

## Editorial



# Shortcomings of the Korean Government's Policies to Combat the COVID-19 Pandemic and Suggestions for Improvement

Sang-Hyuk Ma

Department of Pediatrics, Fatima Hospital, Changwon, Korea

## OPEN ACCESS

**Received:** May 6, 2021

**Accepted:** May 16, 2021

### Address for Correspondence:

**Sang-Hyuk Ma, MD, PhD**

Department of Pediatrics, Fatima Hospital, 45 Changi-daero, Eunchang-gu, Changwon 51394, Republic of Korea.

E-mail: pedma@naver.com

© 2021 The Korean Academy of Medical Sciences.

This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<https://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

### ORCID ID

Sang-Hyuk Ma

<https://orcid.org/0000-0002-4835-9704>

### Disclosure

The author has no potential conflicts of interest to disclose.

When coronavirus disease 2019 (COVID-19) was reported in China in December 2019, a lot of Korean medical specialists insisted on banning people from China from entering Korea. However, the Korean government focused on suppressing the domestic spread of COVID-19 by locating patients through quarantine and examination at airports even after the first imported case and the sequentially transmitted cases were recognized in Korea.<sup>1,2</sup> Song et al.<sup>3</sup> mentioned that the screening of COVID-19 patients at airports was not enough and that it was inadequate to prevent the inflow of the virus at airports in the early days of the epidemic. If the inflow passengers were banned, it could have helped to reduce the initial infection of patients with COVID-19 in the months to come.

Fortunately, the epidemic became gradually alleviated because of early diagnosis and control through Korea's easily accessible healthcare systems, including intensive contact tracing, the isolation of patients diagnosed with the virus, the nationwide implementation of social distancing, and accessible medical systems administered by the Korea Disease Control and Prevention Agency (KDCA). The Korean government referred to this approach as "Korea's Indigenous Response to COVID-19 (so-called K-prevention of epidemics)," which was well known at both home and abroad through the media. However, if the Korean government had implemented quarantine faithfully, without excessive political judgment, prevention could have been at the level of Taiwan and New Zealand. Korea surely seemed good at tracking patient movements and quarantining contacts using various IT technologies, but there were also criticisms that the degree was excessive. The tracking of patient movements and isolation of the contacts violate the privacy of the individual and this policy is still unchanged now. In the early days of the COVID-19 pandemic, the Korean government did not respond properly to preemptive measures except for the establishment of a fast inspection system, and coped with it only when it occurred.

The strong bureaucracy also struggled to enforce compliance with quarantine policies, and the government of the Republic of Korea, fearing that the failure of quarantine would have led to a crisis for the regime, tried not to lose sight of political control over quarantine. As a result, only the opinions of pro-government experts were reflected, and opinions critical of the government's quarantine were not accepted and even ignored.

When Middle East Respiratory Syndrome (MERS), broke out in 2015, the Korean government announced that considerable amount of investment and pertinent measures against new

infectious diseases would be provided. However, the lack of communication between the government ministries and medical society, the insufficient number of experts in public positions, redundant bureaucracy, and the lack of communication between the government and medical experts emerged as troublesome in coping adequately with the propagation of COVID-19.

In February 2020, a large number of patients were infected with the virus in Daegu Metropolitan City in Korea, which was later resolved thanks to the dedication of the Daegu City Medical Association and various volunteers.<sup>4</sup> This can be referred to as the true sense of “K-prevention of epidemics.” Nevertheless, the central and local governments of Korea tended not to accept medical experts' opinions in making pertinent policies, which caused further chaos in the implementation of quarantine policies.

The incidence of COVID-19 infection increases as human-to-human contact increases. In November 2020, the Korean government announced a policy to encourage travel. This led a large number of people to leave for travels, which increased contact among people, which in turn caused many people to be infected with the virus. This became a public health crisis in the metropolitan area. This crisis was ultimately caused by the policy failures of the Korean government.

From the early stage of the COVID-19 outbreak to the present, the Korean government has neglected to provide medical staff with updated and detailed information about the epidemic, so they have encountered many difficulties in taking care of patients with COVID-19. Consequently, medical staff were obliged to search for “illegal information” from the internet and referred to it for the care of patients.

In November 2020, the Korean government decided to increase the number of COVID-19 screening tests, including preemptive ones, as the number of patients increased. This decision was made to reduce the incidence of COVID-19 infection by locating even asymptomatic patients through increasing the number of tests. However, the number of patients who tested positive for coronavirus remained very low, and the estimated cost for locating a patient with COVID-19 reached 76 million KRW in the case of Pohang City, which was by no means cost-effective.<sup>5</sup> The Korean government continued to implement the quarantine policy by conducting many tests, but the increasing number of tests alone did not help to decrease the number of patients with COVID-19.

In the initial stage of the COVID-19 pandemic, many people were skeptical about developing vaccines, but many pharmaceutical companies in Korea participated in the development of vaccines. The Korean government established a department that was in charge of vaccines from the beginning of the COVID-19 pandemic, but it solely clung on the Korean-made vaccines which could not guarantee success.<sup>6</sup> Moreover, the National Assembly of Korea did not adequately secure the budget for the vaccine. Consequently, the Korean government made a very late contract with a vaccine company in December 2020. However, the amount of vaccine doses under contract was not sufficient, and this problem was not reported to the public.<sup>6</sup> In the case of the AstraZeneca vaccine, 90% of the vaccinated people experienced adverse reactions to the vaccine. Furthermore, some patients suffered from severe symptoms from the vaccine, even people in their 20s–40s. Compared to the Pfizer vaccine, AstraZeneca vaccine caused more adverse reactions.<sup>7</sup> The Korean government did not undertake a full investigation into the adverse reactions, considering them as mild and inevitable immune reactions to the

vaccination. More seriously, the government did not inform the public about these matters. The occurrence of mutant viruses, unvaccinated children and adolescents, the lower levels of antibodies observed in older age groups, and the decreasing effect of vaccination over time seem to be critical variables influencing the formation of herd immunity and the development of policies for the prevention of infectious diseases despite the higher rate of vaccination. The quarantine policy is very important after coronavirus vaccination has reached a certain level. Therefore, the government must make a careful decision. And after the coronavirus pandemic is over, a new health care policy must be established. COVID-19 seems to become indigenous to global regions to the extent that nobody could predict future epidemic thereof. This suggests that there is a strong need to adjust policies for the prevention of infectious diseases. In accordance with this trend, the Korean government is urged to develop adequate policies against infectious disease epidemics and administer adequate governance for the effective implementation of policies. Furthermore, people in political circles, who lack medical knowledge, should be backed up by effective policy implementation.

An unprecedented new pandemic of infectious diseases can occur again one day. Therefore, the government should set up systematic national guidelines on the prevention of viruses and develop an integrated system for the effective control of any emergency. Public officials need to hire experts in undertaking a wide range of tasks in an emergency situation. More importantly, efforts should also be made to develop legal and institutional systems to reflect specialists' professional opinions in different sectors. It is equally important to encourage communication between governmental organizations. Interference from politicians who do not have specialized knowledge must be thoroughly excluded. People in political parties and public officials should have a great deal of responsibility for whatever they do, including the implementation of policies, for the prevention of future infectious diseases.

## REFERENCES

1. Kim JY, Choe PG, Oh Y, Oh KJ, Kim J, Park SJ, et al. The first case of 2019 novel coronavirus pneumonia imported into Korea from Wuhan, China: implication for infection prevention and control measures. *J Korean Med Sci* 2020;35(5):e61.  
[PUBMED](#) | [CROSSREF](#)
2. Lim J, Jeon S, Shin HY, Kim MJ, Seong YM, Lee WJ, et al. Case of the index patient who caused tertiary transmission of coronavirus disease 2019 in Korea: the application of lopinavir/ritonavir for the treatment of COVID-19 pneumonia monitored by quantitative RT-PCR. *J Korean Med Sci* 2020;35(6):e79.  
[PUBMED](#) | [CROSSREF](#)
3. Song SW, Kim D, Park JY, Lee S. Symptoms and characteristics which require attention during COVID-19 screening at a port of entry. *J Korean Med Sci* 2021;36(2):e14.  
[PUBMED](#) | [CROSSREF](#)
4. Kim DH, Min PK. Role of Daegu Medical Association in the infection control of the COVID-19 outbreak. *J Korean Med Assoc* 2020;63(5):298-302.  
[CROSSREF](#)
5. Bae JY. Pohang, one mandatory inspection per house. It cost 76 million won to find one confirmed. *Chosunilbo*. Feb. 02, 2021, <https://www.chosun.com/national/welfare-medical/2021/02/02/ZQ4WBZ4KURFWTMITU45YPV2X6Y>. Accessed May 6, 2021.
6. Kwon KS, Yang MC, Bang KR, Kwon MJ. While sticking to domestic development, the time for overseas purchases passed. *Kukminilbo*. Apr. 30, 2021, <http://news.kmib.co.kr/article/view.asp?arcid=0924189647&code=11131100&cp=nv>. Accessed May 6, 2021.
7. Kim SH, Wi YM, Yun SY, Ryu JS, Shin JM, Lee EH, et al. Adverse events in healthcare workers after the first dose of ChAdOx1 nCoV-19 or BNT162b2 mRNA COVID-19 vaccination: a single center experience. *J Korean Med Sci* 2021;36(14):e107.  
[PUBMED](#) | [CROSSREF](#)