

The Stranger and the K-Quarantine:  
Foreigners and Pandemic Response in South Korea

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## **Abstract**

From the early phases of the pandemic, the South Korean response to COVID-19 has garnered widespread international acclaim. This thesis explores the COVID-19 measures that were implemented in Korea throughout the pandemic in its entirety, that is, from the early successes of 2020, up until the radical lifting of mandates in the spring of 2022. This thesis documents and analyzes the state's COVID-19 containment strategy from the specific vantage point of foreigners living in Korea, a minority group that has been problematized in particular ways during global health crises like COVID-19. I draw upon fieldwork conducted in Seoul from 2021 to 2023, which included semi-structured interviews, participant observation, and informal conversations. Overall, I suggest that the state's technology-mediated virus mitigation strategy contributed to the production of individuated, disciplined subjectivity. In order to situate the COVID-19 response within larger sociocultural and historical landscapes, I begin by examining how previous health regimes sought to manage and control contagion in Korea, before turning my attention to the pre-emptive quarantine that was mandated for all international arrivals. Subjectivity in the context of COVID-19 is also investigated, by comparing my experiences living in Quebec and Seoul during the pandemic. Finally, I analyze COVID-19 public health messaging, focusing on the dissemination of COVID-19 information through emergency text alerts and government websites, as well as printed posters.

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## Introduction

At around eight o'clock on a mild March evening, I was sitting in a large bus parked outside of Incheon airport, located about 40 kilometres west of the capital of South Korea. I had placed my suitcases in the luggage compartment under the bus, before boarding the vehicle and claiming one of the few remaining empty seats. After idling for about 20 minutes, the bus departed from the airport. Although I knew we were headed for a government-operated quarantine facility, I had no idea where this facility was actually located. I soon abandoned my attempts to figure out where we were going and surrendered into deep sleep. I woke up when we had arrived at our location, feeling incredibly disoriented.

While this bus ride was one of the last steps in the extensive entry procedure into South Korea (which will be described in detail below), it also marked my official entry into the “field,” where I was to carry out anthropological research on the coronavirus disease 2019 (COVID-19) pandemic. COVID-19 is an infectious respiratory disease that is caused by the SARS-CoV-2 virus (Hu et al. 2021). In late 2019, reports emerged of a “pneumonia of unknown cause,” which rapidly spread across the globe (Hu et al. 2021) and by mid-March the World Health Organization (WHO) had declared the COVID-19 outbreak as a global pandemic (World Health Organization 2020; Cucinotta and Vanelli 2020).

Due to its geographic proximity to China, the Korean government was on high alert following reports of the “unknown pneumonia,” and swiftly increased surveillance in local healthcare facilities and enhanced quarantine and screening measures for arrivals from China (Ko 2023). In spite of these early measures, South Korea was the first country outside of China to experience widespread community transmission. But the first outbreaks were soon brought under control, following the massive deployment of anti-virus measures. The early response to COVID-19 in Korea, which was branded as the “K-Quarantine” model, was based on a “3T” (test-trace-treat) model, which came to be “recognized as one of the best

practices in the world by the WHO, ADB [Asian Development Bank] and global mass media” (Ko 2023, 3). Throughout the duration of the pandemic, that is, until May of 2023, the COVID-related regulations in Korea were continuously modified and adapted based on changing epidemiological trends and emerging viral variants. Overall, the government adopted a largely proactive approach to managing the virus, thereby circumventing the imposition of mass lockdowns, blanket travel bans, curfews and other restrictive measures that were implemented in other countries. In addition to the 3T strategy, the government’s approach also included a comprehensive four-tiered social-distancing scheme, masking mandates, quarantine regulations, widespread public health messaging, an immunization program, and a special entry procedure for all international arrivals. It was precisely this entry process (and mandatory two-week quarantine) that awaited me once I landed in Korea in March of 2021, nearly a year after it had first been implemented.

On May 5<sup>th</sup>, 2023, the WHO declared the end to COVID-19 as a global health emergency (Rigby and Satija 2023). But even before then, COVID-19 had already largely disappeared from our collective consciousness (Delaney 2022). Most of the accounts of the pandemic in Korea (especially from the international media) focused primarily on the country’s early success in controlling the virus through the 3T strategy (Government of the Republic of Korea 2020). But by zooming in on the early pandemic period, these analyses are unable to fully account for how Korea managed the virus throughout its three-year course. Retrospective accounts of Korea’s experience that capture the pandemic in its entirety, beginning with the early successes of 2020 up until the radical lifting of mandates in the spring of 2022, and into the so-called “post-pandemic” moment, are few and far between (Ko 2023; Sridhar 2022). Moreover, most reports have relied on epidemiological data (case numbers, incidence, mortality rates) as a way to gauge or measure the efficacy of Korea’s containment strategies. While these kinds of interpretations are useful for providing insights

on macro-level trends, they do little to shed light on the actual lived experiences of the people onto whom the mandates were imposed.

As the etymology of “pandemic” indicates, the COVID-19 pandemic was a global phenomenon that left no country unscathed. The rapid spread of the virus in the spring of 2020 demonstrated with unsettling clarity the interconnectivity that characterizes our increasingly globalized world. Countries began implementing what, prior to COVID-19, were unimaginable measures to prevent the influx of infected persons into their national body: blanket travel bans, border closures, and quarantine mandates. Through these state-level isolationist practices, mobile bodies and outsiders came to be problematized in particular ways. Within this context, the experiences, accounts, and narratives of foreigners<sup>1</sup> offer a particular vantage point from which state-implemented COVID-19 responses can be analyzed.

This thesis therefore investigates the COVID-19 measures that were implemented in Korea throughout the pandemic in its entirety, by focusing on the experiences of foreigners living in South Korea. Broadly, this thesis seeks to answer the question: how did foreigners residing in South Korea experience the state’s virus containment strategy? In other words, my analysis attempts to delve into the government’s anti-viral strategy from the specific vantage point of foreigners who both lived within and were targeted by this framework. This focus on foreigners intends to bring to the fore the experiences of a minority group within the context of a global health crisis which involved restrictions on mobility and increased surveillance on international arrivals. By foregrounding individual accounts and narratives, this thesis

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<sup>1</sup> Throughout this thesis, I use the term “foreigner” rather than “expatriate,” “foreign resident,” or “immigrant.” Although I recognize that by Canadian/North American standards, using the term “foreigner” may perhaps seem bizarre, the Korean word for foreigner (외국인) is the most commonly used term for non-Korean residents, and therefore seemed like the most appropriate choice in this context.

attempts to provide a much-needed counternarrative to the epidemiological discourses that have dominated discussions on COVID-19 (Panter-Brick 2014). Unlike most existing literature on the pandemic, this thesis also has the advantage of being able to explore the regulations implemented throughout the pandemic in its entire duration, rather than homing in on one specific period.

This thesis seeks to situate the government's regulations within larger sociocultural and historical landscapes, by investigating how governing bodies attempted to control and mitigate the spread of disease prior to the onslaught of the COVID-19 pandemic. What are the historical precedents to Korea's strategies for COVID-19 mitigation? How did the state's anti-viral measures contribute to the production of pandemic subjectivities and new notions of personhood? What kind of affective states/emotional responses did these regulations produce/elicit? These are some of the questions that guided my research.

In seeking to answer these questions, this thesis documents and analyzes very specific aspects of South Korea's elaborate COVID-19 mitigation strategy, which hinged upon technologically advanced systems for contact-tracing, surveillance, and monitoring. In some instances, this anti-viral strategy sought to be universalizing, by targeting all residents in Korea regardless of nationality or resident status. On other occasions, however, foreigners were seen as exceptional figures who required additional surveillance and monitoring. In thinking through this ongoing tension, this thesis argues that the state-organized, technology-mediated virus mitigation strategy coupled with the casting of the "foreigner" as an exceptional figure, contributed to the production of a highly individuated and disciplined subjectivity.

### ***Special entry procedure***

After having said goodbye to my parents and two brothers at Ottawa airport about 21 hours earlier, I finally landed at Incheon airport on the afternoon of March 4<sup>th</sup>, 2021. I disembarked

alongside the dozen or so other passengers who had also made the trip from Vancouver airport. In my hand, I clutched a duotang full of important documents, which now included a yellow health declaration form and a travel record declaration that I had filled out carefully on the airplane: no, I did not have any symptoms; no, I had not been to any country other than Canada.

When it was finally my turn, I walked up to the counter at the first arrival hall and handed over my passport, the negative test result from the polymerase chain reaction (PCR) test I had undergone in Canada, and the completed arrival forms to an attendant who was fully garbed in personal protective equipment (PPE). After checking my documents, she placed an infrared thermometer gun to my forehead. Verifying the number that appeared, she mumbled something about my temperature being too high. I panicked for a moment and tried to take off my puffy green coat, while she placed a different thermometer in my ear. I sighed with relief when she said that this temperature was permissible. She asked me where I would quarantine, and I informed her that since I was entering the country on a short-term visa, I would need to quarantine at a government-operated facility (as per the regulations at the time). She then placed two coloured stickers on my passport and sent me on my way.

At the second stop, I was instructed to download the Self-Quarantine Safety Protection App. After an employee verified that I had downloaded the app and accurately filled out the information (name, nationality, passport number, etc.), I then lined up again and waited to be seen by the next attendant, who was seated behind a protective glass at a desk with a landline telephone. On the travel declaration form, I was required to write down a phone number through which I could be reached during my time in South Korea. Because I did not yet have a Korean cell phone, I had pre-arranged to put down the phone number of my soon-to-be co-worker, whom I had not yet met. The task of the attendant was therefore to call the phone number I had written on the form, to verify that the person who answered

indeed knew who I was. As I sat down and handed the worker my pile of documents, I hoped that my co-worker would answer the phone call without delay. Fortunately, the call was promptly answered and the worker hung up after about ten seconds. He then issued a Health Screening Certificate, certifying that I was symptomless and had fulfilled the COVID-19-related entry requirements.

But my journey through the airport was not quite finished yet, as I still had to go through immigration. As I entered a separate queue designated for those with a foreign passport, there was a palpable sense of exhaustion among all those lined up. At the immigration kiosk, the officer instructed me to scan both my index fingers and then lower my mask momentarily to have my picture taken. In my previous experiences entering South Korea in pre-pandemic times, this typically marked the end of the immigration inspection process, after which, I was free to head down to the baggage claim. But this time, the worker told me that I would need to go into a separate room for additional questioning. In disbelief, I was immediately escorted to a door located on the far-left side of the immigration zone.

The door closed behind me as I entered the bright, beige room, where I was instructed to sit facing a different immigration officer. There were a handful of other officers in the windowless room, but I was the only traveller. The officer told me that I had been brought in for additional questioning because I was entering South Korea on a short-term visa. She then proceeded to ask several questions about my work conditions, where I would live and how long I would stay in the country. Miraculously, I was not that nervous as I calmly explained to her that I had been hired to work as a researcher at a university located in Seoul. The officer's line of questioning was fortunately not very intense or accusatory, and so I was able to leave the interrogation room a few minutes later.

After gathering my two suitcases from the luggage carousel, I finally headed out to the arrival terminal. Unlike the previous times I had arrived at Incheon airport, the terminal

was nearly empty. Once I exited through those doors, I met another worker in PPE who directed me to join a group of people waiting to be shuttled to the government-operated quarantine facility. About an hour later, we were escorted to a large tour bus that would bring us to the undisclosed facility. This therefore brings me back to where I left off at the beginning of this chapter. I woke up when we had arrived at the facility, which was in fact a repurposed hotel. Inside the dimly lit lobby, myself and the thirty other soon-to-be quarantinees sat on plastic chairs, waiting for our turn to pay the quarantine fee (approximately CAD \$2000) and be assigned a room. It was then that I was able to connect to the hotel's internet and access the map application, which informed me that I was in Yongin, a city in the province of Gyeonggi that is situated about 50 km south of central Seoul. After paying the fee, I took the elevator up to the seventh floor and entered the room where I would spend the next fourteen days.

I begin here, with the COVID-19 entry procedure, not just because it marked my arrival in the field, but also because it demonstrates several characteristic elements of Korea's overall approach to managing COVID-19. For instance, the rigorous, multi-step procedure is indicative of the scale to which the Korean government sought to control the influx of disease coming from abroad. My experience also demonstrates how the entry process can differ according to one's residency or visa status. Finally, I also experienced a feeling of uneasiness and disorientation caused by not initially knowing the location of the quarantine facility.

### ***Foreigners and mobile subjects during pandemics***

Prior to the COVID-19 crisis, enhanced global mobility had been identified as an important source of health insecurities, due to the risk of "globalized flows of pathogens" (Keil 2013, 390). In the early phases of the COVID-19 pandemic, countries scrambled to deploy virus mitigation strategies that targeted the influx of COVID-19 cases from abroad (Ormond 2021). Heavy restrictions on mobility were enacted through the implementation of travel bans, the

suspension of visa services, and the closure of regional and international borders (Ormond 2021). These exclusionary practices were supplemented by an increased monitoring of the people who were permitted entry into the country, typically through the imposition of COVID-19 testing and quarantine upon arrival (Ormond 2021). Within this context of highly restricted mobility, there has been a significant rise in anti-immigrant sentiment (Sirkeci and Cohen 2020). Existing literature on epidemics has consistently shown that the emergence of health crises often coincides with the xenophobic targeting of people who are labelled as “others,” “foreigners,” “strangers,” and “migrants” (Onoma 2021, 653). These processes of discrimination and stigmatization during health crises are not only directed at mobile persons arriving at international borders however, but also extend to ethnic minorities who are already present in the “homeland” (Onoma 2021).

As this thesis will endeavour to show, foreigners living in Korea were subjected to increased scrutiny and monitoring throughout the pandemic, which in some ways set them apart from the rest of the Korean population. Importantly, this is not without historical precedent. A cogent example of foreigners being associated with biological threats can be traced to the late 1980s in South Korea, when Seoul was slated to host the 1988 Summer Olympics. The first appearance of HIV in South Korea coincided with this major international event (Keralis 2017). Fearful that the influx of tourists would result in the rapid spread of the virus, the Korean government sought to implement “AIDS certificates” to certify that those entering the country were non-infected (Keralis 2017). The government went so far as to propose the idea to the WHO in 1987, who reaffirmed that such entry requirements were unlikely to limit the spread of disease. Nevertheless, a negative HIV test result remains to this day a requirement for the issuance of certain types of Korean visas. Keeping this historical context in mind, this thesis foregrounds the experiences of foreigners living in Korea during the COVID-19 pandemic, thereby using the foreigner perspective as a

unique and compelling vantage point through which the government's anti-COVID apparatus can be investigated.

### ***Brief timeline of COVID-19 in South Korea***

On January 20<sup>th</sup>, 2020, a 35-year-old woman who had arrived at Incheon airport from Wuhan tested positive for COVID-19, thereby becoming the first official case in South Korea (Kim et al. 2020). Up until mid-February, there were only 27 additional confirmed cases (Choi and Kim 2022), but shortly thereafter, cases increased exponentially. Through extensive contact-tracing, it was discovered that the first large outbreak was connected to the Daegu branch of the Shincheonji Church of Jesus, a new wave Christian religious group. It was in the aftermath of this first largescale outbreak that the crisis warning level was raised to the highest of the four-tiered scheme, and the Central Disaster and Safety Countermeasure Headquarters (CDSCHQ) was formed as a body responsible for national-level responses (Kim et al. 2021). The government also devised different levels of social-distancing regulations, which were continuously revised throughout the course of the pandemic (Seoul Metropolitan Government 2021).

The Shincheonji cluster was eventually contained, and despite some additional clusters (at a fitness centre, call-centres, nightclubs), case numbers throughout that first year remained, for the most part, in the double or triple digits (Bae et al 2020; Park et al.2020; Jung et al. 2020). Thus, the governmental measures implemented in the initial phases of the pandemic, namely, the 3T strategy (which will be discussed more at length in chapter 1), were highly effective in reducing the spread of the virus. Encouraged by their early success, the government was confident that the Korean model would become a “global standard” for the management of COVID-19 (Lee and Kim 2020; Yi and Lee 2020). Given the government's confidence in their ability to control the virus through mass testing, contact-tracing and social distancing campaigns, there was no urgency in terms of securing foreign-

made vaccinations to start mass inoculation, which ultimately delayed the implementation of a vaccination program (Choi and Kim 2022; Gallo 2021). The news media, which up until that point had reported very favourably on the “Korean model,” stressed the government’s mishandling of the vaccine rollout (Kuhn 2021; Yang 2021; Choi and Kim 2022).

Once a vaccine supply was finally secured and mass inoculation was underway, the vaccination rate increased rapidly. South Korea officially set off its inoculation program on February 26<sup>th</sup> with the goal of achieving herd immunity by September 2021 (Ko 2021). By March of 2022, South Korea had already surpassed several other countries in terms of vaccine doses administered per 100 people (Hong 2022). In mid-December, the country implemented a vaccine pass system for entry into public places deemed “high-risk,” such as cinemas, restaurants, cafes, bars and so on (Hong 2022). The vaccine pass was established through the COOV<sup>2</sup> mobile phone application, which used blockchain technology to create a vaccination certificate through a QR code (KDCA 2023). As of August 2023, 86.6% of South Korea’s population of more than 50 million had received at least two doses (KDCA 2023).

In early 2021, daily case rates remained for the most part relatively low compared to other countries, at a few hundred per day. On July 7<sup>th</sup>, the daily cases jumped up to 1,211 and would remain above a thousand thereafter. In response to the country’s fourth wave, the government implemented the strongest social distancing rules (Level 4) in the greater Seoul area, which barred gatherings of more than two people after 6 pm and mandated that restaurants and bars close at 10 pm (Chang 2021). Seoul remained under the highest social distancing level until mid-October (Joo 2021), when the high vaccination rates (~70%) coupled with lower daily cases encouraged the government to gradually lift social distancing mandates. This “Living with COVID-19” scheme was planned to be rolled out in phases beginning in November (Yoon 2021; Joo 2021). The plans for a “return to normalcy” would

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<sup>2</sup> COOV is an abbreviation for **C**ovid **O**vercome.

be suspended only a few weeks later, however, as fears surrounding the rapid spread of the omicron variant and a sharp rise in critical cases resulted in the re-imposition of social-distancing measures (Kim 2021).

By early 2022, daily cases increased at an unprecedented scale, exceeding 100 thousand for the first time on February 18<sup>th</sup> (KDCA 2022). While South Korea retained its testing capabilities, this enormous increase in cases ultimately rendered the government's contact-tracing system totally unfeasible (Smith 2022). Rather than tightening the social distancing measures further, the government pivoted to a completely different approach: focusing solely on critical and severe cases (Yoo 2022). Thus, while case numbers skyrocketed, the government moved forward with its "Living with COVID-19" scheme, beginning with lifting the curfew on businesses and suspending the vaccine pass (Kwon and Lim 2022; Kim 2022). On March 17<sup>th</sup>, the daily COVID-19 cases peaked at 621,035 and began decreasing thereafter (KDCA 2022). In the weeks that followed, the remaining social distancing measures were phased out, with the exception of the indoor and outdoor masking mandates and arrival testing (Kim 2022). The outdoor mask mandate was finally lifted in May of 2022, followed by the indoor mandate in July of 2023 (Lee 2023). In May of 2023, President Yoon Suk Yeol officially declared the end of the COVID-19 emergency, thereby marking the "beginning of COVID-19's transformation into an endemic illness" (Lim and Bae 2023). As of the writing of this thesis (December 2023), the only COVID-19 mandate still in place is masking in high-risk facilities, such as nursing homes and hospitals (Seoul Metropolitan Government 2023).

### ***Confucianism? Collectivism?***

From the early days of the pandemic, the Korean response to COVID-19 had garnered international attention, the vast majority of which was positive. However, even the accounts that praised the Korean model simultaneously raised important concerns regarding potential

privacy and human rights infringements that were embedded within the technology-heavy public health surveillance measures. The initial success of the Korean model therefore ignited polemical debates surrounding “the balance between individual freedom and collective security” (Lim 2020). As noted by Jaeho Kang (2020), many accounts from abroad attribute Korea’s initial success to “Confucian collectivism of obedience and conformity,” thereby portraying Korea as a patriarchal society that is “hierarchical, homogeneous, monolithic, traditional, and collectivist” (Kang 2020, 591). This kind of diagnosis is problematic for many reasons, one of which being that it dichotomizes “civic liberty as individual freedom” on the one hand, and “public health driven by technological operation” on the other, making it seem as though these two cannot be pursued together (Kang 2020, 592). But this conventional dichotomy fails to capture how the pandemic actually played out in the Korean context. According to Kang (2020), “Korean citizens willingly accept the experiment of testing and tracing while appreciating and securing public and communal systems of treatment,” meaning that, it is possible to secure public health/collective security, while also maintaining civil liberties and individual freedoms (Kang 2020, 597).

In a similar vein, Yang (2022) contends that people in Korea actively participated in the systems that governed them throughout the pandemic. This willingness was not the result of what was assumed to be the historical legacy of Confucianism or collectivism, nor was it driven by an increased trust in the government. Rather, it was driven primarily by a “rampant cynicism and anxiety” caused by the pandemic situation itself, a situation that had effectively led to a breakdown in people’s sense of security (Yang 2022, 6). In other words, in an attempt to safeguard themselves against the threat posed by COVID-19, people came to rely on a “desperate ethos of survivalism,” which was *not* carried out in a self-reflexive attempt to fulfil one’s civic duty, but rather, functioned as a “collective mentality and a rule of conduct”

performed in the face of an uncertain threat, which placed “survival as its sole legitimate end goal” (Yang 2022, 7).

### ***Healthcare in South Korea***

Rejecting superficial accounts that connect Korea’s successful COVID-19 response to Confucianism or collectivism, it may be more useful to consider structural factors, such as Korea’s healthcare system. A government briefing released at the end of 2020 credits Korea’s success in managing the pandemic to the country’s “advanced medical systems” (Government of the Republic of Korea 2020, 219). In my experience living in Seoul, one can gauge the scale of Korea’s medical infrastructure through the ubiquity of healthcare-related facilities (pharmacies, clinics, hospitals, etc.). In 2021, South Korea had 33,912 clinics, nearly a third of which were situated in Seoul (Health Review and Assessment Service n.d.). This large number is reflected in the frequent encounters with pharmacies, clinics, and hospitals – regardless of the neighbourhood, one is almost sure to find a pharmacy or clinic just around the corner.

Anyone can access these clinics, usually without an appointment. According to OECD data, the number of doctor consultations per person per year was 16.6 in South Korea in 2017, more than doubling the OECD average of 6.8 consultations per year (OECD 2019). Throughout my first two years in South Korea, I would estimate that I made about a dozen trips to the clinic, sometimes to undergo a COVID-19 antigen test (a service that was available at nearly every clinic as of February 3<sup>rd</sup>, 2022), other times for miscellaneous health issues or concerns. In fact, there were a handful of clinics close to my office that I would rotate through. Because I was insured through Korea’s National Health Insurance (NHI) service, I only paid 5,000 won (CAD \$5) for each COVID-19 test and about 3,000 won (CAD \$3) for a consultation with a doctor. Without insurance, the antigen COVID-19 test costs 40,000 won (CAD \$40).

The NHI program was first launched in 1977, and by 1989 the system had reached universal coverage (Moon 2012). In 2022, the insurance system covered 97.1% of the population, with enrolment being mandatory for both Korean and foreign residents alike (Kim 2023; National Health Insurance Service, n.d.). Employed and self-employed individuals enrolled in the system pay a small percentage of their income and are able to register their family members as dependents. Under this system, patients are required to pay a certain percentage of treatment cost, depending on the type of treatment and medical institution, but these out-of-pocket costs are typically quite inexpensive.

### ***System of resident registration***

The operation of the NHI is made possible in part through a resident registration system that was launched in 1962 during the Park Chung-hee regime (1961-1979). Under this system, each individual is assigned a unique and immutable number at birth (or upon visa issuance for foreigners) (Moon 2005). Today, this number is used for several tracking purposes (including criminal investigation, military service, taxation etc.), as well as the administration of social welfare systems (health utilization, prescriptions, NHI, and health screening) (Moon 2005). Through this number, it is possible to link several government databases to generate comprehensive data on the individuals' familial relationships, marital status, socioeconomic status, education status, address, employment, and so on. The Korean identification system includes 140 different items of individual information, making the system more extensive than the identification systems of other countries<sup>3</sup> (Moon 2005).

It is important to note the specific historical context in which this registration system was first developed. In *Militarized Modernity and Gendered Citizenship in South Korea* (2005), sociologist Seungsook Moon details the rise of *militarized modernity* in the Korean

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<sup>3</sup> The Korean resident registration number could perhaps be compared to the Canadian Social Insurance Number (SIN).

developmental state of the 1960s, describing this phenomenon as a socio-political and economic formation that espouses an imagining of modernity that hinges on the “imperative to build a modern nation with an industrial economy and a strong military” (Moon 2005, 19). This imperative emerged under the particular historical conditions of the second half of the 20<sup>th</sup> century in South Korea, namely of “national division, the Korean war and prolonged military confrontation, and the post-colonial exigencies of building a modern nation through establishing a national identity and disciplining its population into useful and loyal members of the nation” (Moon 2005, 42). Not only did this process involve pervasive physical force and violence, but it also relied on subtler disciplinary control, which thereby consolidated the political subjectivity of “‘dutiful nationals’ who were expected and willing to forgo their rights for the sake of the nation” (Moon 2005, 43).

Within the context of the Cold War, one of the core elements of militarized modernity involved the ideological construction of the South Korean nation as the “*anti-communist* self at war with the *communist* other” (Moon 2005, 24). The ideology of anticommunism in the name of national security was crucial for the disciplinary control of the population and served as a justification for the deployment of mass surveillance, repressive violence, and normalization (Moon 2005). Thus, the implementation of the resident registration law in the early 1960s represents one of the techniques used by Park Chung-hee’s military government to discipline the population, a technique that was “rooted in the ideology of national security against communist North Korea” (Moon 2005, 29). All adult men and women were legally required to carry an identification card documenting their resident registration. As Moon importantly highlights, such identification cards were instituted in order “to be fully prepared with anti-Communist attitudes for easily distinguishing North Korean spies and impure elements and ferreting them out” (Kim 2000, 70, cited in Moon 2005, 29).

When Moon refers to the *discipline* of the population under militarized modernity, she is referring specifically to the Foucauldian articulation (Foucault 1979). In this thesis, I also draw upon a Foucauldian understanding of discipline, as a technology of power that is “spatialising, observing, immobilising” (Foucault 1980, 159-160). For Foucault, disciplinary power refers to techniques of power that emerged in the seventeenth and eighteenth centuries that were centered on the individual body (Foucault 1997). These techniques included the distribution of bodies in space, as well as the organization of a field of visibility around those individuals. Its operation relied on “a whole system of surveillance, hierarchies, inspections, bookkeeping and reports” used to rationalize and economize the exercise of power (Foucault 2003, 242). The disciplinary technique “manipulates the body as a source of forces that have to be rendered both useful and docile” (Foucault 2003, 249). Indeed, the ultimate aim of disciplinary technology is the forging of a docile body “that may be subjected, used, transformed, and improved” (Foucault 1979, 136, cited in Rabinow 1984, 17). In her analysis of the establishment of Korea’s resident registration system in the 1960s, Moon (2005) posits that the registration system is reflective of how the disciplinary technique uses “reports and registers to exercise surveillance over the population” (28).

Although the militarized dictatorships of the post-war period were ultimately overthrown in the late 1980s by the democratization movement, the resident registration system continues to be used. In fact, the democratically elected Kim Dae Jung government (1998-2002) went on to further solidify the resident registration system, by replacing the old paper identification card with a plastic card that included a photograph and fingerprint (Moon 2005). When citizen associations sounded the alarm regarding the potential human rights violations associated with the widespread collection of fingerprints, they were met with a lukewarm response from the general public, who tended to believe “that fingerprinting was necessary for the effective investigation of crime and societal security” (Moon 2005, 108).

Moreover, most people were “anxious about noncompliance with the state’s instructions and potential disadvantages they might face resulting from not having a new registration card” (Moon 2005, 108).

As mentioned, not only is the resident registration system crucial for the administration of welfare services like the NHI, but it was also key in the establishment of most of the COVID-19 response measures. By the outset of the pandemic, all individual information associated with the resident registry number was digitalized and easily accessible across numerous government agencies (Gitzen and Chun 2021). The linking of different governmental databases through this identification number was not only crucial for contact-tracing, but was also essential for the creation and management of mobile phone applications (like the COOV app and the QR check-in system), as well as for the roll out of the vaccination program and the distribution of masks. But even beyond welfare services and public health measures, most essential services in Korea (banking, online shopping, cell phone service, etc.) can only be accessed by individuals who have a resident registration number. Although the rampant anti-communist ideology that precipitated the creation of the resident registration system has largely since fallen into obscurity, it is still worth noting that the system now pervades many facets of modern life in Korea and can be effectively utilized in the face of an existential threat like COVID-19.

### ***Anthropology of Korea***

By exploring the impact of Korea’s COVID-19 mitigation strategy, this thesis contributes to the broad field of the anthropology of Korea. Anthropologists who have studied Korea have been interested in the widespread neoliberalization that occurred in the aftermath of the Asian debt crisis (1997-2001) and continues into the contemporary period. Jesook Song (2009), for instance, investigated the rise of Korea’s neoliberal welfare state, a system that was formed in response to the country’s worst financial crisis in its post-war history. This extensive welfare

state was established with the goal of guaranteeing “a minimum standard of living for all national members,” but as Song stresses, “focused its energies on neoliberal measures: employability, rehabilitation, capacity, flexibility, self-sufficiency, and self-entrepreneurship” (Song 2009, 2). Importantly, the experience of the crisis and its deleterious effects resulted in widespread social anxiety, which “effectively pacified criticism and aided the restructuring of the post-developmental capitalist state” (Song 2009, 8).

So, according to Song (2009), Korea’s welfare state epitomizes liberal social governing insofar as it “regulates the population through promoting a better quality of life,” while simultaneously mobilizing the population for the optimization of production and wealth under capitalism (Song 2009, 19). Specific welfare programs, such as the NHI discussed above, were significantly expanded and revitalized in the post-crisis period (Song 2009). While there are crucial differences that distinguish a financial crisis (like the Asian debt crisis) from a health crisis (like COVID-19), Song’s anthropological inquiry into the former demonstrates how the particular social context that emerged in the immediate aftermath of a national crisis may pave the way for changes in governance that may otherwise have been unthinkable.

### ***Pandemic preparedness***

This thesis also contributes to discussions within anthropology centred on notions of emergency and pandemic preparedness. Biosecurity and its related notion of state-led “preparedness” have emerged from anthropological research on topics as far-ranging as “global health, capitalism, neoliberalism, humanitarianism, citizenship, science, medicine, technology, ecology, surveillance, and risk” (Caduff 2014, 107). Lakoff’s (2008) investigation into scenario-based exercises is an example of such research. By focusing on the forms of affect and anticipatory knowledge instigated by scenario-based exercises, Lakoff (2008) demonstrates a shift in the ways in which threats of largescale disease outbreak are

thought about and acted upon by American public health and security officials: rather than attempting to *prevent* future health events, experts have sought to become *prepared*. Lakoff expounds several key differences between the normative rationalities of *preparedness* and *prevention*, with the former focusing on capacity building that targets public health infrastructure, rather than mass vaccinations across the entire population (as with the latter).

Briggs and Nichter's (2009) analysis of H1N1 demonstrates how discourse about biosecurity during times of heightened pandemic threats "supports calls for the creation of global surveillance systems and naturalizes forms of governance" (Briggs and Nichter, 189). Critical investigations into projects of preparedness such as these attempt to avoid the naturalization and normalization of biological threats by emphasizing their historical contingency (Caduff 2014). Indeed, the constructivist approach deployed by anthropologists attempts to take "biosecurity seriously as an object of analysis, while simultaneously resisting the political demand to authorize strategies of intervention promoted in the name of prevention, precaution, and preparedness" (Caduff 2014, 107). This thesis likewise seeks to take the state's anti-COVID apparatus seriously as an object of analysis, by situating the government's strategy within political and historical landscapes.

### ***Critical public health***

This thesis also contributes to the literature of the anthropology of public health. Medical anthropologists have demonstrated that public health campaigns for both chronic and infectious diseases often locate the responsibility for the cause and prevention of disease at the level of the individual (Erickson 2011; Lincoln 2014; Trainer 2021). This framing is highly problematic, as it is based on the assumption that people can be held responsible for detrimental health outcomes (Guttman and Salmon 2004). In the context of COVID-19 in Korea, this becomes even further complicated, as individuals are not only responsible for their *own* individual health, but also for the health of *others*, both at the interpersonal and

population level. This therefore expands one's culpability and can lead to highly detrimental forms of victim-blaming.

As the chapters to come will discuss, fears of being blamed or perceived as biologically threatening can also be implicated in one's perception of oneself, therefore opening up the possibility of new forms of subjectivity. Although there is no unifying theory on subjectivity, the concept often refers to projects of selfhood in which inner and outer states are sutured together (Yu 2013; Das 2006, cited in Biehl and Moran-Thomas 2009). Subjectivity is formed through the complex interplay of "bodily, linguistic, political, and psychological dimensions of human experience" (Biehl and Moran-Thomas 2009, 270). By focusing on the individual, lived experiences of foreigners living within the government-mandated virus mitigation infrastructure in Korea, this thesis draws heavily on the anthropological literature on subjectivity, which has highlighted the "importance of linking national and global economic and political processes to the most intimate forms of everyday experience" (Good 2012, 517).

### ***Methodology***

I moved to Korea to conduct fieldwork in March of 2021, and I have continued living in Seoul up until the present (early 2024), although I began preliminary online research for this thesis while I was still living in Canada in the fall of 2020. The topic of my thesis has changed several times since I first began planning my project in 2019. I knew that I had wanted to write a thesis on the healthcare or medical system in Korea. My interest in Korean healthcare was first kindled in 2016, when I began a two-year stint at the Institute of Evidence-Based Medicine, a research institute affiliated with the Department of Preventive Medicine at Korea University located in Seoul. The institute has published several studies on cancer screening that contributed to debates on overdiagnosis in Korea (Ahn, Kim and Welch

2014). Based on my experience working at this institute, I decided originally to write my thesis on cancer screening practices in Korea.

But shortly after COVID-19 arrived in Korea in February of 2020 (and about a month later in Canada), it quickly became clear that regardless of my chosen topic, the pandemic would be a defining component of my research. Rather than face the prospect of conducting a study on cancer screening in the shadow of the COVID-19 health crisis, I made the decision to change my research topic altogether, to focus specifically on the pandemic in Korea. As already mentioned, Korea's response to COVID-19 in that first year was largely heralded as a success, as something for other countries to admire or perhaps try to emulate. But many accounts simultaneously highlighted how the Korean model raised important questions with regards to privacy and a supposed trade-off between public health and individual rights. Therefore, when I first set off for Korea in March of 2021, I had intended to centre my research specifically on surveillance and contact-tracing.

In the summer of 2020, I began working remotely from my house in Canada with the professor at Korea University who had hired me back in 2016. Not long after, I was invited to return to Seoul to continue working at the research institute, an offer which I happily accepted. Because of the COVID-related travel restrictions, it seemed increasingly unlikely that I would be able to travel to Korea to conduct fieldwork. And so, I was relieved and grateful to have been offered a research position that would grant me entry into the country. After a long visa submission process, I was finally able to fly into Seoul in March of 2021.

As one would expect, a 45+ hour work week was not particularly conducive to fieldwork. Nevertheless, prior to my departure, I was optimistic that things would fall into place, and that I would be able to balance my work and research responsibilities. Rather, what unfortunately ended up happening was that I became overwhelmed with my work responsibilities, and as a result, began prioritizing my work obligations over my fieldwork.

Many months passed before I was finally able to strike a sustainable balance between my work and research responsibilities. This then leads me to another related issue: my isolation and loneliness. I am far from the first person to lament how both fieldwork and academic writing can be lonely pursuits (Pollard 2009), but it is nevertheless worth mentioning that in my experience, I found that not having a stable community greatly affected my motivation, confidence and ability to carry out fieldwork. With the exception of the friendships I was fortunate to make through work, I was essentially on my own throughout my time in Korea.

Another challenge I faced during my fieldwork, that infuses the chapters that follow, was an acute anxiety related to COVID-19 itself. In short, I had tasked myself with studying what was in fact an enormous source of distress. As will be discussed in this thesis, the pandemic was inscribed in everyday life in Korea, and indeed, I did not go a day without worrying about contracting and transmitting COVID-19 to the people around me. This anxiety was in some ways productive, as it enabled an urgent kind of sensitivity and awareness towards everything pandemic-related. But it was simultaneously debilitating and paralyzing; in addition to a hyperawareness, my anxiety also at times manifested in a reclusiveness and fearfulness of the world that made carrying out fieldwork difficult. In May of 2022, as the country's largest outbreak began to recede, I was one among the hundreds of thousands to end up catching COVID-19. Once I emerged from what proved to be my final quarantine, I experienced a radical kind of liberation; the knowledge that my recent infection likely granted me immunity for at least the next few months meant that for the first time since my arrival in Korea, I was able to be in the world without this gnawing, omnipresent fear that I could be putting others at risk. It was not long after that I also participated in a COVID-19 seminar series hosted by the Department of Anthropology at Yonsei University. These seminars were not only intellectually stimulating and helpful for thinking through my

research material, but they also provided a much-needed opportunity for socialization with professors and fellow anthropology students.

As the pandemic persisted into 2022, the government's response strategy changed significantly. It therefore became clear that a project centred primarily on contact-tracing and surveillance would only capture one small part of the overall pandemic story in Korea. I ultimately decided to reformulate my topic yet again, in order to expand its scope to encompass the pandemic in its entirety, that is, from the early stages in 2020, up until the radical loosening of mandates in the spring of 2022. While I expanded the scope of my research timewise, I simultaneously refined the study population to focus primarily on the experiences of foreigners. This pivot was carried out with the intention of investigating how the government's containment strategy was perceived, understood, and experienced by a minority group which historically has been problematized in particular ways during health crises like COVID-19. My research therefore draws extensively on my own experiences living in Seoul from the spring of 2021, experiences which include several rounds of quarantine, PCR and antigen testing, QR code check-ins and handwritten logs, vaccinations and adapting to ever-changing social distancing regulations. My project is therefore partially autoethnographic, in that it draws upon my own personal experiences through rigorous self-reflection (Adams, Holman Jones and Ellis 2022). The foregrounding of the particularities of my own, first-hand, subjective experience therefore represents a much-needed alternative to most of the existing literature on COVID-19, which has relied primarily on epidemiological "big data" or large-scale surveys (Adams, Holman Jones and Ellis 2022). But aside from an autoethnographic approach, I have also carried out extensive participant observation throughout the three years that I have been based in Seoul. My experiences throughout the pandemic are recorded primarily through photographs and screenshots taken with my cell

phone, as well as journal entries, and texts messages, emails and voice memos sent to my family back home in Canada.

In addition to autoethnography and participant observation, I also conducted six interviews with foreigners from different countries (Norway, Canada, Russia, & USA) who had lived in Korea for varying lengths of time and during different stages of the pandemic. I also interviewed one Korean person who had lived in America since adolescence but moved back to Korea at the outset of the pandemic. Interviewees were either recruited from my social or professional circle or were people who responded to a recruitment notice I posted online. A rough interview guide was prepared ahead of time for each interview. Interviews were conducted in a semi-structured manner, which allowed me to stray from the guide as I saw fit or appropriate. Each interview lasted between forty-five minutes and an hour and a half. I attempted to use the interlocutor as both an informant and respondent (Levy and Hollan 2015). I typically asked the interviewee to *explain* the COVID-19 mandates and rules (how they worked, when they were implemented etc.), before shifting to a more “respondent-type probe,” where I would then ask them to tell me broadly about their own, personal experiences living in Korea throughout the pandemic (Levy and Hollan 2015, 317). Interviewees were invited to discuss their own experiences living under the COVID-19 mandates, as well as their general thoughts, impressions and appraisals of the state’s apparatus for virus containment. Interviews were conducted either in-person at a quiet café in Seoul, or online using a videoconferencing platform (Skype, Zoom or Facebook messenger). All interviewees were given a pseudonym to preserve their anonymity.

### ***Outline of chapters***

In the first chapter of this thesis, I examine how previous health regimes approached the management and control of contagion during two distinct periods. First, I draw upon two models of spatial control discussed by Foucault in order to analyze how the Japanese colonial

government attempted to control leprosy in the twentieth century. The exile of leprosy patients to the leper colony of Sorokdo represents a coming together of the two models, insofar that the exiled patients occupied the symbolic position of exclusion, while simultaneously being the subject of analytical individualization. Second, I turn to the outbreak of the Middle East Respiratory Syndrome (MERS) in 2015. The government's unsuccessful response to MERS led to a total restructuring of Korea's infectious disease control system, which is ultimately what enabled the rapid deployment of the state's anti-COVID measures at the outset of the pandemic. Finally, I analyze my interlocutors' experiences with the COVID-19 arrival quarantine, with a particular focus on the technologies used to enforce the pre-emptive measure.

In Chapter 2, I investigate subjectivity in the context of COVID-19 by comparing my experiences living in rural Quebec during the early phases of the pandemic, to my time living in Korea. Although Canada had implemented measures that were considered much more restrictive and draconian than in Korea, I was much less worried about the pandemic when I lived in Canada. In unpacking these differing subjectivities, I describe how my foreignness combined with my inability to use the technologically advanced QR code check-in system made me fearful and anxious of being perceived as a non-compliant subject. This fear of being seen as a non-compliant outsider, in turn, led me to fully embrace the government's COVID-19 regulations.

Chapter 3 presents an analysis of the Korean government's strategy for public health communication during the COVID-19 pandemic. The government prioritized principles of transparency and openness as a way to mitigate fear and uncertainty among the population. The maintenance of these principles manifested in the widespread dissemination of COVID-19 information through emergency text alerts and government websites. Based on accounts from two of my interlocutors, I first suggest that the frequent dissemination of COVID-19

information through these mediums may have in fact led to increased feelings of anxiety and distress. Then, I analyze posters that were created by the Seoul Metropolitan Government to disseminate COVID-related health messaging. Drawing from critical public health, I discuss how the posters locate responsibility for the cause and prevention of COVID-19 in the individual. This individualistic framing is problematic, I argue, as it implies that individuals are responsible and can be blamed for their illness.

## Chapter 1

### “This *Pandemic of yours*”: Leprosy, MERS, and Quarantine during COVID-19

In this chapter, I detail how the state’s inadequate response to the outbreak of MERS in 2015 exposed several critical weaknesses within the state’s infectious disease infrastructure. This led to a significant restructuring of the national infectious disease containment strategy, that in turn had major implications for the initial COVID-19 response. Following this, I examine Korea’s entry quarantine with a particular focus on the spatial-oriented surveillance technologies that made the wide-scale deployment of this pre-emptive measure possible. But first, I undertake a historical analysis of leprosy in twentieth century Korea using two Foucauldian models of spatial control to show how previous health regimes sought to manage and control the spread of disease.

#### *Apparatuses of spatial control*

Michel Foucault’s earlier works and 1975 lecture series at the Collège de France discuss two contrasting apparatuses of spatial ordering that were set in place during health events. In the following section, these models will be revisited in the context of twentieth century Korea, with the intent of uncovering how previous health regimes approached contagion.

#### *Leprosy: Exclusion*

The first chapter of *Histoire de la folie à l’âge classique* (1972) details the handling of leprosy during medieval times, which was characterized by the *exclusion* and *marginalization* of lepers to lazar houses and leprosariums situated at the margins of town. This mode of control was a social practice consisting of a rigorous partition of non-contact between one group of individuals with another. This separation was carried out so that the leper population was forced to subsist beyond the city walls, in a confused, undetermined space separate from the limits of the community. The leper was totally chased out, with their exclusion being tantamount to a political and judicial disqualification (Foucault 1999, 40). In medieval

Europe, leprosy was shrouded in stigma due primarily to its association with spiritual uncleanliness that can be traced to the Old Testament (Rosen 1958). As in Europe, leprosy was seen in Korea as being a form of divine punishment (Rosen 1958; Kim 2022). While too lengthy to describe in detail here, the recent history of leprosy in Korea bears noting. During Japan's colonization of Korea from 1910-1945, the colonial government implemented several health-related measures aimed at improving the 'hygiene' of the colonized population. One of said measures was to control the spread of leprosy through the establishment of a leper colony on the southwestern island of Sorokdo (소록도, Small Deer Island) in 1916 (Seo 2022).

In line with the exclusionary apparatus described above, Koreans afflicted by leprosy were round up and exiled to the island, where they often lived in deplorable conditions and were subjected to forced labour, starvation, and violence (Kim 2019). During the 35-year colonial occupation, more than six thousand Korean leprosy patients were sent to Sorokdo (Thornber 2020). Importantly, Japan's withdrawal in 1945 did not mark any kind of meaningful improvement in the treatment of leprosy patients, and the nascent South Korean state continued to exile patients to Sorokdo until 1963 (Thornber 2020). In 2017, there were 166 registered leprosy cases recorded in Korea (Chae 2020). The Sorokdo National Hospital remains operational to this day and offers "specialized treatment for the patients of Hansen's disease [leprosy]," with the goal of "supporting independence and self-reliance for the cured to come back to the community" (Ministry of Health and Welfare 2020). However, dozens of former patients have returned to Sorokdo in recent years, in order to escape the discrimination they faced on the mainland (Thornber 2020).

The plight of leprosy patients banished to Sorokdo in the post-colonial period was fictionalized by the author Yi Chongjun (이청준) in his classic 1976 novel *This Paradise of Yours* [당신들의 천국]. The social ramifications of leprosy are at the center of the story, as Yi

lucidly describes the extreme marginalization experienced by the exiled residents, which became tantamount to near total social exclusion (Thornber 2016). Being a work of fiction, it would be misguided to dwell too much upon the historical veracity of the novel (even though Yi did base many plot points on events that actually occurred on Sorokdo, including attempts to murder the hospital director, cases of suicide, island escape attempts, etc.) (Kim 2019). *Your Paradise*, a widely read novel written by a renowned author, is noteworthy, as it may represent an emerging awareness in Korea of how the stigmatization of disease can lead to horrendous human rights violations enacted by the state.

### *The plague: Inclusion*

The model of “rituals of exclusion” described in *Histoire de la folie à l'âge classique*, *Les anormaux* (1999) and *Surveiller et punir* (1975) found its starting point in the expulsion of lepers (Foucault 1975, 231) and is one of two models of control: «Il me semble qu'en ce qui concerne le contrôle des individus, au fond, l'Occident n'a eu que deux grands modèles: l'un, c'est celui de l'exclusion du lépreux; l'autre, c'est l'inclusion du pestiféré » (Foucault 1999, 41). Unlike the exiled lepers, the quarantine of plague towns should be understood as a mechanism of *inclusion*, through which individuals were subjected to spatial partitioning (Crampton 2013; Gougelet 2014). Unlike the confused space of internment characteristic of the exclusion model, to which rejected, impure populations were cast off, the territory of the plague town was an object of detailed analysis and quadrillage (Foucault 1999). Within the plague town, space was closed and cordoned off, and each point was rigorously surveilled. Individuals were inserted into a fixed place, where each movement was controlled and every occurrence registered (Foucault 1975, 230). The plague town was a compact model of the disciplinary apparatus, « [...] où le pouvoir s'exerce sans partage, selon une figure hiérarchique continue, où chaque individu est constamment repéré, examiné et distribué entre les vivants, les malades, et les morts » (Foucault 1975, 230).

While both models represent a way of exercising power on individuals, of controlling their relations and undoing [dénouer] their dangerous mixtures, the political dreams underlying them are different: « l'exil du lépreux et l'arrêt de la peste ne portent pas avec eux le même rêve politique. L'un, c'est celui d'une communauté pure, l'autre celui d'une société disciplinée » (Foucault 1975, 231-232). This does not mean, however, that the projects are incompatible. In fact, Foucault exemplifies the coming together of both apparatuses in nineteenth century institutions such as the psychiatric asylum, the petitory, the reformatory, the school and the hospital, wherein procedures of individualization, analysis and minute segmentation are used to mark the exclusion of the sick, the insane, criminals, deviants, of children and of the poor (Foucault 1975, 232; Foucault 1999, 40).

Therefore, I would hesitate to say that the control of leprosy in twentieth century Korea fits neatly into either model<sup>4</sup>. In the Korean context, the person afflicted by leprosy was not exiled to an unknown land, where they would become merely another leprosy patient with no identity or history, a part of « une masse qu'il importe peu de différencier » (Foucault 1975, 231). Rather, a whole corpus of knowledge emerged around them: Sorokdo was sliced by borders designating zones which separated the sick from the healthy, and the movements of patients were carefully monitored. In addition, those who arrived on the island without proper identification were given a name and identifying number. One previous director of the National Sorokdo Hospital, Changwon Cho, even went so far as to register nameless patients in the national legal registry system under *his* name, thus making them a “Cho from Sorokdo” (Chae 2020, 650). In sum, Korean leprosy patients were simultaneously the “symbolic inhabitant” of the space of exclusion, with all its associated notions of impurity and

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<sup>4</sup> In fact, one should always proceed with caution when attempting to ‘apply’ Foucauldian concepts to different settings/time periods, so as not to undermine or ignore the historical specificity of Foucault’s analyses (Koopman 2015).

marginalization, while also the object of an analytical individualization, beset with the threat of violence, that is characteristic of disciplinary technologies (Foucault 1975, 232).

In « La politique de la santé au XVIIIe siècle », Foucault (1994) proposes a differentiation between two types of medicines, the first being a « médecine privée « libérale », soumise aux mécanismes de l'initiative individuelle et aux lois du marché », and the second being « une politique médicale qui prend appui sur une structure de pouvoir et qui vise la santé d'une collectivité » (13). The quarantine of the plague towns is more in line with the latter, draconian iteration. Similarly, we may imagine that the mechanisms of COVID-19 in Korea are more in line with the inclusion model of the plague town than the exclusion model of the leper. While Korean COVID-19 patients have certainly been marginalized and stigmatized, especially in the early phases of the pandemic, its “political dream” is entirely different from that of exclusion. Despite both being infectious diseases, COVID-19 does not carry the same connotations of impurity that leprosy does. Rather, the stigmatization of COVID-19 developed around notions of ‘carelessness,’ through the vilification of people who broke state-mandated regulations (Kang et al 2023). Thus, while the political dream of the model of exile was a pure community, we could posit that the political dream of COVID-19 regulations in Korea (quarantine, social distancing, etc.) was the creation of a well-functioning society made up of healthy, safe and working people, who abide by state-implemented rules.

### ***COVID-19 and MERS in Korea***

#### *Initial shortcomings*

MERS, which was first identified in 2012, shares several common characteristics with COVID-19, namely that both are novel coronaviruses that have a zoonotic origin and can prove fatal particularly among high-risk groups such as the elderly and individuals with chronic medical conditions (Yang et al 2021). The outbreak of MERS in Korea was a

superspreader event linked to an individual who returned from the Middle East in the spring of 2015 and unknowingly spread the illness after visiting several overcrowded healthcare facilities (Cho et al 2016). A public health crisis ensued, resulting in a total of 186 confirmed cases and a death toll of 36, making Korea the only country outside of the Middle East to have been seriously impacted by the virus (Yang et al 2021).

The government's initial response to the MERS outbreak was deemed largely unsatisfactory. In particular, the Park Geun-hye administration and government health officials were heavily criticized for their public health communication strategy, which was undermined by a lack of transparency (Yang et al 2021; Kim 2022). The government initially refused to disclose the names and locations of affected hospitals in order to "avoid misunderstanding and excessive anxiety," which exacerbated public apprehension surrounding the disease (Shin 2015; Yang and Cho 2017). Furthermore, the Korean Center for Disease Control closed their Twitter account for one day after receiving a barrage of public criticism, further underlining a substantial failure in risk communication (Fung et al 2015). This lack of transparency not only compelled citizens to create their own websites mapping confirmed and suspected MERS cases (Fung et al 2015), but also led to an eruption of misinformation and rumors (Kim and Kim 2018). In addition to supposed failures in risk communication, the inadequacy of the governmental response to MERS was due to a lack of coordination between local governments and medical institutions, as well as ineffective epidemiological surveys, including contact-tracing (Chung and Lee 2021; Kim 2022).

#### *Restructuring of the disease control system*

Then, what might we consider the legacy of Korea's experience with MERS to be? Several accounts assert that the initial failures with MERS led to a total restructuring of Korea's national disease control system, which ultimately enabled the government to be adequately prepared to manage the outbreak of COVID-19 in early 2020 (Chung and Lee 2021; Kim et

al. 2020; Yang et al. 2021; Jung 2022). Indeed, much of the regulatory framework involved in the management of COVID-19 emerged during or in the aftermath of the MERS crisis, as a part of the development of a national containment infrastructure against emerging infectious diseases (Yang et al. 2021). The origin of the notable “3T” (test, trace, treat) strategy can be traced back to 2015 in response to MERS (Yang et al. 2021). While finding its origin during the MERS outbreak, the 3T response strategy was fully realized in the early phases of COVID-19.

Within the 3T strategy, *testing* referred to the adoption of innovative testing measures, such as drive-through and walk-through screening stations, as well as the mobilization of available laboratories to increase national screening capacity. An urgent-use approval system for diagnostic products was also introduced after MERS by the Ministry of Food and Drug Safety, which quickly enabled large-scale, nationwide COVID-19 testing (Chung and Lee 2021). In the early phases of the pandemic (March 2020), daily testing capacity was approximately 20,000 (Dighe et al. 2020). By the omicron surge of early 2022, capacity reached up to 800,000 PCR tests per day, with a turn-around time ranging from 6 to 24 hours (Shin 2022).

*Tracing* refers to the government-operated epidemiological investigations that sought to identify the paths of confirmed COVID-19 cases and their potential contacts. This robust contact-tracing system was made possible by a pivotal revision to the Infectious Disease Control and Prevention Act, which enhanced systems of epidemiological investigations and information disclosure. This revision granted the government (in collaboration with major telecommunication companies, the National Police Agency, and credit card companies) access to mobile phone GPS data, CCTV footage, and credit card transaction records, in addition to a legal basis for the disclosure and dissemination of this information during infectious disease outbreaks (Government of the Republic of Korea 2020; Chung and Lee

2021). Additional regulatory amendments enacted following MERS permitted the Ministry of Health and Welfare to develop the Self-Quarantine Safety Protection App, which uses GPS location data to track individuals in self-quarantine (Government of the Republic of Korea 2020).

The final ‘T,’ *treating*, entailed the establishment of a treatment plan for confirmed COVID-19 cases according to disease severity. Under this scheme, asymptomatic/mild cases were able to quarantine either at home or at a residential treatment center, while moderate, severe and critical patients underwent treatment at government-designated hospitals (Government of the Republic of Korea 2020).

### *Emergency preparedness*

As discussed in the Introduction, there has been widespread anthropological interest in the governance of potential biothreats and state-led emergency preparedness. Lakoff (2008), for instance, focused on one particular technique used to understand and intervene in the potentiality of future health events, that is, scenario-based exercises. These exercises, according to Lakoff, served two important functions: “first, to generate an affect of urgency among officials in the absence of the event itself; and second, to generate knowledge about vulnerabilities in response capability that could then guide anticipatory intervention” (Lakoff 2008, 401).

In the Korean context, a scenario-based tabletop exercise was led by the KCDC on December 17<sup>th</sup>, 2019, that involved two dozen infectious disease experts (Shin 2020). The team of experts had formed in the aftermath of the MERS outbreak, seeking to avoid a similar situation to the one that unfolded in 2015 (Shin 2020). The team’s drill proved to have tremendous foresight: it focused on the fictitious case of a Korean family that had contracted pneumonia after traveling to China, where cases of an unidentified disease had been reported (Shin 2020). In response to this hypothetical situation, the group of experts developed an

algorithm for testing and identification methodologies for a novel coronavirus. These measures were promptly mobilized in real life just over a month later, after the first COVID-19 patient was identified in Korea on January 20<sup>th</sup>, 2020 (Kang 2020).

It is apparent that the missteps with MERS exposed several critical weaknesses within the state's infectious disease infrastructure, prompting a system overhaul that ultimately made possible the rapid deployment of COVID-mitigation measures at the outset of the pandemic. This focus on capacity building targeted at public health infrastructure is in line with the characteristics of the "pandemic preparedness" approach described by Lakoff (2008). In further corroboration with Lakoff's distinction between *prevention* and *preparedness*, Korea was initially slow to secure COVID-19 vaccinations, as the government was confident "in their ability to suppress the spread of the virus non-medically and reluctant to take the risk of implementing vaccines" (Kwon et al. 2022, 1). Although it would be an oversimplification to assume that the "lessons learned" from MERS were the only factors which enabled Korea's early success in managing COVID-19, I think it is nevertheless important to draw attention to how Korea's handling of MERS was incorporated into individual understandings of COVID-19.

#### *Interlocutor accounts of MERS*

Korea's experience with MERS was invoked by two of my interlocutors in their attempts to make sense of the early success of the Korean virus mitigation strategy. Lily is originally from Norway and first travelled to Korea in 2019 as an international student. She returned to Norway just before the outset of the pandemic and was only able to return to Korea in early June of 2022, once most of the travel restrictions had been lifted. She was enrolled in a Korean language program at a local university. Lily told me: "But I think in the beginning it seemed like they had a good handle on it [COVID-19], because they had such a bad experience with the MERS virus, and they had the care packages available." By care

packages, Lily is referring here to the packages mailed by local governments to the homes of self-quarantining individuals, which included non-perishable food like cans of tuna and ramen, as well as hygienic items (hand sanitizer, masks, etc.). Likewise, Samantha also drew upon Korea's previous experience with MERS when discussing the government's handling of COVID-19. Samantha was a Korean national who had lived in the United States since early adolescence. She traveled back to Korea through Incheon airport in July of 2020, and has continued living in Seoul since.

**Samantha:** But then, you know, at first, everyone was saying that Korea was doing really well. Yeah, I had no problem, following the rules or whatever. And I think it was a smart move. At first at least, because Korea had experienced MERS. Then they had experiences of getting over [epidemics/pandemics]. So, I think that helped. Because of that, I was not resentful of having to follow the rules.

This excerpt demonstrates the logic underpinning Samantha's willing compliance with the state's measures. Her reasoning follows that previous experiences with MERS enabled the government to acquire sufficient knowledge on how to mitigate the spread of COVID-19, which made Samantha feel confident that the government was prepared. Rather than feeling resentment (fueled perhaps by a sense of futility), the government's competency, built off of inadequacies made clear through their mishandling of MERS, assured Samantha that abiding by the state-implemented measures would be worthwhile and lead to a positive outcome. In Samantha's case, then, it appears that so-called "lessons learned" from MERS in turn promoted an increased trust in the government's handling of COVID-19, which she then used to rationalize her decision to follow the rules without feeling "resentful."

While Korea was quick to deploy the anti-viral strategy developed in the aftermath of MERS, they were far from the only country to implement self-quarantine or quarantine facilities. When considering Korea's response to COVID-19 and the individual, lived experiences within the anti-COVID framework, I think there are two interconnected aspects that bear initial emphasizing: (1) the recent memory of MERS described above, which gave

rise to the enhancement of the national disease containment strategy, and (2) the technologies used to enforce said measures, especially those involving GPS location tracking. The following section will further consider such technologies, specifically in the context of pre-emptive arrival quarantine.

### *Quarantine*

In the early phases of the pandemic, imported COVID-19 cases came to account for a significant proportion of new infections in Korea. In an attempt to reduce the risk associated with cross-border traffic, all inbound travelers as of midnight April 1<sup>st</sup>, 2020, were mandated to quarantine for 14-days. While visa-free entry and most short-term visas were suspended, some exceptions were granted for short-term commercial visas. These short-term visa-holders posed a problem, however, as they had no residence at which they could carry out the quarantine. Therefore, the government created quarantine facilities to house these individuals for the 14-day period. These facilities were for the most part repurposed hotels that had been left effectively vacant due to the scarcity of tourists. For Korean nationals or foreigners with long-term stay status, they had the option to self-quarantine at their residence or spend the fourteen days at a government-operated facility.

The government continuously adapted the quarantine regulations according to global and domestic disease trends. Beginning in May 2021, individuals fully vaccinated in Korea (with at least two doses) could be exempted from the entry quarantine (although this did not apply to those vaccinated outside of Korea). This exemption was later revoked in December 2021 due to the rapid spread of the omicron variant, meaning that individuals regardless of visa or vaccination status were obliged to quarantine, but this time for ten rather than fourteen days. This ten-day period was later shortened to seven days in February of 2022, before finally being completely lifted on June 8<sup>th</sup>, 2022.

### *Interlocutor accounts of quarantine*

In the summer of 2020, Kate returned to Korea from Canada with her teenage brother. Kate had originally come to Korea several years prior to study at a university in Seoul. Before the pandemic, she had graduated and was working for a Korean company based in Seoul. Like all other arrivals at Incheon airport, the two siblings were mandated to quarantine for 14-days upon arrival. Being a long-term resident in Korea, Kate was allowed to quarantine at her apartment. Her brother, who did not have long-term residency status, was technically mandated to quarantine at a facility. But because he was a minor, he could not quarantine alone at a facility, and so the officials granted an exception by permitting the siblings to quarantine together in Kate's small apartment. Like all other quarantinees, Kate was required to download the Self-Quarantine Safety Protection App onto her cell phone upon arrival. This app was launched by the government on March 7<sup>th</sup>, 2020, with two main purposes. The first was to track user's real-time location to ensure they stayed within their permitted quarantine space. Second, users were required to input their health status into the app twice a day, by answering "yes" or "no" across four categories (temperature, soreness, fever, cough), in addition to entering their body temperature according to a provided thermometer. Each quarantinee was matched to a civil servant at the local health clinic who was responsible for monitoring their health status and location (Kim et al. 2021).

However, because their situation was considered outside the normal quarantine protocols, they were subjected to an increased level of surveillance. For instance, a motion sensor was installed to the upper part of her front door. Kate presumed that this small, white device had been installed while she and her brother were still at the airport. In fact, she was not even aware of the existence of the device until the second day of their quarantine, when an alarm went off after her brother had left the door open for too long. This alarm was then

followed by a phone call from the social worker at the local health centre, to whom Kate explained that the door had been left open by mistake and that no one had exited.

As would be expected, two weeks spent confined in a small space with a sibling had several drawbacks, not the least of which was the accumulation of garbage, which by the end of the two-week period had become so plentiful that much of the room was occupied by the waste. Their dependency on food delivery for most meals coupled with the inability to leave their room for even one instant meant that the piling up of garbage was essentially inevitable. The accumulation of garbage was a commonly cited problem associated with self-quarantine, specifically among those who lived in Seoul's tiny one-room apartments which are typically less than two-hundred square feet (Cho 2022). Fourteen days later, once they were finally free to leave the apartment, Kate discovered that the motion sensor had already been removed from her door, having no idea when it was removed, nor who took it away.

My interlocutor Samantha recounted a similar story. After traveling from the United States to Korea in July of 2020, she was fulfilling the mandatory quarantine in a government-operated facility. Although Samantha is a Korean national, she opted to quarantine at the facility, as it would have been practically unfeasible to totally isolate herself from her family members had she quarantined at home. She arrived at Incheon airport around 4 pm and made the long journey to her hometown, traveling first by shuttle bus, then train, and then a taxi with its seats covered in plastic wrap. She finally arrived at the facility around 4 am, waking up the sole worker, who maintained an exaggerated distance from her while explaining the quarantine rules. Perhaps due to an overabundance of rooms, Samantha was placed in an exceedingly large hotel suite, that easily could have accommodated eight people. Unexpectedly, she one day received a phone call from a health officer, who had been alerted by Samantha's abnormal amount of movement and wanted to confirm whether she was still in her room. Confused, she replied in the positive and the worker reminded her to keep the

GPS enabled at all times. Samantha speculated that the alert had been triggered by her movement through the large and spacious hotel room.

Like Samantha, I also spent my first quarantine in a government-run facility in March of 2021. In hindsight, more than two years later, what I now remember most vividly were the multilingual intercom messages that ran twice a day reminding quarantinees to input their symptoms into the Self-Quarantine Safety Protection App. In a surprisingly short amount of time, the daily activity of taking one's temperature and entering symptoms into the app took on a routine-like quality, perhaps even verging on the ritualistic. Once before 10 am and again as the sun was setting, I would find my thermometer. Unable to see the increasing digits whilst using the device, I sometimes grew anxious waiting for the beeping noise to confirm the end of the temperature check. "Why does this time feel longer than previous checks?" - I would ask myself - "Is the number still increasing? Is my temperature really that high?" On one occasion, my anxiety proved not unfounded, as the thermometer displayed an unusually elevated temperature of 37.5 degrees Celsius, which I inputted in the app with some consternation. Concerned that my high temperature may elicit alarm, I wrote a short message to the health officer responsible for keeping tabs on me, in a space provided in the app, simply stating something along the lines of "even though my temperature is high, I feel completely fine!"

These experiences in quarantine share important similarities. They all occurred relatively early in the pandemic (2020-2021) and recount a return to Korea from abroad at a time when travel was highly restricted. For all three of us, quarantine was enforced as a pre-emptive measure, enacted in order to monitor the arriving population. We had not been diagnosed with COVID-19, none of us were sick, we were not even exhibiting mild symptoms. And yet, by nature of having come from abroad, our bodies were deemed too

risky to mix with others immediately upon arrival, and so we consented to having our movement completely restricted for 14 days.

A mundane, everyday-ness was imbued into each of our respective quarantines (sleeping in, watching Netflix, fighting with a sibling), but I think it is important to acknowledge how big of an imposition it is to mandate someone to stay immobile and indoors for two weeks. The complete powerlessness in being shepherded through the airport, the seemingly never-ending waiting (in a line, for a shuttle bus, to fill out forms, etc.), being transported by shuttle bus to an undisclosed location, all these unquestionably contributed to a state of resignation; but, in hindsight, it is still surprising just how *normal*, *matter-of-fact* everything felt. And so, it bears emphasizing that the mandated pre-emptive arrival quarantine was indeed *not* normal. But I should be clear: this is not to say that these measures were ineffective, pointless, or even unnecessary. I merely think it is necessary to recognize the magnitude of the sacrifice of individual quarantinees.

In addition, the three examples detailed above all have in common that they represent a state-implemented, technology-mediated ordering of individuals in space. Each of these technologies (door sensor, geosurveillance tracking and symptom-inputting app) demonstrate a particular way in which the state was able to reach deep into our lives in order to insure either that (a) we were not breaking any quarantine rules and (b) we were not sick. In other words, *what* we were doing during our time in quarantine was not important to government officials, all that mattered was that we were within the confines of our permitted quarantine space and that we were not exhibiting COVID-19 symptoms. It may be helpful to think through these examples of quarantine using Foucault's *discipline*, a technology of power which "proceeds from an organization of individuals in space" (Rabinow 1984, 17).

### *Disciplinary models*

A primary paradigm of disciplinary technology is Jeremy Bentham's Panopticon, the major effect of which is to « induire chez le détenu un état conscient et permanent de visibilité qui assure le fonctionnement automatique du pouvoir » (Foucault 1975, 234). The Panoptic architecture envisioned a prison in which every inmate was at all times completely visible from a center tower. The prison cells would be like « autant de cages, autant de petits théâtres, où chaque acteur est seul, parfaitement individualisé et constamment visible » (Foucault 1975, 233). If we were to consider the Panopticon in its original penal form, it may seem far removed from our starting point of COVID-19 quarantine. In the case of the latter, a field of visibility was established, but this was limited to quarantine's spatial location and health status – one could not see *inside* the “small theatre” of their quarantined space.

We may therefore consider another model of the disciplinary mechanism, that of *quarantine* in plague towns (which has been discussed above). Through a highly regulated spatial partitioning of the town enforced through a dense hierarchy of government officials, the interactions between quarantined individuals and officials occurred primarily through one avenue: the window. As detailed by Foucault, in the plague towns, a syndic would go into the street for which he was responsible and would stop at every house to call the name of each quarantined resident. The summoned inhabitant would then appear before the window and inform the syndic of their physical state. Any person unable to appear before the window would be considered either sick or dead – the syndic would be responsible for finding out: « chacun enfermé dans sa cage, chacun à sa fenêtre, répondant à son nom et se montrant quand on le lui demande, c'est la grande revue des vivants et des morts » (Foucault 1975, 229).

There are important differences between the Panoptic and quarantine model, insofar that quarantinees of the plague towns were not so much subjected to an all-seeing, constant monitoring, that promoted a particular form of self-surveillance seen in the Panoptic model.

Indeed, the “cage” of the quarantined person was not what was under observation. These variations may of course be partially explained by the fact that each model attempts to elicit a different effect from the subjected population: i.e., “good behaviour” in the convict, and the “observation of the regulations” for the patient (Foucault 1975, 236). Like COVID-19 quarantine, then, the focal point of surveillance in the plague town was not *what* people were doing, but *where* they were and *how* they were feeling.

However, while the object under surveillance may be similar, the method of surveillance was not the same. Bringing oneself to the window once a day is an incredibly transparent process, by which there is a mutual recognition between the detained and the syndic. The quarantined can *see* the person enforcing their detention, and vice versa. In COVID-19 quarantine this is not the case – the technology-mediated surveillance almost completely obfuscates the relation between the observer and the observed. It is only when something is not *normal* – your door stays open for too long or you move around too much in your room – that a phone call arrives, and a human interaction is formed. But the principle of the subjection during COVID-19 quarantine is that the nature of surveillance remains largely unidirectional and mystified for the quarantinee. Rather than seeing the enforcer of your detention, you are met with a user-friendly app interface that invites you to participate in the enforcement of your own quarantine, by inputting your symptoms twice a day. You *know* that your location is being tracked and symptoms surveilled. But in reality, the nature of how this data is being accumulated and used remains hidden from you, mediated through your cell phone. In addition, as Kate’s case demonstrates, some of the COVID-19 surveillance measures were set in place without the knowledge of the quarantinee. Indeed, she never did determine who placed the motion sensor on her door, nor how and when it was removed. This suggests a totally depersonalized and anonymous form of monitoring/surveillance, which is much more in line with the Panoptic model of discipline.

In their critical examination of Korea's COVID-19 tracking apps, Kim, Chen and Liang (2023) use the "politics of care" as an analytical framework to discuss instances of users who actively and willingly constituted themselves as subjects of surveillance. Overall, they propose that Korea has "deliberately engineered the feelings and concepts of care to normalize a particular form of pandemic technogovernance, which reconstructed the public imagination toward state surveillance as a form of paternalistic care" (Kim et al. 2023, 1434). This was achieved through the construction of a moral infrastructure that legitimized the deployment of the surveillance technologies. Considering Samantha's remarks regarding the Korean experience with MERS discussed above, perhaps the "lessons learned" in 2015 also played a role in the legitimization of the surveillance technologies.

Departing slightly from Kim, Chen and Liang's analysis, would it not be possible to also suggest that the depersonalized, technology-mediated nature of the relationship between the quarantined person and the state made the disciplinary dimensions of quarantine more acceptable to subjected persons? The fact that surveillance occurred predominantly through an app-based interface, into which quarantinees were themselves responsible for inputting their symptoms, may have resulted in the obfuscation of the scale of the surveillance itself, which in turn made the measures more palatable.

### ***Docile bodies***

What the disciplinary methods of the panopticon and quarantine in plague towns both have in common is that they sought to create bodies that were simultaneously intelligible and manipulable, bodies that were *docile* (Foucault 1975, 160; Schrift 2013). Unlike previous disciplinary methods that invested enormously in the body through renunciation/mastery (asceticism), or appropriation (slavery), disciplines of the seventeenth century onwards became a general formula of domination through which bodies became more *useful* as they became more *obedient* (Foucault 1975, 162). Docile bodies are created through the

distribution of individuals in space. Foucault contends that the medical supervision of contagion cannot be separated from a whole series of other controls, including the administrative control over remedies, which in some cases even precedes the techniques of medical observation (Foucault 1975, 169). In the context of early pandemic Korea, a shortage of masks and fear of stockpiling led the government to implement a mask distribution system, through which individuals could only purchase two masks a week from permitted vendors (pharmacies and post offices). Mask purchases were linked to an individual's resident registration number (as discussed in the Introduction), which prevented multiple purchases across different retailers (Kim 2021). This practice existed alongside numerous other health-related measures that organized people in space (social distancing, quarantine, etc.), which represent an individualization of « les corps, les maladies, les symptômes, les vies et les morts » (Foucault 1975, 169).

Although one could certainly argue that the spatial-oriented disciplinary technologies implemented in Korea were conducive to the creation of *docile bodies*, it is important to simultaneously press back against this notion by acknowledging that people did indeed circumvent state regulations through small-scale individual acts of disobedience. These actions were varied but included breaking quarantine regulations by leaving one's phone at home and taking a walk outside or paying with cash rather than card to avoid the possibility of being tracked through one's purchase history, and so on. It would simply be incorrect to assume that the state measures were followed uniformly among all people; any nuanced analysis of COVID-19 in Korea must make room for individual agency and the ability of people to push back against the regulations. This acknowledgement of agency would not run counter to Foucault's *discipline*, however, as disciplinary technologies assume an understanding of power that is fundamentally noncoercive.

## *Conclusion*

My intention in this chapter has not been to make the claim that the Korean model for combatting infectious diseases is ‘good’ or ‘bad’, to pass any kind of normative judgement. It is neither my intent to present a teleological sketch of the emergence and control of infectious diseases in Korea, one that would assume any direct, linear or causative relationship between the heavy-handed state measures that resulted in the exile of lepers in the twentieth century and contemporary MERS/COVID-19 regulations.

Rather, I have attempted to present an analysis that is historical, ethnographic and detailed. Based on individual accounts of arrival quarantine, I compared and contrasted the technology-mediated state-individual interactions with the Foucauldian disciplinary models of the quarantine of plague towns and the Panopticon. I also showed how Korea’s experience with MERS led to a restructuring of Korea’s infectious disease containment strategy, which made the rapid deployment of these surveillance technologies at the outset of COVID-19 possible.

## Chapter 2

### Pandemic Subjectivities in Quebec and Korea

On a weeknight in the spring of 2021, I had wrapped up my workday around 6 pm and left the university campus to make my way to the neighbourhood of Euljiro, one of my favourite places in Seoul. Transferring to the subway line two at the Sindang station, I joined the throngs of other people going up and down escalators and walking through what feels like a never-ending corridor. After joining the line in front of one of the subway car doors, I removed my backpack and held it tightly to my chest to make as much room as possible for the rush hour crowd. A few stops later, I got off at the Euljiro-3-ga station and began walking to Exit 1. In the subway station, I pass by an exhibition called 을지로사이 or “Euljirosai,” which showcases the various works of small-scale manufacturers whose workshops have populated the neighbourhood for decades. And indeed, much of the charm of Euljiro’s atmosphere comes from its unique blend of small industrial manufacturing workshops and hip cafes and bars.

It was typical for me to spend the evenings after work out and about, almost exclusively on my own. Even during my leisure time, I felt incredibly restless. There was something so emotionally daunting about spending an extended amount of time alone in my studio apartment, and so I filled the hours with bookstore visits, café hopping, shopping and so on. I felt like I always had to be on the move – I was scared to think about what would happen if I stopped for even a moment. That evening, I walk up the stairs out onto a busy street, lined with shops selling washroom fixtures and plumbing equipment. I then make a right turn down one of the side streets and arrive at my favourite Seolleongtang<sup>5</sup> restaurant. The middle-aged female workers greet me as I enter the brightly lit restaurant, where I immediately stop at the check-in station set up next to the door.

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<sup>5</sup> Seolleongtang is an ox bone broth soup – the ultimate comfort food.

There, a cell phone is propped up using a plastic stand that is affixed to one of the restaurant's wooden dining tables. The QR scanner app is open on the cell phone and ready to be used. Next to the cell phone is a clipboard with a printed visitor log and pen. The restaurant was mandated by the government to use the QR app (and have the handwritten form for people without a cell phone) as a way to keep a record of all visitors, which would then be used for contact-tracing if a positive COVID-19 case was found to have visited the establishment.

Although this exact set-up was totally expected, I still felt uneasy as I forwent the QR scanner and reached for the pen to fill out the form. Even though the QR code was the preferred way to check-in (for reasons that will be discussed below), I was unable to access the app-based system due to my short-term visa, which made it impossible for me to set up a phone plan under my own name. Therefore, I had no choice but to use the handwritten log: I wrote down my name, the district where I live, the time and my phone number, all while referring to previous entries to make sure I had properly understood the contents of the form. It takes me perhaps 20 seconds to complete this check-in, before I look up uneasily at the other patrons of the restaurant, who were primarily middle-aged and elderly men.

No one paid me any mind, however, as I made my way to one of the smaller, two-person tables. The worker brought a bowl of large, uncut kimchi with a pair of large scissors, and I ordered my meal for one. As I struggled slightly to cut up the kimchi with the scissors, a worker kindly brought me an apron to prevent any splatter on my white shirt. As I ate my supper, I noticed people entering the restaurant and pulling up the QR code on their phone. They would move their phones back and forth in front of the QR scanner, in an attempt to get the camera to recognize and capture the code. Sometimes, it took multiple attempts before the code was finally captured. After finishing the meal, I chatted briefly with one of the workers as I paid my bill, who commented on how well I was able to eat the kimchi.

These kinds of check-in requirements were one of the many ways in which COVID-19 became inscribed in everyday life in Korea. But unlike other tangible manifestations of the pandemic (like the public health messaging that will be discussed in the following chapter), the check-in system hinged on the active participation of the public – it was not something that could be turned off or passively ignored. Like mask wearing and other mandated conduct, the check-in processes shaped the ways in which people were expected to carry themselves in public throughout the pandemic, and therefore may have emerged as a site for new kinds of subjectification.

This chapter presents an analysis of foreigner subjectivity during the COVID-19 pandemic in Korea. Understanding *subjectivity* as a notion dealing with projects of selfhood in which inner and outer states are sutured together (Das 2006, cited in Biehl and Moran-Thomas 2009), this chapter delves into the ways in which the COVID-19 regulations were stitched into the conduct of everyday life. In order to draw out the specificity of the Korean case, I present a brief overview of my own experiences living in Quebec throughout 2020, before turning to my life in Korea from 2021 onwards. I discuss how my anxiety and fear of being perceived as a non-compliant outsider led me to fully embrace the Korean government's COVID-19 regulations. I demonstrate this by looking first at the QR check-in system, and then briefly at masking policies. But first, I provide an overview of the differences between the response to COVID-19 in Quebec and in Korea.

### ***Korea vs Quebec***

The government's approach to managing COVID-19 varied significantly between Canada and Korea. Under the federal system in Canada, provinces and territories are responsible for the management, organization, and delivery of healthcare (Government of Canada 2023). For this reason, the measures implemented in Canada varied from province to province, which contrasted the uniform anti-COVID strategies implemented in Korea. On March 14<sup>th</sup>, 2020,

Premier Francois Legault declared a public health emergency in Quebec, and within two weeks, all non-essential businesses were mandated to close down (Raynault et al. 2020). Inter-regional and provincial border checkpoints were also set in place with the intention of limiting non-essential travel between regions and provinces (Cameron-Blake et al. 2021). In January of 2021, Quebec became the only region in North America to implement a curfew, in what Premier Legault described as a “shock therapy” to control the increasing COVID-19 cases following the holiday season (Shingler 2021). The curfew mandated that all residents remain indoors from 8 pm to 5 am or face fines ranging from \$1,000 to \$6,000 (Shingler 2021). Although initially set for 4 weeks, the curfew ended up staying in place for approximately five months.

Lockdowns, border checkpoints, curfews – Quebec’s far-reaching response to COVID-19 was far more restrictive compared to the Korean one. As already mentioned, the swift deployment of the “3T” containment strategy was the cornerstone of the Korean response, and is credited with being the primary reason why Korea was able to avoid resorting to mass lockdowns or stay-at-home orders (Government of the Republic of Korea 2020, 35). This point has been continuously emphasized in nearly all the English-language news media and academic literature I have consulted on Korea’s COVID-19 response. While other countries have relied on “draconian measures” such as border closures and lockdowns, Korea has been able to stay relatively open due to its “epidemiological approach” that included widespread diagnostic testing and isolation of contacts (Cambell 2020).

Herein lies the central irony of the differences between the Canadian and Korean response. Time and time again, Korea’s digital surveillance system has been cited as being the reason why the country was able to avoid the “draconian measures” implemented elsewhere, such as Canada. Simultaneously, those same tracing technologies were deemed unsuitable and unimplementable in the Canadian context, due to privacy concerns. Indeed, an

article published in the *Canadian Medical Association Journal* claimed that the Korean digital contact-tracing paradigm was unlikely to be accepted in the North American context, due to a “lack of participant consent in such systems and infringements on individual privacy” (Kleinman and Merkel 2020, E653). A COVID-19 contact-tracing app was launched in Canada in July of 2020, which used Bluetooth technology to anonymously track people’s contacts (O’Kane 2022). However, the app was deemed largely a failure, due primarily to a low adoption rate among the population (Dumouchel et al. 2023).

From the very early phases of the pandemic, there has been a widespread interest in comparing the various anti-COVID measures and approaches that have been implemented across different countries (Sridhar 2022; Moon 2021; Cascini 2022; Song and Choi 2023). Such comparisons seek to assess the effectiveness of the various approaches and have resulted in countries being categorized according to how “well” they managed the virus (based on metrics such as total case numbers, mortality rates, vaccination rates and economic impact) (Ko et al. 2021; Razak et al. 2022). Although the use of epidemiological data for cross-country comparisons is not without challenges (Fitzpatrick 2020; Middelberg 2020), such data can nevertheless be useful in terms of delineating macrolevel COVID-19 trends. But importantly, epidemiological outcomes paint only one particular kind of picture, one in which the individual, lived experiences of those upon whom the measures were imposed are largely obscured. Therefore, ethnographic contextualization may be helpful in filling this gap, by providing a “counter-narrative to epidemiological discourse” (Panter-Brick 2014, 434). Such a counter-narrative could take many shapes, but for the purposes of this chapter, *subjectivity* will be used as the primary theoretical lens through which lived, individual experiences will be investigated.

## ***Subjectivity***

The notion of *subjectivity* has been taken up across numerous disciplines ranging from psychoanalysis to economics and biology, and has undergone several metamorphoses throughout its conceptual journey. From the nineteenth century onwards, subjectivity has been associated with a Cartesian emphasis on the individuality of the human mind and consciousness, that can be juxtaposed with the scientific worldviews of “the objective” (Biehl, Good, and Kleinman 2007, 6). While our contemporary understandings of subjectivity tend to refer to processes of individual inner life and affective states, this has not always been the case; iterations of subjectivity from the twelfth to fifteenth centuries focused predominantly on the *political* subject, that is, he who is “under the dominion of a monarch or reigning prince” (Biehl, Good, and Kleinman 2007, 6). Alternatively, psychoanalyst Jacques Lacan (1992) understood subjectivity as “that failed and renewable and all-to-human attempt to articulate the truth of oneself” (cited in Biehl and Moran-Thomas 2009, 273).

Within anthropology, Clifford Geertz (1973, 1983) is well known for espousing a subjectivity-oriented theory, through which the subject embodies *culture*. In this perspective, anthropologists can render subjective life intelligible by analysing “the symbolic forms – words, images, institutions, behaviours – through which people actually represent themselves to themselves and to one another” (Biehl, Good, and Kleinman 2007, 7). While the legacy of Geertz’s cultural analysis within anthropology is immense, many anthropologists since have been in favour of removing ‘culture’ from the discipline’s conceptual toolbox. In contrast with the symbolic approach, some anthropologists have advocated for the reinsertion of the *body* and *embodiment* in our understandings of subjectivity, thereby highlighting the importance of corporeal and somatic processes for the subject (Biehl, Good, and Kleinman 2007; Rose 1996). This approach may be considered as part of a larger trend within anthropology that seeks to deconstruct the particular “Subject” that has been presumed within

the humanist tradition, that is, “the average adult-white-heterosexual-European-male-speaking a standard language” (Deleuze and Guattari 1987, 10). This destabilization has been achieved by showing how the “Subject” is in fact a product of “Enlightenment, colonial, and racialized and gendered discourses rather than a foundational reality for investigation” (Biehl, Good, and Kleinman 2007, 8).

The goal of studying subjectivity is not, then, to theorize an “intangible Subject,” a project which has in turn had the unintended adverse outcome of reducing people to “remote abstractions, discursive forms, or subject positions” (Biehl, Good, and Kleinman 2007, 13). According to Good (2012), the use of *subjectivity* as an analytic term indicates a set of critical issues for contemporary anthropologists, that differ markedly from the issues raised in classic anthropological studies of ‘self’ or ‘person and emotion’ (Good 2012, 517). These new critical issues in turn open alternative domains for ethnographic investigation, domains which denote the “importance of linking national and global economic and political processes to the most intimate form of everyday experience” (Good 2012, 517).

As noted by Biehl, Good, and Kleinman (2007), understanding the self as *corporeal* does eliminate some of the problems posed by a purely mentalist approach. However, by privileging the body, one may run the risk of producing a “one-dimensional picture of individuals, as if they were socially entrained physiology (that is, as if they were fundamentally determined, ‘all the way down,’ by traceable forms of control and discipline.” In other words, espousing an understanding of subjectivity that foregrounds the body may in turn lead one to overemphasise how technologies of control and discipline subjugate the body. This may have been the case had I, for example, centred the analysis of subjectivity presented in this chapter around Foucault’s ‘docile bodies’ described in Chapter 1. This tension is tangible in Judith Butler’s (2004) piece entitled “Bodies and Power Revisited,” where Butler examines what theorists have purported to be a ‘vacillation’ in the Foucauldian

understanding of power and bodies. This ‘vacillation’ occurs between an understanding of power which, on the one hand, *acts* upon the body, and power which, on the other hand, *crafts* and *forms* a body, that is, a body which is *anterior* to power, and a body that is *made*, or *brought into existence* by power (Butler 2004, 183). Nevertheless, as noted by Biehl and Moran-Thomas (2009), subjectivity is not only articulated as resistance, or as speaking to power. Rather, it “continually forms and returns in the complex play of bodily, linguistic, political, and psychological dimensions of human experience, within and against new infrastructures and the afflictions and injustices of the present” (Biehl and Moran-Thomas 2009, 270).

Anthropologists have also paid attention to the ways in which one *becomes* a subject, that is, the Foucauldian systems of subjectivation (Stalcup and Hahn 2016; Faubion 2001). Stalcup and Hahn (2016), drawing upon Faubion (2001), note that becoming a subject is double-edged, insofar as it refers to both processes of subjection, through which “individuals are labeled or made into subjects,” as well as processes “through which individuals might make themselves into subjects” (Faubion 2001, 12, cited in Stalcup and Hahn 2016, 488). This process of subjection can also be understood in relation to Louis Althusser’s (1971) scene of interpellation, in which “the citizen, in being hailed by the police, is both subjected to state power and made into a political subject” (Kurtović 2019, 444).

While I have highlighted some of the theoretical underpinnings of *subjectivity*, I have deliberately refrained from providing a precise definition. This is because, following Biehl, Good, and Kleinman (2007, 15), I wish to maintain the openness and contingency of the term’s meaning. I do this with the intent of foregrounding in my investigation the “dynamic and unsolved tension between the bodily, self, and social/political processes” that is at the core of subjectivity. The understanding of subjectivity underpinning this chapter follows Biehl and Moran-Thomas (2009) in its foregrounding of “the power of plasticity inherent to

human interiority,” which underlines a profoundly malleable self (Biehl and Moran-Thomas 2009, 271). In what follows, I am interested in delineating a rough outline of the ways in which an “apparatus for ‘being human’” had been put together, by paying attention to the technologies and techniques that “hold personhood in place” (Rose 1996, 2).

### ***COVID-19 experiences in Quebec / Korea***

#### *Quebec*

In mid-March 2020, shortly after the WHO had declared COVID-19 a global pandemic, my younger sister and older brother moved back to our family home to join my parents, my brother and I, making us a household of six people (plus two dogs). My childhood home is located on a small dirt road in rural Quebec, about 13 km from the closest town. The day of his arrival, my brother had brought with him two large containers of onion soup from the restaurant where he worked, which otherwise would have gone bad during the two-week lockdown that was initially mandated by the Quebec government. As we hunkered down that first time, an air of excited anticipation pervaded the household, spurred perhaps by the sense of novelty, uncertainty, and monumentality that characterized that first COVID-19 wave. No one in our household, least of all I, could ever have predicted that this state of near total lockdown would not only persist for almost the entirety of that first year, but would in fact be extended even further, through the implementation of curfews and border checkpoints.

Even in spite of these extraordinary and (although it is now perhaps cliché to say) *unprecedented* circumstances, there was something incredibly *familiar* and comfortable about the “way of life” that took shape in our household in the wake of the pandemic. There was nothing other for me to do than stay at home. I remember lamenting to my friends over zoom that it felt like I was reverting to my teenage self – the impositions of the lockdown had essentially restored the conditions of being a teenager without a driver’s license in rural Quebec: nowhere to go, nothing to do, no one to see. It felt like I was living during a

perennial summer vacation. While it is possible to imagine how this could have been a nightmarish situation for someone else, I was for the most part totally content to be stuck at home. Perhaps fuelled by a kind of romanticized nostalgia, I saw the lockdowns as being the condition that ultimately enabled the opportunity for my entire family (minus my eldest sister) to stay together in my childhood home for an extended period of time. It was not without some undue sentimentality that I realized that this was most likely the last time we would ever spend time together in this way.

A simple daily routine fell into place, which endured all throughout that first year. At two o'clock, my siblings and I would assemble to go on a daily walk to the dead-end of our road. We typically brought along a portable speaker to play music and a soccer ball, and I would grab my film camera. After my mom had discovered a stash of 35mm film hidden away in a drawer, it became customary for me to snap one group shot of my siblings every day at the same spot on the dirt road, at about the halfway point of our walk. Returning home about an hour later, my sister and I would help my dad cook supper, which we would then enjoy at a leisurely pace. Our dinnertime discussions varied both in terms of topic and tone, sometimes being light-hearted and jovial, other times intense and heated. Following our meal, the dining room turned into a shared study space, as my siblings and I congregated around the table with our books and laptops. As the night wore on, the study group would gradually disband one by one and by midnight, the house was usually quiet. Indeed, the night-time was essentially the only time of day that the house was quiet, and one could be alone. I took advantage of this by staying up excessively late listening to music or watching movies on my own.

This daily routine continued for months without much variation. Excursions outside were few and far between. At one point, I realized that two weeks had gone by since I had last left our road. Every car trip felt exciting and novel, even if we were just going to the

grocery store. Overall, it felt as though the seclusion afforded by our rural location largely insulated us from the ongoing COVID-19 crisis, which, in reality, was unfolding not that far away, in larger cities like Gatineau, Ottawa, and Montreal. Of course, this is not to suggest that the lower population density absolved us of COVID-19 risk. It would have been naïve to assume that we were completely “safe” from the pandemic just because we were situated in the countryside. However, the reality was that while I lived in Canada, I did not actually *think* that much about COVID-19. Although I was well aware that COVID-19 was what forced the total restructuring of our lives, it nevertheless seemed like something that existed abstractly out in the world, separate from me and my family. The daily briefings by the Quebec government, the stories of “rising” and “flattening” curves, did little in terms of informing how I would actually go about my day; regardless of changes in viral trends, my siblings and I would still go for our walk at two o’clock, we would still eat supper around 6 pm, and so on. Importantly, there was also very little room for individual decision-making, in terms of how we should conduct ourselves during the pandemic. The government’s messaging was clear and resolute: stay home.

In other words, the greatly restrictive regulations put in place to limit the spread of COVID-19 created an environment in which I felt insulated and separate from the biological threat of COVID-19, which in turn meant that the pandemic did not really cause me that much stress or anxiety. Because this environment was similar to the one in which I grew up, the isolated position was something that I was not only familiar with, but was actually *comfortable* in. Additionally, although it is a little embarrassing for me to admit, the fact that I was under the care of my parents meant that I did not feel *responsible* for COVID-19 – I was not alone in having to manage or stay informed about the pandemic, as I could rely on my parents and siblings. While it was certainly never my wish to be infected with COVID-19

and bring it home to my family, I also knew that if this was ever unfortunately the case, my family would not blame or condemn me.

Even though I was perfectly content re-living essentially the same day over and over, I knew that I could not stay at my parent's house forever. My childhood home was effectively frozen in time, and if I stayed there too, I would be frozen as well – there would be no change, no growth, and no new experiences. As happy and comfortable as I was being at home surrounded by my family, I knew that I had to move on. And so, when the opportunity to move back to Korea presented itself in early 2021, I made the decision to leave.

The morning of my departure, in early March of 2021, I was careful not to lose my footing on the icy driveway as I lugged my suitcase to my parent's van. The warm glow from the windows of the red brick house illuminated the snowy front yard only ever so slightly, but did not reach the end of the driveway. The first light of dawn was still a few hours away when I hopped into the van, accompanied by my parents and brothers, who would see me off at the airport. No matter how many times I have made the trip to Korea, the final drive to the airport always proves to be a melancholic event. But this time, as we drove through the empty streets of my hometown, I felt even more despondent, perhaps because I knew that my now imminent departure signalled the end of the “summer vacation” I had spent at home with my family over the past year. As we approached the border between Quebec and Ontario, we drove past a police car that was likely out enforcing the curfew. Upon seeing the vehicle, I panicked for a moment, thinking that the police may stop us to investigate our reason for being out during the curfew. But luckily, we were able to carry on to the airport without any incident. It was in this way, surrounded by family and under the threat of potential police intervention, that my COVID-19 episode in Canada came to a close.

### *Seoul*

As mentioned in the Introduction, I was returning to Seoul to resume working at the research institute where I had previously been employed from 2016-2018. For this reason, I

had a general idea of the lifestyle that awaited me upon my return. One of the major challenges I experienced during my first Korea sojourn, as a then 20-year-old who had never lived away from home, was the loneliness that ultimately comes with living by oneself in a foreign country. Prior to my departure, I was nevertheless hopeful that my improved Korean language skills, better financial situation, and my older age would, taken together, lead to an overall better experience compared to 2016. But I also knew that I would be facing some major hurdles – namely, leaving my family home where I had essentially been cooped up for the past year, to jump almost immediately into the hustle and bustle of Seoul; the uncertainty surrounding the pandemic situation itself; and an uncertainty with regards to my visa status<sup>6</sup>. In spite of all this, I was still hopeful and excited to return to Korea to complete my fieldwork and work at the university again.

When I arrived at Incheon airport, I was immediately whisked away to the government-operated quarantine facility (as described in the Introduction). Upon my release two weeks later, I travelled directly from the quarantine facility to the university via taxi, where I was to meet my boss and new co-workers. My release from quarantine on March 18<sup>th</sup> came one day after the Seoul and Gyeonggi-do<sup>7</sup> governments had issued a COVID-19 administrative order, which mandated that all foreign workers be tested for COVID-19 before the end of the month (Seo 2021). It further stated that those who violate the order could face a fine of up to 3 million Korean won (approximately CAD \$3,000) and would be held liable for the “expenses incurred from COVID-19 infections resulting from their failure to get tested” (Seo 2021). This mandate was purportedly in response to recent COVID-19 clusters among

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<sup>6</sup> I had traveled to Korea on a short-term work visa, which grants a period of stay of only 90 days and cannot be renewed or extended in the country. Upon my arrival, I had to apply for a long-term employment visa, which are much more difficult to acquire. Fortunately, after a long, stressful process (including a lengthy process of document notarization), I was finally able to secure the proper visa in August of 2021.

<sup>7</sup> Gyeonggi-do is a province that surrounds Seoul and has a population of approximately 13 million people.

foreign workers employed at factories in Gyeonggi-do, who often faced poor work conditions and lived in overcrowded dormitories (Lee 2021).

During the taxi ride from the quarantine facility to the university, I wondered whether the mandate also applied to me, given that I had been granted entry into Korea through a work visa. However, I had just been tested twice throughout my two-week quarantine at the facility, and so I figured that it was most likely not necessary. I needed not fret, however, as the Seoul government would rescind the order the following day, after receiving a barrage of criticism from diplomatic missions and the human rights commission, stating that a testing mandate directed specifically at foreign workers was discriminatory (Smith and Cha 2021; National Human Rights Commission of the Republic of Korea 2021). At that time, I had given little thought to the larger implications of such an administrative order – I did not consciously register whether or not it could be considered discriminatory; my more immediate concern was figuring out how to abide by the rules to avoid the potential fine. In hindsight, I do not think there is any doubt that such a testing mandate can and should be considered unfair and discriminatory. What seems especially cruel is the inclusion of the clause that made the non-tested COVID-infected person liable to reimburse the government for the costs of testing, treatments, and contact-tracing (Kim 2021). The discriminatory nature of such an order is further evidenced by the Seoul government's decision to revoke it only a few days later. But, again, at that time, having *just* arrived in the country after months of preparing documents and going through the pre-departure testing and arrival quarantine, I just wanted to avoid getting in trouble – I was willing to comply with the rules without much reflection.

On that sunny morning in late March, as the taxi took me through the neighbourhood where I had lived in 2016, I was struck by how little it had changed in the three years since I had last seen it. After finally arriving at the university and meeting my boss in his office, my

second Korea sojourn had officially begun. Like the consistent routine that took shape at the beginning of the pandemic in Canada, a daily pattern fell into place in Seoul as well, but as anticipated, the activities were totally different. Unlike in Canada, my day-to-day schedule pivoted primarily around my work. At around 8:40 am, with my mask secured, I would typically rush out the door of my one room apartment, for fear of arriving late at the office. My preferred mask was a K94, which fit tightly around my mouth, almost up to my ears. The hilly terrain of northern Seoul meant that the quickest way to work involved going up and down several steep hills, with the steepest of all being at the entrance to the university campus where my office was situated. During the warmer months, wearing a mask made climbing these hills even more strenuous, but this was something that I, like everyone else, grew used to.

Arriving at my building, there were only a handful of entrance doors that the university allowed students and staff to use, and they were locked at all times to prevent outsiders from entering. Attached to the wall next to the door was a screen with a thermal scan camera that simultaneously checked your body temperature and scanned your face to make sure you were wearing a mask. In order to unlock the door, there was a specific procedure to follow. First, you had to stand in front of the camera and after a few seconds, your temperature would appear at the bottom of the screen. If your temperature was over 37.5 degrees Celsius, or if the camera detected that you were not wearing a mask, you would not be able to move on to the next step. Once your temperature and mask-wearing were verified, you then had to place your finger on the fingerprint scanner, or alternatively, scan your student/employee card. Then, the door would unlock and you could enter. But the timing was important – if you rushed or waited too long between steps, the door would remain locked, and you would have to restart the process.

On a typical morning, I would arrive at work just before 9 am. I would take the outdoor elevator up to the first floor of the building, along with about a half dozen other people. The first person who arrived at the door would be the one to carry out the unlocking procedure, while the rest of the group lined up waiting. Sometimes, on days when I was in a rush, I would end up arriving at the door first. I would then take off my headphones, have my temperature checked and put my index finger on the scanner. Sure enough, a group of people would assemble behind me as I carried out the procedure. If, for some reason, there was a technical error, and my fingerprint was not recognized, I would feel horribly embarrassed for having kept everyone held up. There was also a glitch in which the camera would sometimes not recognize darker face masks and so I would have to place my hand in front of my mask, to trick the machine into thinking I was wearing a white face mask. If the door still would not open, I would awkwardly and apologetically step aside and cede the door-opening duties to the next person. Given the frequency of these kinds of malfunctions, I was happy to stay at the back of the crowd and delegate the door-opening to someone else.

### ***QR code check-in & handwritten visitor logs***

This multi-step entry procedure that was introduced at the start of COVID-19 was not unique to the university where I worked. In fact, similar temperature-checking devices and check-in electronic systems were set up in most establishments by the time I had arrived in Korea. Like the restaurant described in the opening to this chapter, nearly every café, bar, and public eatery had a tablet or cell phone at the entrance to their facility, or near the cash, where the customer was required to provide a QR code that would be scanned by the establishment's device. The time sensitive QR code was generated by a Korean network service company (KakaoTalk, Naver or PASS) and once scanned, it would generate a record of the individual's visit. In the case that a confirmed COVID-19 patient visited that facility, health authorities (like the KDCA) would then be able to request the personal information (person's name,

telephone number, QR code) and information on the time of visit of the facility, and would use this information for contact-tracing (Gong et al. 2022). The record of the visit was automatically deleted after four weeks (Gong et al. 2022).

Alternatively, people without access to the QR-code generating cell phone application were able to write down their information on a printed visitor log form. For several months after my arrival, I was unable to set up a phone plan under my name, due to my short-term visa status. I therefore could not use the QR check-in system, and instead, had to write down my information on a form like the one presented below (**Figure 1**). Upon entering a public space, my first instinct quickly became to search for the sheet, grab the pen, and write down the required information. Although the employees would typically pay me little mind as I filled out the form, I felt very uneasy about using the handwritten visitor log. This trepidation (and the multiple, interconnected factors underlying it) is worth investigating further, as it may shed light on processes of subjectivation that emerged at the intersection of the technology-heavy COVID-19 measures and “foreignness” in Korea.

Date	Visit time	Consent to collection and use of personal information	Consent to provision of personal information to third parties	Name	Phone number	Note
날짜	방문 시각	개인정보 수집·이용 동의	개인정보 제3자 제공 동의	이름 (서명 대체)	전화번호	비고
6/24	17:24	√	√	홍길동	010-1234-4567	

Figure 1

***Entry prohibitions, deviant conduct & the Itaewon outbreak***

Even just the act of entering a restaurant or café in the months after my arrival came with a slight sense of unease. This was because I felt as though I could not know, with certainty, how the workers or the clientele would react to my presence, as a visible “outsider,” that is, a

foreigner. Even though I had never experienced any overt form of avoidance or discrimination, I was still worried that my entry into the shared, public space would cause those present to feel uncomfortable or apprehensive. This heightened anxiety was likely caused by a confluence of factors. For instance, I had come across numerous news stories and social media posts that detailed cases of foreigners in Seoul being refused service by taxi drivers, and denied entry into restaurants, cafes, and clubs during the pandemic (Lee 2020). Normally, in such cases, a sign would be posted on the door to the facility, stating “외국인 출입 금지,” that is “No foreigners allowed.” It is important to stress, again, that I had never come across such a sign, nor had I ever been asked to leave a restaurant, etc., and although I have been refused taxi service, this had also occurred pre-COVID, and so it is impossible to know whether this had anything to do with being a foreigner.

Apart from the risk of potential expulsion from public spaces or denial of service, there existed other forces which led me to believe that my mere presence as a foreigner could be interpreted as “threatening.” Throughout 2021, there were several reports of mask-less foreigners breaking the social distancing rules, by congregating in large numbers in public places (such as a beach in Busan, an island in Incheon and outdoor playgrounds in Hongdae) (Kang 2021). The media dubbed these transgressions as “방역 이탈” or “quarantine deviation,” and also stressed that while the incidence rate of COVID-19 among foreigners was significantly higher than among Koreans, their vaccination rate was much lower. Therefore, the disobedience of this minority group threatened to undermine the nation’s arduous fight against COVID-19 (Kang 2021).

But perhaps the most symbolically potent infraction was the Itaewon outbreak in early May of 2020. Located in central Seoul, Itaewon is a hub for foreigner-run establishments, nightlife, and embassies, and has for decades been a haven for Korea’s minority populations (namely, foreigners and LGBT groups). The atmosphere of Itaewon differs markedly from

other areas of Seoul; it has a kind of dynamic, old-school charm that makes it less pristine compared to Gangnam or Sinchon, which simultaneously gives the area an aura of liveability and homeliness. Throughout my time in Korea, I have been a frequent visitor to Itaewon, for its craft beer, vegan restaurants, and English-language bookstore.

By April of 2020, the first few COVID-19 outbreaks that had shaken the nation had largely been brought under control, prompting the government to lift most of the social distancing measures ahead of a holiday long weekend. This meant that several nightclubs in Itaewon were permitted to open for the first time in months (Kang et al. 2020). On May 7<sup>th</sup>, the sense of security that had led to the lifting of measures was shattered – a man who had visited several Itaewon nightclubs was diagnosed with COVID-19, which led the government to re-impose the social distancing measures and deploy their far-reaching contact-tracing apparatus (Baek 2023)<sup>8</sup>. At this point in time, the QR check-in code had not yet been implemented, and so in addition to CCTV footage, cell phone location data and credit card records, contact-tracers relied primarily on the handwritten visitor logs compiled by the nightclubs to identify all those who had entered the establishments. But the handwritten records proved to be very limited: contact-tracers were only able to reach 2,032 of the 4,961 people who had written down their information (Ministry of Health and Welfare 2020). The unreachable people had either written down a fake phone number or had refused altogether to answer phone calls from contact-tracers (Baek 2023).

In the few days that followed the outbreak, there was a barrage of public condemnation directed towards the clubgoers, who had (in the public's view) put the health of the nation in jeopardy for nothing more than a night out dancing. Moreover, there were

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<sup>8</sup> A total of 5,517 people who had visited the clubs were identified using cell phone location data, credit card records and the facilities' handwritten visitor logs, and an additional 57,536 people who had spent at least thirty minutes in the vicinity of the clubs were identified and sent numerous text messages which urged them to undergo testing (Kang et al. 2020). By May 25<sup>th</sup>, a total of 35,827 tests had been performed among the Itaewon visitors and 246 nightclub-associated cases were identified (Kang et al. 2020).

upwards of a thousand news articles that reported that the nightclubs in question catered to an LGBT clientele, and in this way, the media “framed the Korean LGBT community as a spoiler to the nationwide efforts in containing the spread of COVID-19” (Baek 2023, 131). Additionally, it is important to note that the inability of contact tracers to reach the clubgoers was also likely linked to their status as sexual and gender minorities, and the fear that their identity could be disclosed publicly should they undergo testing (Baek 2023). Importantly, foreigners also faced increased scrutiny in the aftermath of the Itaewon outbreak, due to the neighbourhood’s reputation of being a prominently multi-ethnic and multicultural enclave (Kim 2020).

The Itaewon incident clearly demonstrated the shortcomings of the handwritten visitor logs, that is, their proclivity for either human error or deceit. This incident also undoubtedly fuelled the impetus for the creation of the QR check-in system, a digitalized program that effectively eliminated the possibility of people being able to input inaccurate or purposefully deceitful information. As noted by Yang (2022), this preference for QR code-generated data was surely based upon a “relentlessly positivist assumption” that had taken hold in Korea, which maintained that “data would fill the gap in the human (in)ability to control and manage the disease” (Yang 2022, 8). It necessarily followed, then, that more data were always better (Yang 2022).

It was in the shadow of all these events (foreigner testing mandate, business entry prohibitions, “quarantine deviancy” and the Itaewon outbreak) that I continued to live out my daily life in Seoul – going to work in the daytime, heading out to cafes and restaurants in the evening and on weekends. But, to return to my earlier point, visiting public places when the government’s measures were in full-effect throughout 2021 led me to feel uneasy, and this anxiety was the strongest during the initial few months that I did not have access to the QR code to check-in. At this time, not only was I entering a space as a visibly non-Korean

person, but I was also then using the less accurate, error-prone, handwritten visitor log. My unease was related to a fear of being perceived as threatening or non-compliant, which was exacerbated by my inability to use the QR code application. This fear of being seen as potentially deviant was also fuelled by my own internalization of “a naïve positivism that placed far more faith on the data” than handwritten accounts, which are prone to dishonesty and errors (Yang 2022, 7). It did not matter that I had carefully written the information on the sheet – the “objective” data from the QR code would always be considered more accurate, and therefore more trustworthy.

Perhaps comparable to the scene in which the police officer hails the passerby (Althusser 1971, 174), the QR code check-in beckoned me, it interpellated me. The fact that I was unable to use the technology did not limit its power of interpellation – it transformed me into a subject nonetheless, a risky one. Yang (2022) observes that throughout the pandemic in Korea, “people made themselves a productive part of their own survivalist regime by constantly seeking information and generating data about themselves” (Yang 2022, 8). By being excluded from the technologically advanced tracking system, the QR code check-in thrust me into a subject position of an outsider, who defied the datafied norm by being forced to use the “riskier” handwritten log. This subjection elicited deep-seated feelings of malaise and uneasiness. On the other side of the double-edged process of subjectivation, I simultaneously desired to make myself into a compliant, obedient subject, perhaps as a way to assuage the uneasiness I felt from the interpellation of the QR code system. This desire to be an obedient subject, therefore, led me to want to comply with the regulations to an even further extent.

### ***Masking***

My interlocutor from Norway, Lily (whom I introduced in Chapter 1), expressed a similar kind of experience in our interview, when we spoke about masking. In May of 2022, the

government had finally decided to lift the outdoor mask mandate. However, outdoor masking continued to be the norm in the weeks and months that followed. Lily told me that she likewise initially decided to keep her mask on, but ultimately began taking it off. In her words:

**Lily:** So, in the beginning, I didn't want to be that *stupid foreigner* who doesn't wear a mask outside. You feel very self-aware, and you don't want to stick out in a negative way. But after a while, because it was so hot and humid, I was just like "I don't care anymore – I know I am a foreigner." And I noticed some people not wearing it outside as well. I feel like, if I was hanging out with Korean people, and they were taking their mask off outside, then I was like "okay, then I can do the same."

In this excerpt, Lily articulates a particular kind of self-consciousness or self-awareness regarding mask-wearing. Whereas I expressed my fear of sticking out in terms of being non-compliant, Lily's apprehension was centred around not wanting to be perceived as a "stupid foreigner." It is implied in her statement that foreigners may indeed be less likely to be aware of the pervading social norms regarding masking, or unwilling to follow them, which is what makes them a "stupid foreigner." She decided to keep wearing her mask because she did not want to be perceived in such a way. What I think Lily is articulating is that being a foreigner adds another layer of conspicuousness to the already "taboo" or unacceptable act of forgoing the mask, and that they are "stupid" for either being too oblivious to notice the overarching social attitudes regarding mask wearing or for having simply chosen to ignore what continues to remain part of common social etiquette (even though it is no longer mandated). In order to avoid sticking out in a negative way, Lily adjusted her conduct in accordance with what she understood to be socially acceptable. It was only once the summer humidity and heat arrived and her Korean friends began removing their masks that she un-masked as well.

### ***Conclusion***

To conclude, I would like to briefly return to my experiences in Quebec, which I discussed at the beginning of this chapter. My experience living in Korea during the COVID-19 pandemic

as a foreigner differs significantly from my experience living with my parents in Quebec in 2020 in several important ways. Perhaps most obviously, I was not a foreigner in Quebec, and so the self-awareness and self-consciousness that comes with being a visible ‘outsider’ was not a factor in terms of how I experienced COVID-19 while in Canada. But also important was the fact that I was not *alone* in Canada. While it may be impossible to know for sure, I think that being by myself in Korea (and having a very limited social circle) may have set the stage for an unhealthy amount of introspection, which ultimately resulted in the cementation of anxieties about how I was perceived as a foreigner. But this is not to say that my anxiety was fuelled solely by internal factors. Rather, as I have attempted to show in this chapter, there were several external factors which intersected with my “foreignness,” and pushed me towards wanting to become a compliant, datafied subject.

There were, first and foremost, the COVID-19 regulations themselves, with their emphasis on information technologies and data. These regulations were totally different from those implemented in Quebec. Although Quebec’s lockdowns resulted in a total restructuring of life, this sweeping change led to what felt like a quasi-return to my childhood and adolescence. In Korea, life was not restricted to the same extent as in Canada. Indeed, my time in Quebec during the pandemic was spent primarily at home – I could not be out in the world as I was when in Seoul. In early 2021, I was still going to the office every day, I could eat out and go to cafes as often as I pleased, and I was even able to travel to other regions within Korea. But this did not change the fact that I was much more anxious about COVID-19 while I lived in Korea, compared to when I was in Canada. A major contributing factor to this anxiety were the constant interactions with the state’s measures, such as the QR code check-in system detailed in this chapter. My inability to fully participate in the government’s surveillance measures is what led me to embrace the regulations even further.

### Chapter 3

#### *Another Emergency Alert? COVID-19 Public Health Communication*

On a Wednesday morning in May of 2022, I lied in bed at home scrolling on my phone. The spring sun brightened the one room apartment through the window above my bed, casting a warm golden hue. Being a weekday, I should have been at work in my office, but instead, I was cocooned in a blanket, deciding on what I should have for lunch. Before placing my order via a food delivery application, I carefully re-read the message I had left for the delivery driver, to make sure there were no mistakes in my Korean: 저는 지금 자가격리 중이니, 음식을 문 앞에 놓아주시기 바랍니다. 감사합니다 ^^, that is, “I’m in self-quarantine right now, so please leave the food at the door. Thank you.” I wondered whether the app would ever include a message like this in their list of pre-written messages to drivers, as I felt that it could be useful to the many people who, like me, were in quarantine.

Although this was not my first time quarantining in that room (it was my third), it felt entirely different this time around. For unlike previous rounds of quarantine, this time I was actually COVID-19 positive. The day before, I had decided to undergo testing at a clinic near my work, prompted by a sore throat that would not go away even after gargling salt water. I remember the doctor telling me not to breathe as she inserted the nasal swab so deep that it felt like it had touched my tongue. She inputted my positive result into the electronic system, which notified the local health authority; I had become an “official” COVID-19 patient.

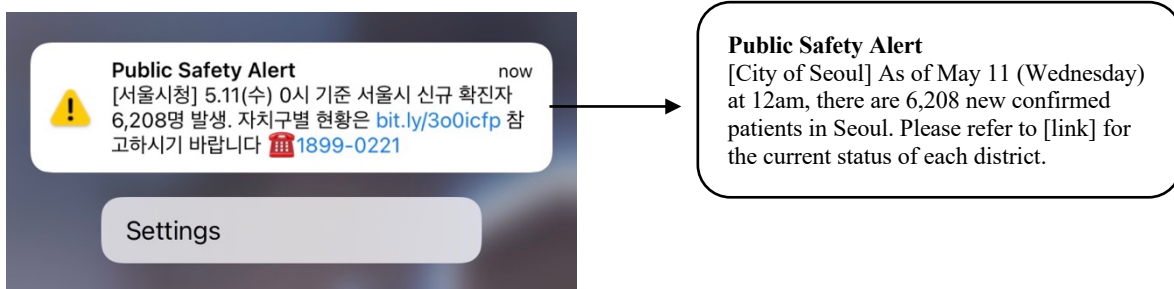


Figure 2

After placing the food delivery order, I returned to whatever phone application was furnishing my mindless entertainment, when a message popped up at the top of my screen. I was struck by this alert, but not because it was unexpected. The Seoul Metropolitan Government had been releasing the daily COVID-19 case numbers through an emergency text alert at 11:30 sharp every day for the past several months. And earlier in the pandemic, I had grown used to receiving many emergency alerts sent sporadically throughout the day. This alert in particular had struck me because I knew that somewhere, among the 6,208 new cases, *I* was included. I looked at the notification and in some uncanny way felt that I was looking at a reflection of myself. To gather more information, I clicked the provided link, which directed me to the website of my local district. There, I found out that I was one of the 290 people who had tested positive that Tuesday, placing me somewhere between patient number 154,744 and 155,033 of my district.

As I processed this information, I thought about how different my experience would have been if I had caught COVID-19 earlier in the pandemic. Had I been diagnosed the year prior, I would not have merely been represented by an anonymous case number released among several thousand others. Rather, my information, including personal characteristics (like age and gender), as well as my recent travel history, would have been disseminated to every mobile phone in the city. While it felt surreal to see myself included in the statistics disseminated by the government, I simultaneously felt relieved that it had not occurred earlier in the pandemic. Then again, there was also a curiosity regarding how I had become infected. But because the government had ceased their contact-tracing efforts a few months earlier, the circumstances of my infection would remain a mystery.

The surreal feeling aroused by the notification was perhaps due to the fact that I had been incorporated into the government's dissemination strategy, something which, for the longest time, I had only observed. In other words, I had been accustomed to the external

position of information consumer. The arrival of the alert on the morning after I was diagnosed felt bizarre, as it revealed that my position in relation to the government's COVID-19 communication strategy had temporarily changed – I had become internal to it.

Hearing footsteps coming up the stairwell outside my door, I felt sorry for making the delivery driver lug the food up five flights of stairs to my room. I heard the thud of the food being placed on the floor and a knock at my door. Saying “thank you” through the door, I was taken aback by the hoarseness of my own voice. The sound of receding footsteps confirmed that the food delivery had been completed. I leaned outside of my open window, waiting to hear the loud rattling noise from the exhaust of the departing delivery motorcycle, before opening the door and grabbing my food. Removing it from the plastic bag and setting it on my desk, I wondered what the other 6,207 quarantinees were having for lunch.

Through various mediums (both digital and print), COVID-19 public health messaging permeated everyday life in Korea. Government-issued posters were displayed in nearly every public place (restaurants, cafés, public transit, shopping centres and so on), and COVID-19 statistics and information were frequently disseminated via emergency text alerts and government websites. As sociologist Deborah Lupton (1995) tells us: “public health and public promotion are sociocultural products, their practices, justifications and logic subject to change based on political, economic and other social imperatives” (4). With this in mind, we may wonder: how was public health communication carried out in Korea during the COVID-19 pandemic? What kind of emotional responses did the government's public health messaging elicit? What logic underpinned the public health messaging? How is the messaging embedded into broader socio-cultural, historical, and political settings (Lupton 1995, 4)?

In this chapter, I present an analysis of the Korean government's strategy for public health communication during the COVID-19 pandemic. The government's approach to

pandemic communication was based on a kind of radical transparency that sought to provide all necessary COVID-19 information to the public (Moon 2020). I begin by looking at digital dissemination of COVID-19 messaging, namely through emergency text alerts and government websites, which were used extensively by both central and local governments to deliver time-sensitive updates on COVID-19 developments. Based on accounts from two of my interlocutors, I suggest that these alerts may not have been effective in reducing fear and uncertainty among the public, as the government had intended. I then turn to the printed posters that were used by the Seoul Metropolitan Government to communicate their COVID-19 health messaging, which I categorize into three types: posters that *praise*, *warn*, and *instill fear*. I analyse these posters through a lens of critical public health to suggest that implicit within their messaging are strong arguments on responsibility and blame. In conclusion, I situate the Korean COVID-19 public health communication strategy within a larger socio-political landscape, in order to establish a potential link between notions of responsibility and transparency. But first, I present a brief overview of how COVID-19 communication was carried out in Korea.

### ***Public health messaging***

From a public health perspective, effective communication strategies are a crucial component of a successful pandemic response (Choi and Powers 2021). Strategies that focus on increasing public awareness through education about the disease have the ability to reduce fear and the spread of misinformation, as well as increase the likelihood of the population following the proposed preventive measures (Jones et al. 2010). Accordingly, the development and execution of effective communication strategies must be central to the government's virus mitigation efforts (Choi and Powers 2021).

From the early days of the pandemic, the Korean governmental authorities (at both national and regional levels) coordinated a far-reaching communication campaign.

At the national level, the President's office, the Ministry of Health and Welfare, and the Korea Disease Control and Prevention Agency jointly formed the Central Disaster and Safety Countermeasure Headquarters (CDSCHQ), which held daily COVID-19 briefings that were televised on major networks and streamed online (Choi and Powers 2020). These briefings covered a wide array of COVID-19 statistics and information: daily case numbers, number of negative cases, number of persons quarantined, number of people who completed quarantine, number of deaths and information on the travel trajectories of newly confirmed cases (Choi and Powers 2021). In addition to the central level pandemic communication strategies, regional and city level governmental authorities also provided daily updates which were tailored to their specific locality (Choi and Powers 2021). These local governments circulated pandemic-related messages in the form of physical print material like pamphlets, banners, and posters, and they also disseminated information via emergency text alerts, social media accounts and government websites (Choi and Powers 2021).

At both the local and national level, the disclosure of COVID-19 trends and data was part of a strategy that adhered to principles of "transparency" and "openness," based on the assumption that upholding these principles would increase the public's trust in the leadership and public health authorities, and also mitigate uncertainty and fear (Choi and Powers 2021; Government of the Republic of Korea 2020). The mayor of Seoul throughout most of the pandemic, Park Wonsoo, claimed that "transparency is a miracle drug for contagious diseases" and that "an excessive response is better than a sluggish response" (Seoul Metropolitan Government 2020, 3). In order to analyse the government's communication strategy in more detail, I will now turn to the dissemination of COVID-19 messaging through (1) emergency text alerts and (2) online government sites.

## ***Dissemination through emergency alerts & government sites***

### *Emergency alerts*

The emergency text message alert system was implemented in Korea in 2005 but until 2017, only the Ministry of Public Administration and Safety could issue the messages (Yeon et al. 2022). Since then, twenty central agencies and approximately 200 local governments have the ability to issue alerts without approval from the central Safety Ministry (Moon 2023). The messages are automatically sent to all smartphones registered with a national carrier network within a designated area but can be de-activated by the user (Kim 2020).

Prior to the start of the pandemic, the alerts were sent sparingly and dealt primarily with environmental hazards such as typhoons, heat waves, earthquakes, fires and air pollution (Yeon et al. 2022). Indeed, when I lived in Korea from 2016 to 2018, I received alerts only once in a blue moon, and they typically pertained to extreme weather events. In 2020, nearly fifty times more emergency alerts were issued compared to the previous year (Yeon et al. 2022) and it is estimated that throughout the first three years of the pandemic, more than 145,000 COVID-related alerts were issued (Lee 2023).

Importantly, the alerts are only sent in Korean, which poses a problem for non-Korean speakers. Also, the alerts cannot be copied on Apple and Samsung devices, meaning that they cannot even be entered into a translation software, like Google Translate (Kang 2020). This is why, as will be shown below, non-fluent speakers sometimes relied on a Korean speaker to decipher the message. Alternatively, the government did create an Emergency Ready application specifically for Chinese and English speakers, but the app seems to be widely unknown among the foreigner population (Kang 2020).

Kim and Kim (2021) analysed the emergency alerts sent in seven Korean cities between February and April 2020 and found that the alerts could be classified into three categories: *advisory*, which included information on personal COVID-19 prevention

measures, like handwashing, social-distancing and mask-wearing; *information on cases*, such as the number of confirmed cases in the recipients’ designated area; *travel log*, which detailed the movements of confirmed COVID-19 patients, including the place and time of their visits.

**Table 1** presents an example of each type of emergency alert. Due to a restriction on the number of characters, alert messages were brief and monotonous, providing only the most basic information in a very matter-of-fact style. The notification sound that accompanied the alert differed according to phone model. In early 2020, Apple devices (but not Samsung or LG) would blare a loud, jarring noise<sup>9</sup>, which would send people scrambling to shut off the alert from their phone. But this automatic setting was revised within a few months to make the notification a more standard “ding” sound.

Type	Example of emergency alert
Advisory	[Yeongdeung-po District] To prevent the spread of COVID-19, refrain from gathering in large numbers and observe the social-distancing and personal hygiene rules.
Information on cases	[Mapo district] As of February 27, 10:00 am, there are 2 confirmed cases. Please comply with the rules for going out and personal hygiene.
Travel log	[Seongbuk District] Confirmed patient #23 Travel log (February 27) Visited [Business name] in Jung-gu, Seoul at 14:50 Went home (using their own vehicle)

**Table 1.** [Adapted from Kim and Kim (2021)]

In the early days of the pandemic, when there were only a few COVID-19 cases being reported per locality, it was feasible to disseminate the travel history of each new patient via emergency text message (as above). But as the number of cases grew, it became increasingly difficult to send the complete travel history as an emergency alert, and so districts opted instead to publish the travel history on their website or social media page, and provide the link in the emergency alert, as follows:

[Seongbuk District] 20 <sup>th</sup> case (male, born in 1973) confirmed. Cared for his father (who was admitted to the 8 <sup>th</sup> floor of Uijeongbu Mary Hospital). For more details on his movements, check our website: [link]
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[Source: Seo 2020]

<sup>9</sup> The noise would be comparable to a Canadian amber alert.

Anthropologist Bo Kyeong Seo (2020) examined the issuance of COVID-19 emergency alerts in Korea and argued that such alerts “have become a physical mode of knowing, relating and attending to the state of emergency in South Korea.” In Seo’s account, she describes how receiving the alerts felt simultaneously *reassuring* and *invasive*. On the one hand, the emergency text messages delivered a “lively story of achievements”: new cases were arriving from abroad, but they were being identified; the movements of infected cases were traced across several districts, and so on. The flow of this information provided reassurance that the situation was well under control. On the other hand, receiving such alerts simultaneously felt invasive, rousing feelings of uneasiness from the awareness that the information included in the alerts was accumulated through rigorous contact-tracing, which, in some cases, involved checking the credit card records of infected persons and requesting CCTV footage to confirm whether or not they had been wearing a mask.

Accordingly, Seo (2020) contends that the verification processes underpinning the alerts confirm that the binary established between “liberal values of personal privacy” on the one hand and “authoritarian control” on the other can no longer be sustained. This is because the heavy-handed tactics used for epidemiological investigations (checking CCTV footage, credit card transactions, location tracking, etc.) were *not* carried out to identify and punish infected persons, but rather to prevent COVID-19 transmission, with the ultimate goal of returning to a pre-pandemic “normalcy.” This perspective is echoed by Jaeho Kang (2020), who is skeptical of accounts of the Korean experience with COVID-19 which dichotomize “individual freedom” and “public health.” This kind of dichotomization fails to acknowledge the operation of Korea’s highly efficient universal healthcare system (which I discuss in the Introduction). In Kang’s view, the logic of this binary is faulty, as “South Koreans willingly accept the experiment of testing and tracing while appreciating and securing public and communal of systems of treating” (597). Therefore, rather than being incompatible, the

Korean case shows how individual freedom and public health can actually be complementary (Kang 2020).

Separate from Seo's (2020) concerns related to notions of personal privacy and invasiveness, the emergency alerts also faced another set of problems associated with their *efficacy*. As the number of COVID-19 cases increased in Korea, so did the frequency of the alerts. And as their novelty dissipated with time, public health officials feared that the population would experience mass message fatigue (Lee et al. 2022). Moreover, due to technical limitations, alerts would often be sent to devices located outside of the district in which they had been issued, which increased their overall frequency, while simultaneously decreasing their *relevancy* (Lee et al. 2022)<sup>10</sup>. As a result, it was not uncommon to receive an excessive number of alerts issued from different districts, sometimes echoing a similar message on well-established prevention guidelines, like handwashing or mask wearing. Otherwise, the alerts relayed the number of new cases (and their travel history) of a highly specific geographic area, information that was not very useful for people who lived outside of that district. Therefore, both their high frequency and irrelevancy reportedly led to more and more people becoming annoyed by and desensitized to the alerts. Ultimately, swathes of the population opted to de-activate the alerts on their mobile devices (Lee et al. 2022). Indeed, casual conversations with individuals in my social circle have made it clear that many people I know have the emergency text alerts turned off. When I would ask why they turned them off, the most common response was that they found them annoying. I have opted to keep the alerts turned on, not because I find them particularly useful, but more out of a kind of curiosity. In my experience, whenever my phone buzzes with an alert, the response from whoever I am with has typically been: "Oh, you still have those turned on?"

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<sup>10</sup> For instance, I still to this day (late 2023) sometimes receive emergency alerts from the city of Namyangju, which is located approximately an hour outside of where I live in Seoul.

Likely in response to these issues, the Ministry of Public Administration and Security announced on March 31<sup>st</sup>, 2021, that it had decided to implement several restrictions on both the number of texts that could be issued per day and the information they could include, with the goal of reducing the number of COVID-19-related emergency alerts (Kwon 2021). These revised regulations were intended for both the CDSCHQ and local governmental authorities. According to Minister Jeon Hae-cheol, the decision was made in consideration of the prolongation of the pandemic, but it was also likely due to alert fatigue among the public (Lee et al. 2022).

Nevertheless, throughout my time in Korea (2021 onwards), it has not been uncommon to hear a collective dinging of cell phones in public spaces, spurred by the arrival of an emergency alert. Typically, I have noticed that those using their phones swipe the message away to return to whatever video or app they were viewing. Those not using their device would listlessly lift their screen to briefly inspect the message, before closing the notification. And like that, the moment of collective interpellation would conclude as quickly as it began. In other words, even among those who had not yet de-activated the alerts, it appears that there were few people who actually examined them closely.

It is important, however, to acknowledge that much can change in one year. As Minister Jeon claimed, it does appear that the emergency alerts were effective in disseminating useful information regarding COVID-19 cases early in the pandemic (Kwon 2021). However, even when people checked the emergency alerts carefully, it is unclear whether they were successful in reducing uncertainty and fear among the public, as the government had intended. Precisely this issue was brought up when I first spoke to my interlocutor Anna.

Anna is an American in her late twenties who has lived in Korea since early 2018. She privately tutored conversational and basic English and opened her own tutoring business

in 2019, but has since stopped teaching indefinitely. Like many instructors in Korea, she was forced to move her classes online at the start of the pandemic. But this was not the only way in which the pandemic derailed her plans. Her and her partner were planning to get married, however had to postpone the wedding due to restrictions on both gathering size and international travel. The couple opted to wait and see whether the restrictions would be lifted, so that her family from the US could attend. Anna told me that she has every intention to stay in Korea permanently. We spoke for the first time over zoom while I was still in Canada, in the fall of 2020, after she replied to a participant recruitment notice I had posted on a Korea-related online forum. Our conversation covered a plethora of COVID-19 related topics, including her experiences with the emergency alerts.

**Anna:** I have been receiving the emergency alerts, as I have a Korean phone number. They send messages multiple times a day. Mostly in the beginning [of the pandemic], I would read them, or if I didn't understand them, I'd show them to someone who could, like my husband. Basically, they would describe how many people had been infected in the area, or "don't go to these locations," and "make sure you wear a mask and sanitize, and practice social distancing," or "if you visited this location on this date, go get tested at the nearest testing location." At first, it was distressing. I was annoyed because they were coming so often, like twice, three times, sometimes five times a day. They would interrupt whatever I was doing – if I was watching YouTube, or if I was recording something, it would interrupt that. But I don't need to know *every single detail*.

The "distress" experienced by Anna differs considerably from the feelings of reassurance and invasiveness described by Bo Kyeong Seo (2020). For Anna, COVID-19 information was not something that she willingly had to seek out. Rather, the emergency alerts were sent multiple times a day, interrupting whatever she was doing to dispatch highly detailed statistics and other information on the virus. Anna in fact had little to no control over how she was to stay informed about the ongoing COVID-19 developments in Korea – the government's strategy had essentially decided that for her. Therefore, on the one hand, there was the issue of the frequency and the unavoidability of the information. On the other hand, there was also the problem of *interpretation*. The emergency alerts were not accompanied by any kind of

contextual information or analysis. Rather, the messages were incredibly concise and contained only the most basic information, often presented practically as raw quantitative data. This paucity may have left the individual feeling confused and uncertain about how the data should be interpreted<sup>11</sup>. This uncertainty may therefore make its recipient feel anxious, especially given that the alert was labelled an “emergency.” Other than being “urgent,” how else is one supposed to interpret the minute changes in case numbers, for instance? Of course, increasing cases can be interpreted as “bad,” but how is one to make sense of the difference between a hundred, five hundred, or a thousand new cases?

Nearly three years after our first interview in 2020, Anna and I ended up speaking again so that I could ask her some follow-up questions to re-assess her experience living in Korea throughout the pandemic. During that time, she had finally gotten married, and moved outside of Seoul with her husband. When I reminded her of what she had previously told me regarding the emergency alerts and asked whether she had anything to add, she sat back in her chair and looking preoccupied with thought, she emphatically said “oh, I *forgot* about those.” In our second interview, she elaborated further on the excessive anxiety the alerts had caused her and divulged that she had in fact become “obsessed” with consuming COVID-19 information, a habit which was often triggered by the arrival of an emergency alert.

**Anna:** I would check the emergency alerts, but I wouldn’t stop there. I’d go further, to search on Naver [Korean search engine] and did research, like where they [COVID-19 patients] were. So, I was pretty obsessed with finding information about COVID. The emergency alerts would fuel that obsession. Even if I wasn’t thinking about it, suddenly I would just want more information. [...] I would just think about it all day. I would think “How can I prevent it more? How can I not get sick?” [...] I think I just wanted to be in control.

The emergency alerts were a kind of trigger, a frequent reminder of the “state of emergency” that propelled Anna into a state of worry and fuelled a constant need for more information.

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<sup>11</sup> In my view, it seems like the contents of the alerts are comparable to the “Results” section of the abstract of a scientific article. Without the “Background,” “Methods” or “Conclusion” sections, how is the reader supposed to interpret the findings?

What makes these alerts particularly anxiety-inducing, then, is the fact that they provide basic COVID-19 updates without any kind of interpretive clues, other than affirming that “this is an emergency.” In other words, the arrival of these alerts provided just enough information to raise alarm, but without any kind of nuanced explanation that could assist her in making sense of the situation. The messages therefore compelled her to investigate the matter further, in an apparent attempt to alleviate the anxiety that the messages themselves had triggered. Ultimately, though, the unending cycle of anxiety caused by the alerts was too much for Anna to bear, and so she decided to de-activate them altogether. When I asked her about how she had arrived at this decision, she told me:

**Anna:** I think I was just fed up. I remember confiding to my husband about how much it was freaking me out, and he was just like “well, I shut off my alerts.” And I thought “oh..., how can I do that?” because I didn’t know you could. At that time also, I had been praying, because I’m a Christian. So, I was praying a lot more and realizing, through confiding in my husband and praying, that it was much more beneficial than consuming the [COVID-19] information. So, I turned to more positive outlets rather than the COVID-19 information to help.

Because the harms of the alerts far outweighed their benefits, Anna, in the end, made the decision to turn them off. She told me that this decision made a big difference, and that her pandemic-related anxiety decreased significantly once she was no longer being constantly updated through the alerts. Indeed, she had even *forgotten* about the emergency alerts when I asked about them during our second interview. Something that had caused her so much distress was simultaneously entirely forgettable once they were no longer present. What does this say about the alerts? I think it primarily reveals that, for Anna, they served no real purpose other than triggering anxiety. The fact that one could so easily forget them suggests that, in and of themselves, the alerts had little impact in terms of influencing the ways in which Anna actually carried on with her daily life during the pandemic. And so, once the stimulus had been removed, Anna was able to relocate the mental energy spent on processing

the alerts (and whatever additional research she would then carry out) to other, more positive, activities, thereby leading her to forget about them altogether.

One may wonder, however, whether the issues of interpretation related to the decontextualized nature of the emergency alerts may have at least been partially rectified in the more comprehensive information published on the government websites. However, as will now be shown, problems of interpretation continued to persist on these sites as well.

### *Government websites*

In addition to the emergency text alerts, the government disseminated COVID-19 information extensively online (Seoul Metropolitan Government 2020). As mentioned above, emergency alerts would often link to the governmental websites or social media pages, where more complete information could be found, including breakdowns of COVID-19 case numbers according to region, and detailed travel histories. While the material posted online perhaps did not carry the same sense of “urgency” that imbued the emergency alerts, exposure to the information appears to still have been a source of anxiety and stress.

This was indeed the case for Diana, whom I spoke with in November of 2022. Originally from Russia, Diana was in her early thirties and had lived in Korea for over a decade working as an interpreter and translator. She left Korea in 2021 to pursue a master’s degree at a university in Europe. After a mutual friend of ours had told Diana about my research, she reached out to me to ask about being interviewed. We discussed at length her experience living in Korea in the early days of the pandemic. She told me about her encounters with the dissemination of daily case numbers, and how they led her to feel incredibly anxious.

**Diana:** You could log in and check the daily statistics. I remember how my colleagues were so obsessed with checking the statistics every day. I felt really stressed, because I didn’t want to look and care about every single additional case. It was really making me anxious. I remember feeling mixed emotions. I felt very sorry for the people who were suffering. But at the same time, I remember everything starting with my colleagues discussing in the group chat “oh, there’s thirty more cases

today.” It felt like I was looking at this figure and not understanding what change it can bring.

This excerpt shows that Diana, like Anna, also found the dissemination of COVID-19 information highly anxiety- and stress-inducing. Although she felt sorrow for the people who were suffering because of COVID-19, she emphatically expressed that she did not wish to check the statistics every day and learn about each new case. But, regardless of her wishes, she was nevertheless exposed to the information in her work group chat from co-workers who were “obsessed” with checking the daily statistics. In this way, Diana did not choose to consult the government sites, but was nevertheless exposed to their messaging. What is also noteworthy in Diana’s account is that, like with the emergency alerts, there was still the issue of how to *make sense* of the statistics. When confronted with the news that there were, for instance, thirty new cases on a given day, Diana struggled to interpret this information, stating that “it felt like I was looking at this figure and not understanding what change it can bring.”

As I will now endeavour to show, interpreting the daily COVID-19 case rates published on government sites was also something that I struggled with. Every morning, I would set aside time at work to analyse the government’s reports. After completing the rigmarole of entering my office building (discussed in the previous chapter), I would make my way to the second floor, where my office was located. My desk was situated in a medium-sized, windowless room that I shared with three other people. The space was overrun with miscellaneous items: boxes upon boxes of A4 printer paper, plastic water bottles, coffee machines, all in addition to years of accumulated textbooks, which spilled off the bookshelves onto the floor. Sometimes, I would have to squeeze my way through a pile of random stuff to reach my desk. My personal space (while not spotless) was a little bit tidier, and the half wall partition that separated me from my co-workers was adorned with small mementos from back home, including magnets and handwritten postcards from my mom.

This was the setting in which I would consult the government sites every morning, regardless of how busy I was. More specifically, I would consult the Seoul Metropolitan Government website, which included a COVID-19 dashboard displaying both local and national COVID-19 information in a very effective manner.



Figure 3

The site also included a breakdown of new cases according to city district (Figure 3), which was where I devoted most of my attention. In an attempt to interpret this geographical breakdown, I would perform this kind of prodigious calculation that compared the magnitude of COVID-19 risk associated with each district. I would compare, for instance, the 1,364 cases of Songpa-gu with the 1,029 cases of my district, Seongbuk-gu, taking into account the population of each district. The fact that Songpa-gu had more cases per capita than my district would, for some reason, assuage my anxiety. But if this were not the case, and my district had *more* cases, then I would spend much of my morning fretting over the numbers and re-analyzing them according to other districts. Oftentimes, I would also take into consideration the districts where my coworkers lived, to try and assess *their* risk and see how it pertained to me.

The logic underpinning my attempts at interpreting the case numbers was essentially baseless. Not only did my interpretation incorrectly assume that Seoul residents do not travel between districts, but it also implied that one district doing “worse” than my own (by having more cases), made my district, and by extension, *me*, safer. Therefore, we may consider this as one example of the kind of irrational misinterpretations that can emerge when COVID-19 information is disseminated with little or no external context or analysis.

In addition to issues with interpretation, it may also be worth mentioning the potential influence of Korean language proficiency. While it is possible to assume that the unintelligibility of the emergency alerts and governmental sites may have been solely caused by a language barrier, I do not think this is entirely accurate. The Seoul Metropolitan Government site and CDSCHQ site are available in several languages. Moreover, Diana is totally fluent in Korean and Anna has intermediate proficiency, but both expressed their uneasiness in a similar manner. Given that the COVID-19 information disseminated via emergency alerts was brief and relatively simple in structure, I also do not think that a high level of Korean proficiency would be necessary to understand them.

And so, overall, although the government was determined to be “transparent” through its widespread, almost real-time dissemination of COVID-19 updates, this may have come at the cost of disseminating information with little to no guidance on how it should actually be interpreted by the public. I think we could argue that it was the highly frequent and nearly unavoidable nature of the information dissemination, coupled with a lack of clarity regarding how such information should be interpreted, which ultimately led both Diana and Anna to feel “distressed,” “anxious,” and “really stressed.”

Increased anxiety in the population caused by the dissemination of statistics is not without precedence. Indeed, the states of distress among my interlocutors elicited by the government’s COVID-19 messaging may in some ways resemble a similar phenomenon that

occurred alongside the so-called “avalanche of printed numbers” discussed by Ian Hacking (2015) that took place throughout Europe in the nineteenth century. In France, novel statistical reports from the Ministry of Justice in the 1820s revealed a *croissance effrayante* for “crime, insanity, prostitution, vagabondage, vagrancy, suicide” (72). The printing and mass circulation of these reports led to a “crime wave consciousness” such that “a Parisian in 1832 was much more worried than a comparable person in contemporary Manhattan” (72).

It is difficult to say with certainty whether Seoul residents were any more or less “worried” about COVID-19 compared to New Yorkers (or other residents of metropolitan areas). What is certain is that the Korean COVID-19 communication strategy far surpassed the strategies of other countries (such as daily briefings or case reporting) in terms of frequency and level of minute detail. The medium of emergency text alerts differs significantly from traditional news media and daily briefings. While the news media typically must be sought out by a willing individual, the real-time, automatic issuance of emergency alerts punctuates everyday life through the individual’s cell phone, thereby carrying the potential to reach in and interrupt one’s most personal moments. Because the alerts could be sent off at any given moment<sup>12</sup>, the individual essentially became a perpetual subject of interpellation.

From the perspective of the Korean government, the dissemination of COVID-19 information through emergency alerts and online governmental sites was part of a pandemic communication strategy that prioritized “transparency” and “openness” with the goal of increasing trust and minimizing uncertainty and fear. However, based on the accounts of my interlocutors, it seems that the provision of COVID-19 information in some cases elicited the exact emotional responses that it was supposed to deter. Keeping these principals of

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<sup>12</sup> This was true early in the pandemic, prior to the revisions of March 2021. Thereafter, alerts could only be sent from 7am to 10pm.

transparency and trust in mind, I will now turn to the second medium of COVID-19 health messaging that will be discussed in this chapter, that being posters.

### **Posters**

The use of printed posters, banners and pamphlets to disseminate the government's COVID-19 health messaging was a widespread practice throughout the entirety of the pandemic.

COVID-related posters were visible on practically every subway train platform and station, as well as bus stop, making them a common sight across the city. Guidelines and general messaging were also posted in restaurants and cafes, as well as healthcare clinics and

hospitals. Given their omnipresence, one may suppose that these posters, with time, would blend into the background and might not be effective in conveying the intended messaging.

When I asked my interlocutor Anna whether she thought that people in Korea had been following the government's COVID-19 messaging, she specifically brought up the text alerts, as well as the posters.

**Anna:** Yes, I think the majority of [people] are [following the government's COVID-19 messaging], because we get it through our phones, we get it through the news, and through the posters that are posted all over Korea, they're posted like *everywhere*. They have them at bus stops and parks, and public transportation, especially public areas – they put them there and they have signs on all the windows, in shops like “This establishment requires that you wear a mask and practice social distancing.” That's why I think people follow it really closely, because it's everywhere and *you can't really ignore it*.

The ubiquity of the posters made them impossible to ignore, which, according to Anna, was a contributing factor to the overall compliance of COVID-19 rules. Indeed, it would be difficult for one to feign ignorance regarding the regulations, given that they were posted so extensively. Anna's diagnosis of the *ubiquity* of the posters is significant.

Perhaps similar to how the text alerts had become a way of “attending to the state of emergency in Korea,” the omnipresence of the posters ensured that the COVID-19 emergency was never far from one's mind (Seo 2020). The fact that they were posted so extensively in shared public places suggests that their messaging was not intended for a

specific, niche audience. Rather, the posters sought to interpellate the general public, thereby emphasising that the risk of COVID-19 applies equally to us all.

After coming across many printed posters in Seoul's public spaces, I became intrigued by the government's use of graphics, posters and banners to communicate COVID-19-related messages to the public. I discovered that a number of COVID-19 "promotional materials" had been uploaded to the official Seoul Metropolitan Government website, which included graphics, charts and videos designed to disseminate the city's official COVID-19 messaging (regulations, prevention measures and other general messages). The promotional materials are easily downloadable from the city's website and there are instructions on how to add an additional logo, which implies that they had been uploaded to enable even further dissemination<sup>13</sup>. In the following section, I analyse the logic underpinning Seoul's COVID-19 posters, which I categorized as follows: posters that *praise*, *warn*, and *instil fear*.

#### *Posters that praise*

In their analysis of the Korean COVID-19 communication strategy, Choi and Powers (2020) claimed that the "Korean authority crafted messages highlighting solidarity and a collective benefit that can be achieved by each individual complying with recommended guidelines" (274). For the most part, I would say that their assessment is correct; the vast majority of the posters and information graphics produced by the Seoul Metropolitan Government are either neutral or positive in tone and emphasize the benefits of adopting the suggested behaviours. **Figure 4** is representative of this kind of messaging.

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<sup>13</sup> <https://news.seoul.go.kr/welfare/archives/512850?listPage=3>



Figure 4

Through its claim that COVID-19 is being “defeated” thanks to the individual actions of commendable “heroes,” we could say that the poster presents an overall “positive” message of collective strength and solidarity. Its inclusion of the well-established social distancing rules also ensures coherence and consistency with other forms of governmental

messaging. Beyond its textual components, the tone of the poster also is quite light-hearted and sanguine, due to its bright colour scheme and the included images, which portray masked



Figure 5

individuals going about their daily life. The animated “참! 고마워요” or “Thank you very much!” stamp design (with the two faces situated at the top of the poster) appears to be a light-hearted, tongue-in-cheek call-back to a similar stamp (**Figure 5**) that was used extensively by elementary school teachers in the 1990s to encourage or mark recognition of effort or participation among students<sup>14</sup>.

Interestingly, this style of poster was brought up by both interlocutors. For Diana, she referenced the “cute stickers” on buses that stated, “we are thankful for our healthcare workers” or “we can overcome this together.” In her view, the Korean government “did a good job of keeping the society together, and not leaving them completely isolated.” In a similar vein, Anna praised the government’s efforts in promoting “togetherness” through posters. She told me that there were many signs, especially during the first waves of the pandemic, which stated “we’re going to overcome this together,” which, in her words, confirmed that “we’re in this together, we can’t do this by ourselves – if I’m hurting, you’re hurting too.” Both accounts attest to the fact that there existed a strong sense of collective solidarity during the pandemic in Korea, which was maintained in part by visual cues like this poster. Therefore, overall, we may say that rather than warning the public or eliciting fear, these messages praise the public for following the established social distancing rules and encourages further compliance by assuring that altered behaviour contributes to the collective fight against COVID-19.

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<sup>14</sup> The equivalent to this stamp in the Canadian context would perhaps be a “gold star” for effort.

Posters that warn



**Third Nationwide Wave**  
Seoul City Confirmed Patients  
**552 people** (12.24)

**Second Nationwide Wave**  
Seoul City Confirmed Patients  
**152 people** (8.18)

**City of Seoul First**  
**Confirmed Case** (1.24)

**The moment you think “it’ll be fine,” the wave comes back.**

**Until COVID-19 is over, don’t be careless, be careful!**

- Be thorough in personal prevention, such as wearing a mask and washing your hands.
- Refrain from gathering and practice social distancing.
- When in doubt, test yourself pre-emptively.

Figure 6

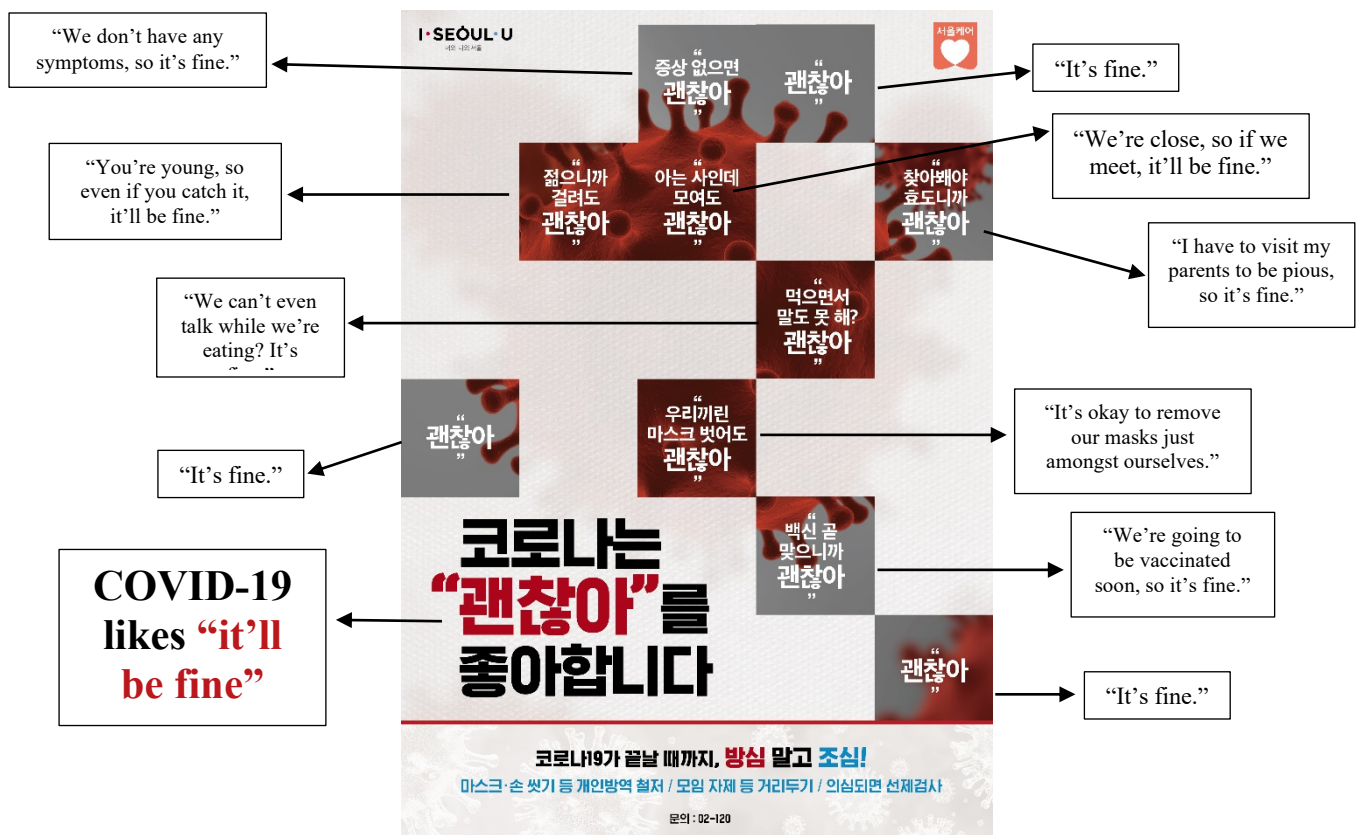


Figure 7

These two posters, which I categorised as “posters that warn,” were a common sight across Seoul, as they were posted together at nearly every bus stop and subway station. **Figure 6** includes a graph of the daily COVID-19 case numbers, illustrating the early waves throughout 2020. The image in the background depicts what appears to be an empty street of the Myeongdong neighbourhood in Seoul, an area which prior to COVID-19 was typically bustling with crowds of tourists. The deserted streets of Myeongdong, with its shuttered businesses and eerie emptiness, came to be the symbolic representation of the repercussions of COVID-19 travel restrictions and social distancing mandates (Yim 2021). The main text of the poster states: “The moment you think ‘it’ll be fine’ [괜찮겠지], the wave comes back.” This poster compels the individual to recognize that careless behaviour contributes to rising

COVID-19 numbers. It demands that the individual be conscious of how their actions contribute to viral trends at the population level.

In a similar fashion, **Figure 7** states: “코로나는 '괜찮아'를 좋아합니다,” that is “COVID-19 likes ‘it’ll be fine’ [or ‘it’s okay’].” This message signifies that COVID-19 “likes” or thrives in situations where the blasé attitude of “it’ll be okay” rationalizes breaking the social-distancing and masking rules. The text in the square boxes pre-suppose specific justifications and rationalizations that people draw upon when they decide to break the social distancing rules, such as “*we will be vaccinated soon, so it’s fine.*”<sup>15</sup>

Of all the posters I encountered in public spaces throughout my fieldwork, these two were among the most common. The first time they caught my attention, I had been waiting at a bus stop in May of 2021. It was Children’s Day, a public holiday in Korea, meaning that I technically had the day off work. However, I still had some work-related things to attend to, and so that morning, I left my room at around 6:30 am. As I crossed the large four-lane street to reach the bus stop, the sun was beginning its morning ascent and was peaking over the buildings that lined the street. Reaching the bus stop and setting my bag down on the bench, I noticed the two posters on the glass wall of the bus shelter.

As I observed them closely, I could not help but find them strangely amusing. **Figure 6** in particular struck me so, likely because it read as somewhat outdated. Indeed, the cautionary tale it was trying to tell was based on COVID-19 waves from the previous year, which had peaked at a few hundred cases. Although these numbers may have been cause for concern when the poster was created, they were comparatively much lower than what was being reported at that time in 2021 (and what would continue to be reported thereafter). And

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<sup>15</sup> Perhaps noteworthy (but not exactly relevant to the analysis of this chapter) is the assumed rationalization of “*I have to visit my parents to be pious, so it’s fine,*” as it demonstrates the conflicting moral demands surrounding how best to care for one’s aging relatives during the pandemic. Is it possible to be pious, that is, to fulfil one’s duty to parents and grandparents, by staying away from them? This poster implies that yes indeed, notions of piety during COVID-19 had to fall in line with social distancing regulations (which therefore meant refraining from in-person visits).

so, from the perspective of someone in 2021, I interpreted the level of alarm projected by the poster as being perhaps somewhat overstated.

I quickly snapped a picture of the two posters before my bus arrived, for fear that I may not see them again. But as already mentioned, I would continue to see them for quite a long time after. All throughout 2021 when the COVID-19 cases skyrocketed into the thousands, and then tens of thousands, the posters remained in place. Walking through a subway station and seeing them out of the corner of my eye, I would smile slightly under my mask, thinking about how far we had come from a time when a few hundred cases represented a crisis. This, however, was certainly not the response that the government had intended to elicit.

Unlike the previous poster that portrayed the public as “heroes” and thanked them for their ongoing participation in the “battle” against COVID-19, these messages appear to cast the public as unruly and in need of pre-emptive reproach. Their logic is that it may be possible to prevent COVID-fatigue and dissuade people from breaking social distancing rules if common justifications for “pro-COVID” behaviour are clearly stated, and by warning that it is precisely in these moments of laxity that COVID-19 spreads. Indeed, it appears that the main goal of these posters was to elicit a kind of COVID-19 consciousness at the individual level, one that prioritized caution over carelessness. In other words, their aim was to promote vigilance, by delegitimizing common justifications for laxness.

Posters that instil fear

**10 million citizens urgent suspension period**  
(until 2020.12.31)

**If you're not alone now, you could be alone forever.**

'Urgent pause' to end COVID-19.  
It is crucial that all citizens participate in social distancing.

**Code of conduct for New Year's**  
(1) Ventilate every 2 hours. (2) Don't have an end of year party. (3) Don't stay at a crowded place for a long time. (4) When in doubt, test yourself immediately. (5) Wear a mask and wash your hands.

Figure 8

**Which mask would you rather wear?**

Once someone else puts the mask on for you, it's too late.

**Wearing a mask, it's not a choice, but a duty.**

Figure 9

In their analysis of ethical issues within public health communications, Guttman and Salmon (2004) demonstrate that public health practitioners often must vie for people's attention, and in doing so sometimes come to rely on strong emotional appeals. These can include *fear*

*appeals* consisting of vivid images or descriptions of potential harms, disseminated not only with the intent to gain attention, but also to arouse motivation to comply with health messages (Guttman and Salmon 2004). Fear appeals are widely used in health communications “due to the intuitive belief that scaring people will make them change” (Moussaoui et al. 2021, 601). In other words, the efforts of health officials to encourage the adoption of their suggestions by the population often involves what Becker (1993) called a sprinkling of liberal quantities of fear arousal “as a kind of motivational seasoning on [the] messages” (2-3).

The two final COVID-19 posters presented above (**Figure 8 & Figure 9**) certainly fall under the category of fear arousal, as they both display the harms that may await those who do not abide by the health regulations. The text of **Figure 8** states “If you’re not alone now, you could be alone forever,” which is placed over the image of an unspecified person on a mechanical ventilator. Taking the written text and image together, the intended message is that if you do not follow the social-distancing rules, you could end up alone in a hospital, unconscious and requiring mechanical ventilation<sup>16</sup>. Thus, according to this poster, no amount of loneliness could rationally serve as a justification for breaking the social distancing rules, as non-compliance could lead to COVID-19 transmission, which in turn has the potential to leave one in a state of total solitude, both physically and mentally.

**Figure 9** uses a similar logic, focusing on masking rather than social distancing. In this poster, the images present a stark contrast between the two “choices” that are available to the public in response to the question “which mask would you rather wear?”: either you can choose to wear a face mask and lounge comfortably on a couch, reading a magazine, or, by

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<sup>16</sup> When I first encountered this poster, I interpreted the text “영영 혼자가 될 수도 있습니다” or “You could end up alone forever” as meaning that you could *die*. While my English translation here is technically correct, a discussion with a native Korean speaker led to the conclusion that the poster’s intended message is *not* that “you could die,” but that you could end up alone, unconscious on a ventilator, for a very long time, potentially forever.

forgoing the face mask, you can “choose” to wear the ventilator mask. The poster also warns, however, that once someone else has to put the mask on you, the decision is no longer yours to make.

The goal of both these posters is to instil fear by portraying the harms that could potentially befall all those who decide to forgo the social distancing and masking rules. There are several issues with this line of messaging. Firstly, there is the issue of truthfulness and accuracy. As noted by Guttman and Salmon (2004), messages that “use highly emotional appeals may fail to meet stipulations for truthfulness and sincerity, as well as correctness and accuracy” (539). The suggestion that non-compliance to social distancing or masking rules could lead, or even be the direct cause, of one’s need for mechanical ventilation is an exaggeration<sup>17</sup>. While one could potentially argue that there is always the *possibility* of COVID-19 turning life-threatening (no matter a person’s age or underlying health status), I cannot help but think that the seemingly direct causal relationship between non-compliance and the risk of life-threatening disease that is suggested by these posters is so exaggerated that it verges almost on deceptive. Compounding this issue of exaggeration is the fact that once people develop the impression that the messaging may not be applicable to them or their specific situation, they may end up ignoring all future health messaging, even when it is appropriate (Mol 2008, 68).

There is also the issue that the use of fear appeals in health communication is often not *effective* in achieving the desired behaviour change (Job 1988; Becker 1993; Kok 2018; Guttman and Salmon 2004). Becker (1993) notes that although fear-based messaging is effective in terms of generating considerable concern, it leads to minimal subsequent behavioural change. The net effect, according to Becker (1993), is that “persons at risk” are

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<sup>17</sup> A study (Lee et al. 2020) conducted in the city of Daegu during the first spring of the pandemic (i.e., before vaccinations and oral antiviral drugs like Paxlovid were widely available) showed that 80 out of 4,742 (1.7%) confirmed COVID-19 patients were admitted to the ICU, 21 (0.44%) of whom required mechanical ventilation, with old age being the most significant risk factor.

converted into “anxious persons at risk” (3). Some studies have in fact reported that fear-inciting health communication campaigns may produce unintended consequences such as avoidance, defensiveness, stigmatization, anxiety, increased risk behaviour and a feeling of lack of control (Stolow et al. 2020). Stolow et al. (2020) implored their fellow health professionals to *not* include fear appeals in their health communication strategies for COVID-19, basing their concerns on the fact that not only are such approaches potentially ineffective, but they may even cause harm by “exacerbating already existing stressors of the pandemic, thus leading to a backlash of unanticipated, negative, reactionary behaviours” (532).

In terms of efficacy, my interlocutor Anna, as mentioned above, asserted that compliance with the governmental mandates was indeed greatly influenced by the governments’ persistent and ubiquitous communication strategy, including posters. And I would agree that the government was overall successful in developing coherent and consistent messaging specifically with regards to the appropriate preventive measures (handwashing, mask wearing, social distancing, etc.). However, I am nevertheless hesitant to take a firm stance on whether or not posters were overall effective in making people comply with the regulations. At the risk of leaving these concerns with efficacy somewhat unresolved, the remainder of this chapter will consider a separate component of the Korean COVID-19 response.

#### *Individualized framing of responsibility & blame*

Apart from stating COVID-19 preventive measures, what else do all the posters discussed above have in common? Regardless of their tone or persuasion approach, all the aforementioned posters locate responsibility for the cause and prevention of COVID-19 in the *individual* (Becker 1993). Indeed, the government’s messaging interpellated the public at an individual level, by implying that the prevention of COVID-19 illness was possible and depended on the individual’s willingness to adopt the government’s social distancing and

masking regulations (Guttman and Salmon, 2004). For instance, **Figure 6** and **Figure 7** assert that COVID-19 spreads due to individuals who “carelessly” assume “it’ll be fine” if they break the rules. Similarly, the messaging of **Figure 8** implies that individuals are themselves responsible for preventing life-threatening disease by practicing social distancing. **Figure 9** resonantly proclaims that wearing a mask is not a choice, but a *duty*. In all these cases, it is the individual who bears the responsibility for preventing COVID-19. The messaging of these posters obfuscates the countless alterable and non-alterable factors that may contribute to COVID-19 illness, most of which transcend the individual and what is within their control. This disregard of both the complex structural and political forces that shape the world one lives in, as well as even factors like *luck*, means that within Korea’s COVID-19 public health messaging, the responsibility for disease prevention necessarily falls on the individual.

Public health campaigns for both infectious and chronic conditions have been studied extensively by medical anthropologists. Research has shown how health campaigns and programs often rely on “rational choice models for individual behaviour change” (Erickson 2011, 271). For instance, Lincoln’s (2014) study showed that the responsibility for disease prevention in response to an outbreak of cholera in Vietnam was highly individualized. Similarly, Trainer et al. (2021) note how anti-obesity public health campaigns “continue to emphasize individual effort and responsibility for self as the key to reducing population weights and improving population health in relation to chronic disease,” with little to no tangible changes in weight or overall health (20).

Both within and outside the domain of biomedicine, diseases tend to be dichotomized into two binary categories: communicable or non-communicable. For infectious diseases, prevention strategies have traditionally focused on “interrupting contagion between people, vectors, and environments” by targeting exposure to biological pathogens (Moran-Thomas 2019, 475). Communicable diseases, on the other hand, are often “framed as resulting from

personal choices and so-called lifestyle behaviours” (Moran-Thomas 2019, 475). In her ethnographic study of diabetes in Belize, Moran-Thomas (2019) compellingly problematizes this dichotomization, by emphasizing that this either-or labelling is “insufficient to describe the prevalence of human-made diseases,” which more often than not emerge from “uneven landscapes of exposure with many kinds of transmissions” (Moran-Thomas 2019, 487-488). From the perspective of biomedical causality, COVID-19 certainly falls in the category of infectious disease. But, within the established binary schema, how can we reconcile the fact that interrupting contagion between viral vectors often involves prescribed changes to individual behaviour? The public health messaging deployed by the government implies that COVID-19 risk can be mitigated through individual-level choices and behaviours. In line with Moran-Thomas, then, these posters encapsulate how COVID-19 blurs the line that distinguishes communicable from non-communicable diseases.

Why, one may ask, is this individualistic framing problematic? The crux of the issue is well summarized by Guttman and Salmon (2004): “Implied in messages that make a causal link between a person’s behaviour and their health, is an assumption that people’s behaviour can significantly affect their health and therefore they can be held responsible for detrimental health outcomes” (542). By assuming that individuals have the ability to autonomously make decisions, health campaigns render individuals responsible for their own illness, thereby detracting attention from political, structural, or economic causes (Krumeich et al. 2001). This supposed responsibility or *culpability* is often expressed as a form of victim-blaming that “characterises those who do not adopt recommended health-related practices as weak of character and at fault for certain medical conditions” (Guttman and Salmon 2004, 543).

We see a similar logic playing out in **Figure 4**, but at the other end of the spectrum. In this poster, those who comply with the social distancing regulations are dubbed *heroes* and commended for their contribution in the ongoing fight against COVID-19. But what is the

implication here? If those who follow the regulations are praised as *heroes*, then it follows that those who are non-compliant are morally depraved *villains*. And if, as the messaging suggests, responsibility for disease prevention resides in each individual, then it becomes possible to imagine that every person who ends up catching COVID-19 is culpable for their own infection. Notably, this has been observed with anti-tobacco public health campaigns. The fervent anti-smoking attitudes caused by the campaigns led to people being blamed for having illnesses associated with smoking, regardless of whether or not they had ever smoked (Brewis and Wutich 2022, 3). It is in this way that “being ill” is redefined as “being guilty” (Becker 1993, 4).

During the outbreak of an infectious disease like COVID-19, however, one is no longer only responsible for their own individual health, but also for the health and wellbeing of *others*. Here, the notion of “others” is expanded to encompass both one’s immediate social circle and the population as a whole. This is demonstrated in **Figure 6**, which implores individuals to be conscious of how their “careless” behaviour can contribute to rising COVID-19 “waves” at the population level. Therefore, individual failure to comply with the government’s COVID-19 regulations not only carries with it potentially negative implications for one’s own health and the health of others, but can also undermine the “battle” against COVID-19 at a societal level, thereby expanding the realm of one’s culpability well beyond just themselves and their health.

It is important to stress just how entrenched culpability quickly became in Korea. Notions of patient culpability did not just play out in an abstract or rhetorical sense, but were actually mobilized in a legal sense as well. This was the case when the government of Jeju Island filed a suit against a pair of tourists, which later became known as the “Gangnam Mother-Daughter” [강남 모녀] case. In March of 2020, a 19-year-old college student arrived in Seoul from the US. Although recommended, it was not yet mandatory for international

arrivals to self-quarantine, and so shortly after she had arrived in Korea, the student and her mother embarked on a five-day trip to the popular domestic tourist destination of Jeju Island, located south of the peninsula. They toured the island extensively, even though (as it later became known) the daughter was experiencing COVID-19 symptoms. After arriving back in Seoul, the pair underwent COVID-19 testing at the Gangnam health centre, which both came back positive. The Jeju province then filed a civil suit against the women seeking 130 million won (nearly \$110,000 USD), citing losses from the 20 establishments that had to be temporarily closed for disinfection and 96 island residents who had to self-isolate (Huh 2020). The civil suit alleged that the daughter did not follow the government's recommendation to self-isolate and continued to travel the island even after the onset of symptoms. The complaint submitted by the Jeju authority moreover stated that the daughter had "failed to uphold her duty as a member of the community" (Kwon and Marcus 2020). In a briefing, Jeju governor Won Hee-ryong stated: "I hope to send a strong warning against the actions that threaten the deadly struggle of the medical workers, the endeavour of the disease prevention workers and the participation of our people in their fight against coronavirus" (Kwon and Marcus 2020). The case was eventually dismissed in 2022, as the plaintiff failed to prove that the defendants were at fault (Lee 2022).

The basis of the Jeju lawsuit was that the pair were culpable for the financial losses of the businesses they visited and the people they encountered, because the daughter had failed to carry out the *recommended* arrival quarantine. Indeed, the Jeju government deployed culpability in its legal sense to publicly shame and make an example out of tourists who, in their view, disregarded their "duty" to the community by engaging in careless actions that undermined the efforts of the population in their "fight" against COVID-19. But to understand how the leveraging of such a demand could have been possible in the first place, it may be necessary to place the COVID-19 communication strategy within a broader socio-

political landscape, by outlining events that occurred in the tumultuous decade that preceded 2020.

### ***Political backlash and the impeachment of Park Geun-hye***

In the aftermath of the sinking of the Sewol ferry in 2014<sup>18</sup>, the ruling Park Geun-hye government shirked responsibility for the man-made disaster. In an attempt to evade blame, the Chief of the Office of National Security, Kim Jang-soo, claimed that the Blue House<sup>19</sup> is “not a control tower for disasters” (Seok 2014). Just over a year later, the Park administration was again under fire for mishandling the MERS outbreak (as discussed in Chapter 1) and Park herself was criticized for being unwilling to take charge of the “control tower” of the response (Seok and Choi 2015). Both of these missteps contributed to the public fury that ignited the protest movement in 2016 which ultimately led to the impeachment of President Park<sup>20</sup> (Kim 2017; Kim 2016).

Not long after Park had been impeached and sentenced to 24 years in prison, Moon Jae-in of the opposition party was voted into power. Moon and his political cohort had not only witnessed, but had also vocally participated in the political backlash against the Park administration for its failure to take responsibility in the immediate aftermath of the Sewol tragedy and the MERS outbreak. I mention Park’s ousting (and the crises that contributed to

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<sup>18</sup> The sinking of the Sewol ferry occurred on the morning of April 16<sup>th</sup>, 2014. Destined for Jeju Island, the ferry had departed from the Port of Incheon, with a total of 476 people on board, including 325 students from Danwon High School on a field trip to the Island. A sharp right turn caused the ferry to begin tilting, and within a couple of hours, the vessel was completely submerged. The sinking was deemed a man-made disaster: the ferry had been carrying twice the legal amount of cargo; safety checks were bypassed; responses from local and central governments, as well as the Coast Guard, were “ineffective, disorganized, and in some cases in violation of regulations” (Seo 2022, 62). Park Geun-hye was absent for seven hours on the morning that Sewol sank. Although she had been notified of the sinking multiple times, she failed to order a timely mobilization of troops and resources to save the hundreds of people trapped on board. A total of 304 people tragically perished, including 250 students, many of whom were told to stay inside their cabins as the ferry sank (Seo 2022; Yi 2019).

<sup>19</sup> Before changing locations under the Yoon Suk Yeol administration in 2022, the Blue House was the seat of the executive branch of the Korean government, essentially equivalent to the American “White House.”

<sup>20</sup> Although the sinking of Sewol and the MERS outbreak were contributing factors to the public’s discontent with Park, the protests calling for impeachment were largely spurred by a complex corruption scandal that involved a close confidante and aide to Park, named Choi Soon-sil, who (in addition to many other charges) used her position to extort money from conglomerates.

it) because I think that these events had tangible consequences in terms of shaping the political climate inherited by the incoming Moon administration.

The recent memory of two national disasters and the resulting widespread public outrage directed at Park clearly showed that the public had little tolerance for incompetence and lack of accountability among their leaders in times of crisis. And so, when COVID-19 hit some three years into Moon's five-year term, the government could foresee what the political cost of a fumbled response would look like, and so they made every effort to avoid facing a similar backlash to the one directed at Park. But what does the public expect from the government during a health crisis like COVID-19? What role should the government play?

When I posed this question to Anna, this is how she responded:

**Anna:** I think they should be trustworthy first of all, in providing accurate information. [...] The government should be a communicator and a trustworthy one, an unbiased one. And you know, also, there are two sides of communication, that they should also listen to their citizens and their concerns. And so, I think Korea has done a really good job.

Anna expected the government to play the role of a trustworthy *communicator*, to deliver “accurate” and “unbiased” information. As I hope this chapter has shown, the government ardently endeavoured to fulfil this role, by deploying a communication strategy that adhered to principles of radical transparency and openness (Government of the Republic of Korea 2020). The frequency and breadth of the information dissemination showed that the government made every possible effort to preserve the trust of the public and to demonstrate that they were taking responsibility for managing the outbreak.

There is no doubt that a public health rationale underpinned the government's focus on transparency. But what I would like to suggest is that by focusing solely on the commonly accepted public health justifications that buttressed the government's response, one may miss the subtler political workings that were simultaneously at play. Briggs (2001) has noted that the adoption of statistics by institutions is not so much a reflection of a Foucauldian form of

normalizing power, as much as it is a defensive strategy deployed by bureaucracies in the face of threats to their legitimacy. For the Korean government, the collection and dissemination of COVID-19 data therefore may have been a way to ensure that their legitimacy remained intact. And so, if the alerts verged on being excessive, as many people found them to be, this may have been because the government wanted to preserve their legitimacy by proving beyond a shadow of a doubt that they, unlike the preceding Park administration, were worthy of the public's trust and capable of managing a national crisis. As Anna also notes, I think the government was receptive to concerns voiced by the public. This is evidenced by the revision of the emergency text alert scheme in 2021, following widespread reports of alert fatigue.

### ***Conclusion***

In this chapter, I analysed the COVID-19 communication strategy that was deployed by the government as a part of their mandate for transparency. What has emerged through my fieldwork, however, is that achieving this level of transparency in some cases came at the cost of causing anxiety and distress among the public. In closing, I would like to propose a potential link between the notions of transparency and responsibility discussed in this chapter.

If we agree that the government successfully fulfilled its duty to the public by adhering to a strict principle of transparency, we may suppose that this enabled the government to then level a similar kind of demand for responsibility at the public. In other words, by fulfilling the public's mandate to be a trustworthy "communicator," Korea's COVID-19 communication strategy simultaneously provided the government with both the necessary leverage and the means to feasibly enact a similar kind of demand directed at the public, namely, the demand for individual adherence to the COVID-19 regulations. It is hard to imagine that the Jeju government would publicly condemn the "Gangnam Mother & Daughter" in such an overt

manner for their failure to uphold their “duty” as members of the community, had the government not been sufficiently confident that they had fulfilled *their* duty to the public. However, as I have tried to show, these kinds of appeals to individual responsibility are problematic, as they imply a form of victim-blaming in which the COVID-19 patient becomes not only culpable for their own infection, but also culpable for undermining the country’s “fight” against the virus.

## Conclusion

### COVID-19 in the “Post-Pandemic” – Disruptions and Continuities

Early in the morning of May 31<sup>st</sup>, 2023, I was abruptly awoken by the shrill noise of a two-toned siren blaring from a speaker located outside my window. The siren lasted for about two minutes and gave way to a male voice proclaiming something in a solemn tone, which I was unable to hear clearly. Although I was a little bit disconcerted, I decided to lie back down once the announcement was over, to claim the one hour of sleep that remained before I had to get ready for work. But only an instant later, an emergency alert notification began blaring through my phone. Labelled as a “Presidential Alert” issued by the City of Seoul, the alert stated in Korean: “At 6:32 today, a warning is issued for the Seoul area. Please prepare to evacuate/seek shelter and give priority to children and the elderly to evacuate first<sup>21</sup>.” Utterly baffled, my partner and I scrambled to search online for additional information, but were shocked to find that the search engine was unresponsive. Unsure what to do, we decided to pre-emptively head to a shelter.

The feeling I had as we prepared to leave our apartment was like nothing I had experienced in my life before. Although I had some kind of ambiguous awareness of the plausibility of an imminent disaster, I felt strangely calm and focused solely on what needed to be done at that very moment. With the absolute worst-case scenario in mind, I mentally drafted a one-sentence “goodbye” message to send my Mom<sup>22</sup>. Within five minutes, we had packed an emergency backpack with all our electronics and important documents and exited our apartment to head to the nearest designated shelter, which was a subway station about a five-minute walk away. Once outside our apartment building, I was surprised to see that nothing had changed at all – there were a few people walking on the sidewalk, and an elder

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<sup>21</sup> In Korean, the message stated: “[서울특별시] 오늘 6 시 32 분 서울지역에 경계경보 발령. 국민 여러분께서는 대피할 준비를 하시고, 어린이와 노약자가 우선 대피할 수 있도록 해 주시기 바랍니다.”

<sup>22</sup> If there ever was, in reality, an outbreak of war, all telecommunication networks would be disabled and so it would be impossible to send a message to my mom.

gentleman leisurely riding his bicycle. There was absolutely no commotion, which I found to be an incredible relief. After descending into the station, we waited alongside about a half dozen people (mainly young women) who were likewise busy checking for updates on their phones. The station was overall quiet, and everyone present appeared calm, with the only pressed people being those running to catch their early morning train. I was surprised by the lack of people. Twenty-two minutes after the “Presidential Alert” had sent phones blaring across Seoul, the Ministry of Interior and Safety issued their own emergency notification, stating that the Seoul government had sent the alert by mistake. My partner and I then left the station feeling tired and frustrated, but incredibly relieved. By the time we made it back to our apartment, the City of Seoul had lifted the alert, stating: “An emergency notice has been sent due to North Korea’s missile launch. We inform you that the alert has been lifted in all areas of Seoul. Citizens, please return to your daily life” (Son 2023). It was only then that we were able to confirm that the alert had been triggered by a space satellite launched by North Korea, which had flown westward and ultimately fallen into the Yellow Sea. What can be gleaned from this emergency alert mishap? How does this alert compare to the COVID-related alerts discussed in the previous chapter? What parallels can be drawn between them?

When this emergency alert mishap took place, I was in the early stages of writing this thesis. Unlike most other people in Korea, I had continued, well into 2023, to think about the pandemic on a daily basis. Propelled by my research interests, I had felt as though I remained one of the few people to continue dwelling upon the pandemic experience. Indeed, as elsewhere, the pandemic has largely disappeared from public consciousness in Korea. Shortly after the Korean government moved forward with the “Living with COVID-19” scheme in the spring of 2022, nearly every trace of the pandemic disappeared from public life. This government policy saw the easing of most of the social distancing rules, which had become the norm over the past two years (arrival quarantine, curfews on business, limits on gathering

sizes, and so on). Once ubiquitous across Seoul, the COVID-related posters quickly vanished from public spaces, with the exception of a few faded signs located inside restaurants and cafes, informing customers to wear a mask and refrain from talking before and after their meal. Of course, these posters go unheeded, and have faded so much into the background that they are not even deemed worthy of removal. In addition, some establishments (such as universities and large stores) still have thermal cameras hoisted next to their entrances, but they are no longer used and likewise attract little to no attention. Check-in desks had disappeared as soon as the vaccine pass and QR check-in regulations were lifted. Although some masking mandates remain in place at the completion of this thesis, many people still opt to wear masks outdoors and on public transportation. It is likely the case, however, that this masking is related more to environmental hazards (like cold weather and air pollution) than health concerns.

Overall, a collective amnesia seems to have taken shape, in which a majority of people refrain from reflecting on their pandemic experiences. Those who do look back on their pandemic years are often met with unclear, blurred, and hazy memories (Pawlak and Sahraie 2023). This kind of phenomenon is not unprecedented – disease historians, for instance, have shown that the devastating influenza of 1918 has largely been considered a “forgotten pandemic” (Honigsbaum 2009; Bristow 2012; Outka 2020). How (or whether) we will collectively remember the COVID-19 pandemic in the years to come remains uncertain. But, if the present state of affairs offers any indication, it seems that our pandemic experiences will continue to slip further away from public memory. Therefore, one motivation underlying this thesis has been the desire to hold onto, reflect upon, and try to understand the collective experience of COVID-19 in Korea, in order to prevent it from sinking even deeper into oblivion.

While I think it is incredibly important to draw attention to the subjective experiences of illness and death, this thesis has approached COVID-19 from a different vantage point. I have endeavoured to situate the government's COVID-19 response in political and historical landscapes, by invoking the 20<sup>th</sup> century precedents to the containment of contagion, in addition to highlighting the tumultuous political context and associated disasters that preceded the initial outbreak of COVID-19 in Korea. Overall, this thesis has been guided by an ethnographic approach centred on the subjective experiences of foreigners who have lived under the Korean COVID-19 regulations. This has been carried out in order to shed light on the potentially unexpected ways in which the government's rules shaped the everyday lives of a marginal group of people, whose status as foreigners make them susceptible to particular experiences. My interest in accounting for such experiences has primarily been driven by a dissatisfaction with a majority of the established accounts on the pandemic, which rely upon epidemiological findings to make sense of the virus' impact. While I do not wish to discredit such macro-level approaches, I cannot help but feel a little dissatisfied that the most authoritative accounts on COVID-19 have often been those that rely on case numbers, incidence, mortality and vaccination rates. How are we supposed to make sense of the pandemic experience if we focus primarily on quantitative measures, which are ultimately incapable of capturing the idiosyncrasies and messiness of lived experience? This thesis has attempted to address this shortcoming.

In conclusion, I would like to briefly turn my attention to the so-called "post-pandemic" period, which was ushered in during the months that followed the implementation of the "Living with COVID-19" scheme in March of 2022. Focusing on two separate occurrences, I point out some COVID-related continuities and ruptures that stretch into our post-pandemic present. I also highlight some possible sites for future anthropological research.

### *Emergency alerts and the Korean crisis management system*

Certainly, there are numerous distinctions that separate the emergency alert (and siren) sent on that May morning from the deluge of COVID-related emergency alerts issued throughout the pandemic. But where there may exist a continuity is, first of all, with regards to the response they elicited from public. On that early May morning, what I saw in my neighbourhood was a total nonchalance – the streets were nearly empty and utterly calm, nobody around us seemed to care. As I prepared to leave my apartment, I pictured the subway jam-packed with people, but in reality, was met with the total opposite. Importantly, there is no equivalent precedent for the dissemination of an emergency notification in Seoul related to a North Korean threat. In the past, comparable emergency alerts have been sent to specified regions that have a geographic proximity to North Korea, but (to the best of my knowledge), this marked the first time that an emergency alert pertaining to a North Korean threat was disseminated across the entirety of Seoul.

Nevertheless, nobody seemed bothered by the government's ambiguous warning. I, myself, had essentially ignored the sirens that blared outside of my room, and only sprang into action after being frightened by the ominous text alert. It may therefore be worth considering whether foreigners or non-fluent Korean speakers respond differently to the emergency alert system. While a direct comparison between Korean and foreign residents was not carried out in this thesis, I would nonetheless suggest that the alerts may trigger increased disconcertment and anxiety specifically among foreigners. Nevertheless, in the immediate aftermath of the satellite debacle, what appeared to me to be the most likely explanation for the general indifference that I observed among the public was that people had become desensitized to the alerts through an overexposure during the pandemic. But coupled with this desensitization to COVID-19 as a biological threat is undoubtedly the wide-scale desensitization to North Korea as a political and military threat, a phenomenon which has

become increasingly prevalent over the past several years (Rich and Einhorn 2020). Thus, it may seem that the national-level, existential threat that COVID-19 was initially perceived to pose has, with time, become neutralized, perhaps in a similar fashion to how the prolonged experience of militarization in South Korea has ultimately led to a fabrication of the North Korean threat as a nonissue.

A second attribute that is characteristic of both the COVID-19 and satellite emergency alerts was their dearth of information, which made them difficult to interpret. More specifically, the COVID-19 alerts typically contained basic updates on case numbers, with little to no guidance on how such information should be interpreted. Similarly, the evacuation alert did not include any information on the nature of the threat, making it basically impossible for people to assess the level of risk<sup>23</sup>.

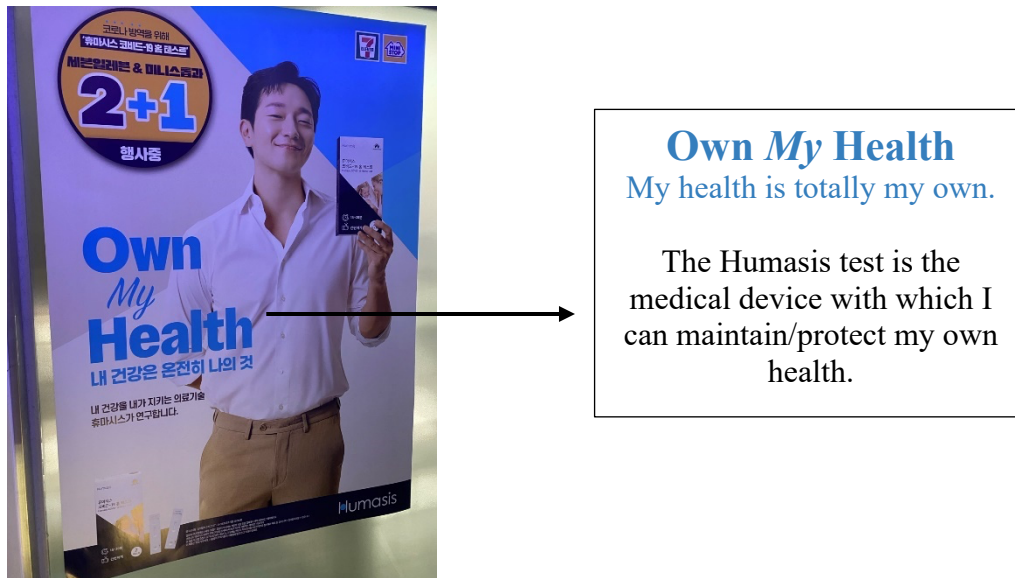
Finally, both instances demonstrated a clear lack of coordination between the various levels of government. For the COVID-19 alerts, this manifested in an overabundance of notifications issued from various governmental bodies that essentially stated the same or similar information. A similar issue existed with the satellite launch-related emergency alert. Twenty minutes after the Seoul government had issued the evacuation alert, the Ministry of the Interior and Safety released their own alert stating that the Seoul government had sent their alert erroneously. Although the mayor of Seoul later apologized for causing confusion, he nevertheless defended the city's decision to issue the alert, thereby refuting the Ministry's claim that it had been sent by mistake. This lack of coordination between the local and national governments resulted in the issuance of what was, in the end, a false alarm, which in turn has the detrimental effect of calling into question the credibility of the crisis management system as a whole (Park, Lee and Kwon 2023). Further research should therefore investigate

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<sup>23</sup> While the Japanese government had similarly issued an alert about ten minutes prior to the one sent by the Seoul government, this alert contained information on the cause of the threat (a detected North Korean missile launch) and told people where to go (Jun 2023; Park, Lee and Kwon 2023).

Korea’s crisis management system (including the emergency alerts), not only as a way to eventually improve its “efficacy,” but also to consider whether the system, in its current state, may in fact cause more harm than good.

***“Own My Health” – the incorporation of COVID-19 into health regimens***



**Figure 8**

As discussed above, the pandemic was effectively erased from the collective consciousness in Korea shortly after the government moved into the “Living with COVID-19” phase in 2022. Interestingly, one of the few ways in which COVID-19 remained visible in public during this early post-pandemic period was through a short-lived advertising campaign by Humasis, a Korean biomedical company specializing in rapid self-diagnosis kits. **Figure 8** is a poster advertising a buy-two-get-one-free sale of the company’s rapid antigen COVID-19 self-test kits. The advertisement depicts the famous Korean actor Son Suk-ku holding the self-test kit in a cool, laidback manner. When I first came across this poster at a 7-Eleven convenience store in June of 2023, I found it absolutely striking; it seemed to encapsulate, in such a cogent and transparent way, the dramatic shift that had occurred with regards to the perception and management of the virus in the months that followed the implementation of the “Living with COVID-19” scheme.

The advertisement states that the self-testing kit enables its user to *own their health*, and that one's health is *entirely their own*. The poster thus posits that individuals are responsible for the management and maintenance of their own health, something which can be achieved by purchasing the testing kits (preferably, three of them at once). This kind of framing is significant: no longer is COVID-19 considered an existential threat requiring the mobilization of a national response from various public health agencies and governmental bodies. Rather, the virus can be incorporated into larger projects of self-management, carried out with the ultimate goal of enhancing health and well-being at the individual level. In other words, the advertisement indicates how the management of COVID-19 has shifted from a government-operated public health approach aimed at the *survival* of the population, to a privatized form of *self-management*, broadly targeting holistic health. Unlike the public health messaging that was disseminated by the government during the COVID-19 state of emergency, the individual responsibility for managing COVID-19 is no longer articulated in terms of how one's behaviour contributes to wider viral trends at the population-level, nor how the failure to comply with the regulations can result in severe biological harm. Rather, this advertisement demonstrates how COVID-19 has entered the realm of lifestyle maintenance and self-care, as a part of a larger health regimen that prioritizes individual responsibility and control.

How might these practices of individualized wellness and self-care be related to the false alarm debacle discussed at the beginning of this chapter? As briefly mentioned above, I think both situations are associated with a desensitization to what were once perceived as existential threats: COVID-19 (at the biological level) and North Korea (at the militaristic and political level). As public perception shifted, and both entities became a part of daily life, the threshold of what was considered threatening or dangerous increased significantly. As this threshold increased, the government's ability to control individual behaviour became

increasingly limited, and ultimately largely abandoned, so that people were left to deal with the threats in whatever way they saw fit. Thus, the widespread desensitization to the threats stemming from COVID-19 and North Korea led to individuals no longer relying on the government for guidance on how to act: their health became “totally their own,” and they were able to go back to sleep, undisturbed by the sirens and emergency alert. In reality, neither of these threats have totally disappeared – what has changed is that people are now largely responsible for maintaining their own health and safety.

Upon further investigation, I discovered that in addition to printed posters, the Humasis ad campaign also included video advertisements with the same actor. As of early January 2024, these advertisements have cumulatively racked up nearly 10 million views on YouTube, which is no doubt primarily due to the actor’s popularity. Nevertheless, the sheer reach of these advertisements should not be downplayed. It will be interesting to see future research delve into how COVID-19 becomes relegated to the realm of individual management, in the name of wellness and holistic health. In other words, additional anthropological research is needed to illuminate the projects of selfhood that are wrapped up in post-pandemic visions and practices of health and well-being.

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