with foreign press: CNA (Singapore), BBC (UK), DW (Germany), France 24, ABC (US)

Chapter 5. Characteristics of Korea's COVID-19 Response and Democratic Governance, and Indications

Dubbed "K-quarantine," Korea's response to the COVID-19 pandemic resulted in news articles and reports with varying perspectives from both domestic and international press and research entities. The majority mention crisis management leadership, public health governance laws, information communication technology infrastructure, and public participation as the factors behind the success of Korea's quarantine measures.

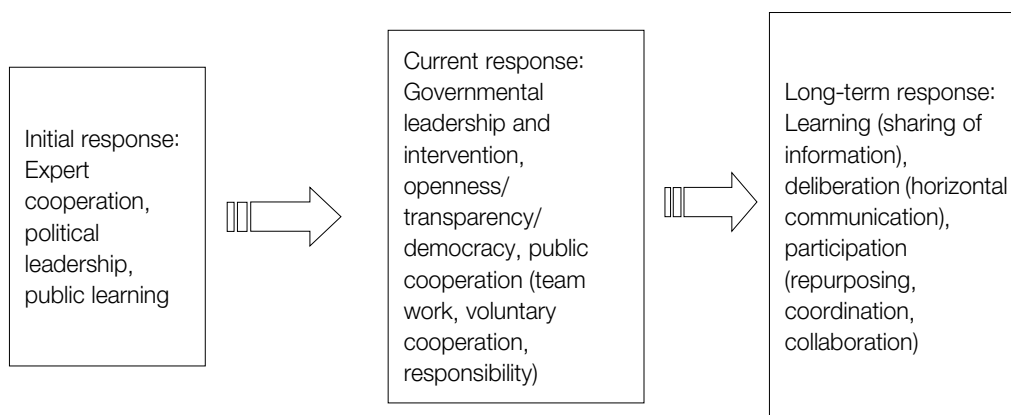
The following is a summary of foreign press reports on the characteristics of Korea's quarantine based on keywords.

〈Table 5〉 Characteristics of Korea's COVID-19 Quarantine as Described by Domestic and Foreign Press

Area	Key characteristics and elements
Leadership	• Effective leadership in crisis management • Expert-centric policy decisions, i.e. autonomy • Public trust in the government
Governance	• Maintenance of quarantine-related laws • Quick policy decisions • Effective administrative system (use of public and civilian facilities) • Transparent information disclosure and communication • Effective cooperation between the central government and local governments • Lessons from the poor response to the MERS epidemic • Democracy (quarantine without lockdown measures) • Effective cooperation between the government and businesses (development of diagnostic kits)
Media/ the public	• Independent press and monitoring • Public demand for government's full assumption of responsibility • Mature public culture (no panic-buying) • Public participation (mask sales rationing system and social distancing)
Public medical system and capacities	• Medical device manufacturing capacity • Health insurance system • Quality of public health and medical capacity • Volunteer service by medical professionals • Quick, large-scale testing • Tracing • Treatment
ICT/ social infrastructure	• IT infrastructure • Full use of IT (smartphone app) • Home delivery system/culture • Proximity of convenience stores
International cooperation	• Support for multilateral efforts (WHO) • Openness (borders kept open) • Reciprocal international cooperation (supply of PPE to Indonesia) • International cooperation and support (humanitarian work)

Following the East Asian countries' effective response to the pandemic, the world's attention was drawn to their leadership. In the management of a national crisis, the political decisions made by the leader are of paramount importance; the leader must recognize the value of experts and assign responsibilities to them. The Trump administration of the US is an example of flawed leadership in COVID-19 response. Having made policy decisions in consideration of the November presidential

election, political motives preceded expert recommendations, and the Trump administration failed to make a swift decision to enforce lockdown measures when the pandemic first erupted in the US, resulting in the current grim situation. Taiwan, on the other hand, whose vice-president has a background in contagious disease, created the Centers for Disease Control and Prevention after having experienced SARS, and from the onset of the pandemic implemented strict border-lockdown measures and social distancing rules. In a pandemic response, politics are extremely important, and so is a nation's crisis management capacity. By no means is this a call for a return to authoritarianism. With increased power of the state, the public can only become fragmented, and without the public's active cooperation and co-governance, the pandemic will only bring about worse social and economic effects. In its response to the pandemic, the Korean government took a procedural approach to co-governance with the public. In this approach, there was no single framework set in stone. Instead, the approach was one of constant evolution to adapt to the changing circumstances. It was this approach that set Korea apart from other East Asian countries in its COVID-19 response. <Fig. 17> shows the model of procedural co-governance adopted by the Korean government and the Korean public in its COVID-19 response.



[Fig. 1] Democratic Co-governance in COVID-19 Response

During the Korean presidential election, the ruling party actively took advantage of the pandemic. However, it was done in a way that directed attention toward the existing systems which were in need of maintenance, and proposed the continuation of close cooperation with experts and the revision/supplementation of policies. If the effect of mass learning was a notable achievement of the initial response to the pandemic, in the current response, the government's leadership has been critical in achieving the public's voluntary participation and trust through information disclosure. Yet in the long term, such governmental leadership and intervention will face limits. An open space must be created, in which the public can be even more tightly united. The voices of the disadvantaged must be heard. The public must be guaranteed an opportunity to openly deliberate over, discuss, and come to an agreement on its misgivings about human rights, privacy, and surveillance, an element that was missing from the initial response.

At the same time, the public must deliberate on the limitations and tasks that the pandemic has thrown its way. During the initial response, the voices and activities of civic groups were absent. This was because the recalibration of collective objectives and the changes in the nonprofit sector were not clearly read. A framework for two-way communication and coordination can be created when changes in the public are understood, and when the importance of cooperation is recognized. Without this, over the long term, the public will languish, and instead of recognition and acceptance, will seek the exclusion of some and its rights; this will result in increased conflict. Successful quarantine cannot be achieved through the sacrifice and efforts of government employees, medical personnel, and volunteer workers alone. In this regard, the public must take the pandemic as an opportunity for a value shift. In the post-COVID-19 era, the public must not fear the "new normal"; rather, it must work to achieve "back to normal." In this pandemic, the public must become a more cultured one. It must adopt an openness to learning to improve its sensibility and repeat the process of discussion and participation. This will strengthen its democracy, which will be the fertile soil from which a healthy community rises.

However, the task of promoting the public interest is not an easy one. Poverty affects health, which results in gaps in education and employment, which then results in poverty; it is a vicious cycle. NGOs that should be motivating the government to promote public interests are losing the public interest. In the end, co-governance by the government and the public will restore public trust. The pandemic shone a spotlight on Korea for its K-quarantine. Still, there are many obstacles to overcome before a more cultured Korean public can engage in co-governance with the government for democracy. The overcoming of such obstacles itself will be a worthy model for developing countries to refer to.

Most of all, more health and medical resources for contagious disease preparedness are required. After its experience with MERS in 2015, the government executed a reform which included the designation of hospitals for contagious disease treatment in each region, designation of temporary isolation facilities in each region, and increase of epidemiological investigators; however, the results were inadequate. Only two contagious disease treatment hospitals were designated as of 2017: the National Medical Center and Chosun University Hospital. As of yet, no clear standards have been set on the designation of temporary isolation facilities by region and on their intake capacities.

Experts point out that the current pool of epidemiological investigators does not have the capacity to conduct sufficient epidemiological activities when a contagious disease outbreak occurs. Issues identified since the MERS crisis, such as a shortage of experts and the overworking of existing experts, are not being addressed. To prevent the spread of a novel contagious disease, health/medical resources, contagious disease treatment hospitals, and isolation facilities must stand ready, and there must be plans in place for their effective operation by region. To obtain a pool of competent epidemiological experts, systemic improvements and the use of civilian expert groups should be considered.

Maintenance of the quarantine system is required. In this pandemic, infectees without symptoms or in the incubation period wreaked a great deal of havoc. Immigration can

only rely on the statements of individuals arriving in Korea with regard to which parts of China they traveled to. Improved quarantine preparedness is required, as international travel is on the rise and contagious diseases are becoming more diverse. Voluntary and truthful declarations by international arrivals are needed, and IT should be utilized in quarantine activities. To prevent infection within medical institutes, systems such as the Drug Utilization Review and the patient history search system should be actively utilized.

As was noted earlier, throughout Korea there were cases of elderly seniors falling victim to mass infections at care facilities, infecting employees of such facilities in the process. In such outbreaks, the case fatality rate is very high. To respond to this pandemic and as a fundamental and long-term strategy for lowering case fatality rates of contagious disease, the public must actively prevent underlying diseases. To ensure the health of the aged, policies must be implemented that can prevent such underlying diseases as chronic diseases affecting the circulatory organs and the endocrine system, by providing the elderly with testing and treatment at certain ages. As the vulnerability of the elderly to infection due to underlying diseases was proven in this pandemic, the public must be educated using the health and welfare infrastructure of local governments and communities. Such a project to prevent underlying diseases must target people of all ages, from young adults to the middle aged; it must be a long-term national health project.

The extent to which isolation and travel restriction measures will be implemented to prevent infection should be decided. Violation of privacy in the name of contact tracing is another issue that deserves attention. To justify the restriction of civil liberties in a contagious disease response, the transmission rate, severity of the threat, and uncertainty must be accurately assessed. Any restriction measures that are implemented must not be arbitrary, but valid and clearly targeted. Isolation and quarantine must occur in a safe environment using the least restrictive method, and must be accompanied by a guarantee of livelihood and care for family members.

All the aforementioned is pertinent to the "AAAQ" of the rights to health: availability,

accessibility, acceptability, and quality. The following is an outline of Korea's response to the pandemic based on the "AAAQ."

"Availability" refers to whether a country has sufficient public health/medical facilities, supplies, services, and programs. In the context of the pandemic, availability refers to the extent to which testing kits can be supplied and used, the number of sickbeds for severe cases, the roles of public hospitals, and the availability of medical supplies used in treatment. As Korea falls behind other OECD countries in the availability of public hospitals, the speed at which civilian medical facilities can be secured for public use was a critical factor.

"Accessibility" refers to the whether health facilities, supplies, and services can be readily accessed by everyone without discrimination, particularly the groups within society that are vulnerable or isolated. Accessibility can be divided into physical accessibility, which is the state of health facilities, supplies, and services being within a physically safe distance from the general public, especially the vulnerable and isolated; economic accessibility, which is the state of health facilities, supplies, and services being affordable to everyone; and information accessibility, which refers to the right to demand, receive, and transfer information regarding health. A guarantee of such accessibility requires not only the medical personnel and facilities mentioned earlier, but also a guarantee that when a sick person exhibiting symptoms is diagnosed positive, they can take leave from work and receive treatment without worries about their livelihood. Whether the workplace is an environment in which social distancing can be practiced also falls under the category of accessibility.

"Acceptability" refers to the use of all health facilities, supplies, and services being in line with the confidentiality requirements of patients and their structuring for the improvement of patients' health. It encompasses the concept of cultural acceptability: the adherence to medical ethics, respect for the culture of individuals, minorities, peoples, and collectives, and sensitivity to gender and age. To which extent research ethics should apply in the use of new drugs is another topic deserving future discussion.

"Quality" denotes that health facilities, supplies, and services should not only be culturally acceptable, but of a sound scientific and medical quality. Instances of quality in this sense include the employment of trained medical personnel, use of drugs and hospital equipment that are scientifically approved and within their valid shelf life, supply of safe drinking water, and good hygiene. Quality is perhaps the single most important factor that could determine the sustainability of Korea's COVID-19 response. This is because the overworking and fatigue of existing personnel is producing symptoms that are detrimental to maintaining the quality of public hospital treatment of severe patients, the lives of medical professionals, and care for patients. In Korea's COVID-19 response, enabled through cooperation between the government and the people, the manner in which the stressful working conditions of civilian medical personnel will be managed is a factor that is critical to the success of the country's ongoing quarantine.

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