

## COVID-19 Exceptionalism: Explaining South Korean Responses\*

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### Abstract

COVID-19 has presented enormous challenges across the globe that led to a number of shared lessons to be learnt. Yet, we are inundated with comparative, if not competitive, accounts that characterize national pandemic responses as inherent and unique to certain nation states, which we argue that led to COVID-exceptionalism. This article challenges a number of ‘cultural’ explanations of South Korea’s ‘successful’ responses to COVID-19 crisis. The popular narrative has been that Korea’s cluster-based mitigation strategy was sustained by rigorous contact tracing and mass testing systems, and this was made possible by three distinctive elements of pandemic preparedness: 1) Korean ‘culture’ of normalizing face-covering, 2) Korean citizens’ consensus of prioritizing public health to privacy, and 3) Korea’s advanced IT infrastructure enabling effective and efficient digital contact tracing. By debunking the three myths, we demonstrate why neither the Asian ‘authoritarian advantages’ thesis nor the equally problematic counter-argument of ‘Asian civility’ adequately captures the reality of South Korea’s reaction to the COVID pandemic. Attending to social, political, and material contingencies, we contribute to the STS discussion over how the ways in which risks are conceptualized as manageable and measurable objects can produce particular modes of allocating responsibilities for risk mitigation, when dealing with relatively unknown virus. We conclude that COVID-exceptionalism may cause not only the issue of reinforcing ‘(East) Asian’/‘Western’ stereotypes, but also other problems such as implicitly granting political impunity to those responsible for coordinating COVID-19 responses.

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**Introduction** The COVID-19 pandemic taught us that no country was fully prepared nor has managed a perfect system in responding to the complex social, economic, and epidemic crises brought by this novel virus (Moon et al. 2020). There is a growing awareness that SARS-CoV-2 shows similar patterns of transmission over time that were dealt with by similar interventions around the globe, although with varying degree of effectiveness, and eventually exposed similar weaknesses in social safety net in the process (e.g. Paremoer et al. 2021). However, despite the enormity of the shared experiences and the importance of universal lessons for future pandemics, we see a persistent narrative of why and how each nation was different in their responses to the COVID-19 crisis. This paper grew out of two authors’ shared concern about this very popular yet flawed narrative. As going through three national lockdowns in the UK (Author 1) and constant changes in social restriction measures in South Korea (Author 2),

both authors realized how things were similar rather than radically different in our respective countries two countries. Yet, we were inundated with, by the media and experts alike, comparative and even competitive discourses to characterize national pandemic preparedness and responses as inherent and unique to certain nation states, which we eventually decided to call Covid-exceptionalism. Author 2 became increasingly inquisitive of what it means to say that South Korea (hereafter, Korea) is ‘a country that beat the virus’, as a British television documentary with the same title put it, when there exists little consensus on how to measure success, failure, and/or latent consequences in COVID-response/prevention. Evaluating the overall cost of a pandemic is not a simple matter as we need to consider not only what are conceptualized as risks to manage but also to whom responsibilities for epidemic risk management are un/fairly allocated (Colmer 2020; Coronini-Cronberg et al. 2020). Meanwhile, as an East Asian living in the UK, Author 1 became tired of being asked by her local friends whether Korea was dealing with COVID-19 crisis better because Korean people are generally submissive to government rules.

COVID-exceptionalism implies without criticism that certain countries are *culturally* better prepared, and conversely some other countries are worse prepared, to deal with a pandemic (Gelfand et al. 2021). Namely, those some countries with better preparedness have, for example, a mask-wearing ‘culture’ (New Statesman 2020), which precedes the COVID-19 pandemic (Burgess and Horii 2012) and higher social acceptance of digital surveillance that was argued to be effective in China and Taiwan during SARS (Schwartz 2012). As such, the notion of East Asian countries’ exceptional preparedness has been frequently associated with authoritarian regimes being more effective with regards to disease transmission, even if less desirable (Lo and Hsieh 2020). According to the narratives of East Asian COVID-exceptionalism, the success of extensive implementation of testing, tracing, and isolation were only possible in countries with their ‘authoritarian advantages’ or ‘Confucian values’ compelling their citizen’s ‘obedience’ to government’s interventions. Consequently, in East Asian countries, privacy infringement resulting from a trade-off between security and personal data protection is seen to remain as a (or perhaps the only) critical concern (Foreign Policy 2020; Kang 2020; Tehran Times 2020; *The Guardian* 2020).

Such accounts of East Asian exceptionalism have already been challenged by counter-narratives emphasizing the importance role played by ‘civic interdependence among citizens’, rather than by authoritarian governments in COVID-19 mitigation (Lo and Hsieh 2020: 402). According to these counter-narratives, East Asian citizens have not blindly obeyed but demanded the state and the medical profession to use surveillance technologies or other mitigation measures for protection of people’s lives and freedom of mobility (Sonn and Lee 2020). It is not the authoritarian government but ‘people [being] collectivist in orientation of thought’ that explains why Asian countries could ‘beat COVID-19’ (VOA News 2020). Yet, these counter-narratives are also too simplistic to capture the complex realities of East Asian countries with their heterogeneous histories and COVID mitigation strategies and equally uncritical in reproducing ‘biopolitical nationalism’ (De Kloet, Lin, and Chow 2021). Along with asking whether narratives of COVID-exceptionalism are supported by sound evidence, we could reflect upon the question of for what and for whom such widespread narratives work. If it is indeed the ‘culture’, or the ‘national character’ that explains relatively successful East Asian COVID responses, how much responsibility could or should governmental agencies actually take for efficient implementation of mitigation strategies?

STS research has suggested that responses to accidents, disasters or disabilities are accompanied with its justification through technoscientific rationales and a pattern of distributing responsibilities within society (Fortun 2004; Rapp 2011; Treichler 1999; Wetmore 2004). As Treichler (1999) demonstrates with the example of the AIDS epidemic, an epidemic is cultural and linguistic as well as biological and biomedical. The ways we understand an epidemic engender political and intellectual controversies, which lead to the subsequent construction of a human-nonhuman network through which risks are

conceptualized and responsibilities for their mitigation are allocated. Governmental agencies, the media and civic organizations do not simply respond to natural and human-made disasters. Instead, they actively construct the social boundary of what could be legitimately conceived as manageable risks. The social perception of what counts or does not count as manageable risks leads to further questions of what should and could be done in response to such risks, by whom, and at what cost including the attribution of responsibilities, accountabilities and liabilities. For instance, conceptualization of car accidents as manageable risks produced the following series of questions: is it drivers or automobile makers who should take the primary responsibility to lessen the deaths by car accidents? Should consumers be allowed to remove an air bag or not? How should liability be divided if an air bag worked as a partial cause of death to a driver who was not wearing a seat belt? Answers to such questions are socially constructed as governmental agencies, car manufacturers, and the media all take part in the processes of providing their definitions of risks. Responsibilities for mitigating disasters are always discursively distributed, rather than unarguably given.

This paper critically examines national exceptionalism emerging around COVID-19 by investigating the ways in which preparedness to COVID-19 is recognized as something unique and somehow culturally inherent to each nation, and in our case, in Korea and the UK. We will explain in the following section how COVID-exceptionalism is particularly relevant in Korean contexts and what limitations it imposes upon our sense-making of risks and responsibilities for managing the pandemic.

### **Why South Korean COVID-exceptionalism**

Korea has been under constant media scrutiny since the first COVID-19 case was confirmed on 20 January 2020. Ironically, Korea has been praised for having ‘successfully managed’ COVID-19 not despite of, but because of, its ongoing struggle with COVID-19 (The Wall Street Journal 2020; Bloomberg Businessweek 2020). Despite being the country hardest hit by COVID after China at the beginning of the pandemic, Korea managed COVID without either imposing any national/regional lockdown nor closing its borders. The most frequently mentioned elements that made Korea a model country include, innovations of testing set-up that minimise contact (e.g. drive-through and walk-through testing facilities) as well as promptly ramping up testing capacity, and effectively deploying administrative capacity to organise border control and quarantine support (Walensky and Rio 2020). In an attempt to explain why such COVID responses could be made successfully in Korea without depleting medical resources, a national culture trope such as Korea’s “strong sense of collective discipline: shame on you if you do not wear a mask or forget to wash your hands” was readily utilized as a decisive factor by media and academics alike (Sorman 2020).

The accounts of ‘authoritarian advantages’ or ‘collectivist’ culture working in favor of epidemic control reminds us how Huntington (1984: 209) saw Korea as a country with ‘a political culture that values highly hierarchical relationships and extreme deference to authority’ and thus constituting ‘less fertile ground for democracy’. The well-rehearsed yet unfavorable view of Korea was uncritically repeated throughout the pandemic and this, not surprisingly, was an open invitation to refutation. Kang (2020: 591) criticized narratives of ‘authoritarian advantages’ for imagining Korean people as ‘technologically advanced but morally and intellectually primitive’ subjects in a totalitarian system of surveillance. Against the Western thesis of East Asian ‘obedience’ as a COVID success factor, some went as far as to claim that Korean citizens reached a consensus to achieve ‘active liberty’ for the greater common good, rather than being obedient and giving up their right. For example, both Jae Chun Choe (2020), Korean sociobiologist and well-known popularizer of science, and Byung-Chul Han (2020), Korean-born German philosopher and cultural theorist, portrayed Korean citizens voluntarily supervised themselves by asking the government to monitor and collect personal information. According to Choe and Han, such practices were derived from Korean ‘civility’ that pursues mutual prosperity of the community and the individual. From their perspectives, Korean citizens are equipped

with the unique capacity to manage the balance between public health and privacy. Through this ‘voluntary’ renunciation or suspension of rights to privacy, more important rights such as freedom of movements could be secured.

The question is, when it comes to refuting national exceptionalism, how subversive is such counter-narratives against the thesis of Korean ‘authoritarian advantage’? By limiting ourselves choosing between two simplistic oppositions—i.e. blind obedience vs. superior civility—we might be in the risk of *reinforcing*, instead of precluding, Orientalist narratives. Instead of critically responding to the stereotypical notion of ‘obedient’ East Asians *per se*, this paper shifts focuses onto a more important question—while we note that COVID-19 preparedness *is* narrated as nation-specific and even culturally-determined, what *contingent processes* of conceptualizing risks and allocating responsibilities has Korean society actually gone through in its attempt to mitigate COVID-19? As we followed chaotic routes through which COVID-19 crises were ‘mitigated’ in Korea, we argue that neither the presence nor absence of ‘authoritarian advantages’ could simply characterize the responses to COVID-19. While we do not claim that there exist no meaningful variations in terms of different countries’ COVID-19 responses, we propose that more productive discussion could be made by talking about our shared experiences (and confusions) in response to the pandemic instead of focusing exclusively on comparative analyses among nations.

We also extend previous discussion that Korean preparedness such as its testing capacity and contact tracing systems was constituted through relatively recent socio-material changes, rather than the age-old tradition of Confucianism (DiMoia 2020; Sonn and Lee 2020). It was pointed out by a number of commentators, including Kang Kyung-hwa, then Korean foreign minister until stepped down early 2021, that Korea’s preemptive and swift response to the COVID-19 outbreak is thanks to the traumatic experience of the Sewol disaster in 2014. Sinking of MV Sewol, widely known as the Sewol ferry accident, cost 304 lives including 250 high school students and sparked serious criticisms about the government’s incompetent responses and political coverups (Lie 2015). It ignited mass protests with several million participants, leading to the impeachment and imprisonment of the then-president Park Geun-hye in 2017. In addition, the 2015 outbreak of Middle East respiratory syndrome (MERS) resulted in 38 deaths out of 186 confirmed cases, thereby induced the government to reorganize its epidemic control system. After MERS outbreak, governmental supports were given to hospitals to set up more negative pressure rooms and health authorities were given more power to access people’s movement (Kang 2020). On top of that, the government had set the regulatory standard for the quality of face masks already in 2008 due to growing concerns over air pollution in mid-2000s (Kim and Choi 2021). The country’s crisis management system has been reassessed and reinforced through the unexpected experiences of natural and human-made disasters.

In the main section, we will argue that Korean COVID responses only can be understood fully in the context where safety became an important interface between the government and the citizens. We will discuss the contingent processes conceptualizing risks and allocating responsibilities of COVID mitigation, which have been less frequently noted either than ‘authoritarian advantage’ or ‘civility’ of Korean citizens. In so doing, we will first debunk three popular myths that were derived from the questionable notion that COVID-19 responses are largely shaped by ‘culture’ that is inherent trait of the country, before we conclude with important lessons that are likely to be obscured by COVID-exceptionalism.

## Methods

To investigate how Korean COVID-19 response is featured by a Korean and a foreign media, we selected two television documentaries investigating national pandemic responses, which both were aired by a national television network in prime time in the UK and in Korea. *Docu Saesang* (Documentary World) is KBS’s flagship documentary program produced by a Korean national public

broadcaster. Aired during June 2020, when Korea was believed to have successfully suppressed the first surge of the virus, KBS produced a series of program called *Questions about Corona 19* features COVID-19 over three episodes. We specifically focus on the second part called “Three Crises of Confidence” that largely overlaps with this paper’s main topics of discussion – namely, the controversies around 1) ever-changing guidelines and distribution policy around face masks, 2) stigma and discrimination attach to the city of Daegu residents due to the worst outbreak in the Shincheonji Church of Jesus leading to further questions about privacy infringement, and 3) the debates over whether to implement travel ban on travelers from China in response to overwhelming workload for frontline healthcare workers.

*The Country that Beat the Virus: What Can Britain Learn?* was produced by Channel 4, a British free-to-air public-service television network, and aired on 13 May 2020, which was during the UK’s first national lockdown. When patient zero was identified on 19 January as they arrived at Seoul airport from Wuhan, caught by the airport’s heat scanners, installed as part of measures devised after previous epidemics, this triggered a comprehensive pandemic plan across the country. Whereas in Britain, the timeline starts 10 days later than Korea when it was noticed that someone arrived direct from Wuhan, by then known to be the center of the new highly infectious virus, but nothing had done. By comparing Korea’s pandemic response week by week, sometimes day by day, with the UK, this fast-paced documentary effectively contrasts how two countries responded to the same virus very differently.

These two documentaries are by no means representative of mediated COVID-19 discourse of each country. Nonetheless, we felt that they are excellent examples of demonstrating the discursive contexts of national exceptionalism as a means to bring some sense and familiarity to the time of much uncertainty and confusion caused by COVID-19. In particular, the Channel 4 documentary enabled us to observe how Korea’s ‘exceptional’ preparedness was narrated and contrasted against the serious resource depletion in the UK. On the other hand, the KBS documentary enabled us to see that the task of allocating medical resources was not so systematically directed by the ‘authoritarian’ government in Korea, as we will further discuss in the following sections of the paper. While examining narratives of COVID exceptionalism produced by the Channel 4 and KBS documentary, we also analyzed national and international media coverage, and grey and academic literatures on Korea’s COVID-19 responses. In so doing, we hope to bring out the complexities and confusions, which stand in contrast to well-trodden trope of ‘exceptional’ preparedness around Korean COVID-19 responses.

Through our analyses, we emphasize the importance of recognizing Korea’s COVID-19 responses as emergent socio-material relations for the following purposes. Firstly, appreciating emergence will enable policy makers to understand that widely acknowledged limitations in the UK responses to COVID-19 could develop in Korea or other Asian countries with so far ‘successful’ records as well for they share the collection of issues that still need attention. Secondly, a careful examination of exceptionalism will reveal how ‘cultural’ explanation of un/successful COVID responses can be mobilized as a political resource to obscure important issues of each country—for instance, the UK problem of austerity that has been accumulated over decades to bring about resource depletion in their health care systems (Bach 2016; Hunter 2020).

### **Setting the scene: exceptional responses against exceptional outbreaks?**

Before we delve into our analysis of three myths of COVID-exceptionalism, we first examine Korea’s COVID strategy, namely, cluster-based mitigation and explore the wider social ramifications of this strategy. From the very beginning of the pandemic, one of the Korean key strategies has been identifying the source of transmission to mitigate the spread of the disease. Korean health authorities have quickly established the system of tracing the index case of each confirmed case and other potential contacts from the identified index case (known as backward tracing), as well as identifying the further

contacts of each confirmed cases (forward tracing). Despite the awareness that backward contact tracing is critical in mitigating transmission (Endo, 2020), Korea is one of the few countries that managed to implement both backward and forward contact tracing. This rigorous contact tracing then enabled health authorities to identify and deal with major outbreaks including Shincheonji Church of Jesus (February 2020, Daegu), a call center (March 2020, Seoul), nightclubs (May 2020, Seoul), a cluster of church-linked outbreak (June 2020 onward, Seoul), anti-government rallies which also involve aforementioned churches (August 2020, Seoul) and so on. The terminology of ‘community transmission’ was used to differentiate those rare and not-so-important cases from outside of clusters of outbreak.

The emphasis on known clusters had to change due to resurgence of community transmission during the country’s third and the largest wave which started in November 2020. The initial strategies were no longer as efficient as before because of the increasing number of asymptomatic cases and cases with unknown index case. Yet the original emphasis on tackling down clusters of outbreak was largely reinforced by the media as well as by the health authorities. The Korea Disease Control and Prevention Agency (KDCA) publicly acknowledged the additional challenges of dealing with ‘sporadic infections in various community settings’ and consequently having to change epidemiological strategy by reiterating the importance of strongly social distancing measures (Yonhap News, 2020). Still, even after the KDCA shifted its epidemiological emphasis from large localized outbreaks to smaller cases, for instance, in public multi-purpose facilities, the media’s pursuit of sensational news items changed very little. The mainstream media’s inertia was sustained in the similar framing of cluster-based stories, albeit considerably smaller and heterogeneous ‘clusters’, and geographically specific stories typically accompanied by footages of deserted streets and anxious locals describing them as ghost towns in a typically dramatic and solemn tone.

‘Clusters’ became a major constituent in a Korean conception of epidemic risks. Only those with sensational elements such as one family member end up infecting a number of family members and acquaintances were reported with depiction of ‘mass’ or ‘group’ (any outbreak of over ten cases) transmission, which is typically resulted in ‘mass’ testing. The less sensational fact that, for instance, workplaces were the second-most place of infection was sidelined by the first-most place, religious facilities. Instead, ongoing outbreaks in essential yet mundane service settings such as crowded call centers or warehouse facilities draw a very little attention. When the Korean media was competitively tracing delivery workers’ CCTV footages, it was mainly to reassure that they were wearing a face mask at all time.

Defining the nature of risks involves formulating and justifying the ways responsibilities for risk mitigation should be allocated (Wetmore, 2004). We attend to the fact that Korea’s cluster-based mitigation strategy might have been costly to social cohesion and long-term public health outcomes. Clusters of outbreaks through rigorous contracting meant that a huge number of people around the patient can be identified as presumptive or suspected cases. Setting up temporary and/or mobile testing facility promptly near the areas of outbreak resulted in even bigger number of people getting tested and associated with the cluster. One extreme example is one resident doctor who tested positive while working in a university hospital – this resulted in testing over five thousand people including patients and members of staff (Dailymedi 2020). People infected with COVID-19 were seen to cause personal and public nuisance and therefore deserve to be blamed even just for that reason. Evangelical churches (Daegu, Seoul, Sangju etc.), LGBTQ communities (Seoul’s nightclub outbreak), and even the people who attended large-scale outdoor anti-government protests were pinpointed as culprit of transmission (Time 2020). Disproportionate level of blame was laid on religious groups and their gatherings. Strictly speaking, for scientific investigation of ‘super-spreading’, both the heterogeneity of populations and the nature of virus have to be considered to establish the transmission of infectious disease (Cave 2020). Yet, the health authorities report the ever growing size of cluster daily, without molecular

epidemiological investigation and ‘super-spreaders’ could become targets for inordinate blame. In this sense, large or small clusters were in part an artifact of the ways contact tracing data were collected.

In particular, a religious sect, Shincheonji was framed as the ‘enemy’ of the state rather than victims of a novel virus in Korea (Burke 2020; Yi and Lee 2020). There was increasingly strong narrative of Shincheonji-related COVID-19 patients being ‘free-loaders’. This was also when ordinary Korean citizens were exposed to a previously unfamiliar technical legal term such as a right of demanding compensation, or indemnity, for the first time, i.e. penalizing those irresponsible and harmful individuals by charging them for the cost of their own tests and the consequent medical treatment that normally covered by the local government as well as the cost raised to treat those who were infected by Shincheonji congregations. This idea was widely unchallenged, if not welcomed, although later turned out to be impractical to implement. Tackling clusters of outbreaks have led to associate SARS-CoV-2 infection with Shincheonji or LGBT club goers as problematic groups. The huge emphasis on these clusters and competitive news coverage of them can lead the public to believe that the infection is an ‘exceptional’ event which can only happen to particular groups (often problematic and deviant) rather than something that can happen to anyone, hence framing people with COVID-19 as suspicious of being part of problematic and deviant groups.

The revised Infectious Disease Control and Prevention Act that took immediate effect in March 2021 has eventually granted the local and health authorities the right to seek indemnity against individuals or groups deemed ‘responsible’ for transmission. This revision is perhaps the outcome, as well as the reinforcer, of the already wide-spread victim blaming. The focus on so-called “super spreading” events/groups allows the health authorities to hold large groups of people to socially, legally, and even financially account for COVID-19 transmission.

In the following sections, we will debunk most prominent narratives that were believed to have aided Korea’s aggressive contact tracing and cluster-based mitigation. These include 1) mandating face-covering was (Myth 1), 2) to trade privacy for public safety (Myth 2), and 3) to deploy high-tech surveillance technology (Myth 3). We will argue that the three elements, in fact, were nothing short of myth and that Korea’s cluster-based mitigation was born out of complex contingencies rather than its ‘culture’.

### **Myth 1: Korea’s exceptional compliance with face-covering**

In this section, we critically examine the prevalent notion that East Asians’ compliance with government pandemic measures, such as face-covering, provided a unique advantage in their COVID-19 response. Face covering has been framed as a measure being taken up on an ‘exceptionally’ high level in Korea and this popular portrayal was often attributed to altruistic collectivism that is unique to Asia. Showing one of the Seoul’s most popular tourist attractions, the Channel 4 documentary narrates, “Even the Palace Guards are all wearing masks right now. Mask wearing is obligatory in most public buildings in Korea”. Such narratives that featured face covering as so exceptionally unproblematic in Korea were produced both domestically and internationally (Goh et al. 2020; Kang et al. 2020). However, we argue that despite commonly held views, mask-wearing in Korea cannot be attributed to a fixed and distinctively Korean ‘culture’ of obedience toward authority or courtesy to other citizens.

Above all, there was no clear guidance on mask-wearing during the COVID-19 crisis given by the government for Korean citizens to simply *comply with*. Rather, Korean public, the media, and the government were engaged in dynamic processes to make up a workable guideline of wearing which types of masks in which circumstances. The KBS documentary provides an opportunity to observe ambiguities and inconsistencies from the Korean governmental policies of face coverings. The documentary sets in June 2020 when Korea just had gone through the worst crisis caused by the outbreak of Daegu Shincheonji cluster. Although it is evident that the pandemic is far from over at the

time of writing this paper, it was widely regarded, albeit proven to be premature, that Korea kept transmission under control except for consistently small number of cases from inbound overseas travelers.

The documentary starts with the following narration: “It is over now, yet masks instigated such confusion and distrust that our society had never experienced before. Pharmacist Seung-hee Lee calls in a bar called ‘A place where worries rest’ in the hope that confusion and distrust in the past won’t be repeated again.” With the narration, Lee enters the bar to meet Sang-bong Kim, the director of the Korean Bio-Pharmaceutical Bureau in the Korean Food and Drug Safety (KFDS) with a journalist who acts as a moderator of the discussion.

The three panel talks about the problem of inconsistent government guidelines regarding mask wearing. In January 2020, the KFDS recommended the use of KF94 or KF99 grade masks in response to COVID-19 outbreak. Yet in the following month, it was KF80 that was recommended as a sufficiently effective in non-medical purposes. By March 2020, cotton masks with an exchangeable electrostatic filter was recommended. Explaining this shift, Kim said:

We experienced MERS and that was when the current mask guideline was designed and implemented. So already during MERS outbreak, the effectiveness of KF94 and KF99 in protecting wearers from infectious agents was verified. However, considering the transmission of COVID-19 in spring 2020, we thought that [recommending a cotton mask] was the best as a temporary guideline. I am not sure if this is the right kind of metaphor but the guideline for mask wearing changes like the weather forecast. On a sunny day you have to use a parasol but on a rainy day you have to use an umbrella. The guideline can change depending on the situation of COVID-19 transmission in the community.

Lee the Pharmacist instantly criticizes Kim’s remark. She said, “I think everyone would get mad if the guideline changes like the weather during pandemics. It directly concerns one’s health and life, which should not change like ebbs and flows. The guidelines should be precise, transparent and clear.” Transparency in communication was a demand increasingly made by Korean citizens to their government after Sewol Ferry disaster, allegations of government cover-ups, and the eventual impeachment of the president (Kim and Krishna, 2018). With an apologetic tone, Kim agreed that the KFDS must provide a clearer guideline and admitted that the government was not able to provide enough supplies to meet consumers’ demands in time.

Notably the three panel, while discussing the guideline for mask wearing, was *not* wearing masks on the stage resembling a bar. One panel even said, “You could take off your mask now because this is an *in-door* place.” The other person responded, “Good. These days we cannot go *outside* without a mask.” This conversation was only temporarily acceptable in June 2020, when Korea did not have many confirmed cases except from overseas arrivals. If the same scene was broadcasted in December 2020 after the ‘second wave’, then removing masks indoor would have been severely criticized. The guidelines for mask wearing were, indeed, like the changing weather in Korea.

This segment of the KBS documentary reveals that there have been ongoing confusions over the Korean government’s guidelines. No government, with or without their ‘authoritarian advantage’, could have afforded certainty in giving definitive guidance for mask-wearing—that was simply because we knew very little about COVID-19. Nonetheless, the documentary’s narratives appoint the government as the responsible agent for providing a clear and consistent mask-wearing guideline to its citizens. According to these narratives, if the guideline is unclear, then it means the government does not fulfil its obligation to its citizens. Here a gap between what is expected from the government and what it actually can do is obvious. Kim, the government official, who responded to the citizens’ demand for transparent, precise, and clear guideline at first agreed that citizens are entitled to making such requests.



Yet what follows is not the further discussion about definitive guidance for mask-wearing. Instead, moving away from the tricky topic, Kim swiftly changes the topic and assures the panel that the government will try its best to meet demands by regulating supplies and distribution.

From medical experts' viewpoint, there is no way to provide an absolute guideline for which masks to wear for which circumstances. Korean governmental policies in regards to mask-wearing could not help but change over time. There were no consistent guidelines across different agencies. On 29 January 2020, the head of KFDS visited to inspect mask manufacturers and emphasized KF94 and KF99 masks should be used for protection from COVID-19 infection. These guidelines were significantly different from those of the KCDC at the time. In the guidelines announced by the KCDC for preventing infectious disease, wearing a mask was only mandated to people having respiratory symptoms such as coughing. In other words, there was no difference between the KCDC's and the WHO's guidelines with regards to face covering. The KCDC was not 'exceptional' as it basically complied with the WHO's guidelines—only people with symptoms, not those healthy people, need to wear masks.

In the absence of scientific, let alone social, consensus on which masks to be worn for what purposes, the government ended up focusing more on providing enough supplies to placate citizens' anxiety over uncertainties. The pharmacist's insistence on 'precise, transparent and clear' direction makes an ironic scene as she takes off a mask in an indoor place—such a behavior became socially irresponsible just a few months after the documentary was aired. A direction that does not change with situations could not be given by the government. That means it was impossible for citizens to simply comply with the authoritarian government's directives to wear particular masks in particular conditions. There was no 'authoritative' guidance on which 'authoritarian advantage' could form.<sup>1</sup>

There is an additional feature to consider in regard to Korean people's 'compliance' with mask-wearing policies. Although the governmental agencies' guidelines on which masks to wear for which circumstances were unclear and inconsistent, the perception that masks protect the wearer was widespread in Korea. Yet notably, such common awareness had been formed in Korea long before the COVID-19 outbreak. Air pollution with particulate matter had been a contributing factor to the increase in consumers' demands for, and the subsequent escalation in, domestic supplies and imports of facemasks in Korea since mid-2000s (Kyung et al. 2015; Lee, Chen, McDonald and O'Neil 2020; Kim and Choi 2021). The designation of particulate matter as group 1 carcinogen by the WHO in 2013 increased demands of KF94 masks even more. In consequence, Korean citizens were acquainted with scientific and socio-economic debates over masks years before the outbreak of COVID-19.

Healthcare experts in Korea had already expressed their opinion that proving health benefits of facemasks is more difficult than people expect (Jung et al. 2014). Nonetheless, the continuing controversies around necessity and efficacy of a mask had been closed in such a way that the KFDA approved the use of KF99 or KF94 masks as an effective personal protective equipment against air pollution. Korean citizens had settled to wearing 'good enough' masks for air pollution or any kinds of respiratory concerns even if the effects of mask wearing are yet to be proven definitely. It was common for ordinary Korean households to stock up masks at least as a precautionary measure before the COVID-19 outbreak. During the pandemic, domestic production combined with imports of masks could provide enough supplies, especially after the Korean government prohibited exports (Lee et al. 2020). The availability of masks during the COVID-19 outbreak provided a socio-material ground on which

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<sup>1</sup> Previous studies have noted the 1910-11 Manchurian plague as an important context in which masks were presented as medical sciences' tool of reason and hygienic modernity in East Asia (Lynteris 2018; Rogaski 2021). Yet, to which extent facemasks were actually adopted by the general population in the region is hard to estimate. It is also notable that doubts upon the efficacy of masks were raised as early as in 1912 with findings of bacteria penetrating layers of gauze and cotton in the bacteriological laboratory of the Bureau of Science in Manila (Meng 2020). The question of whether a continuity of the use of the mask exists in East Asia needs further historical examination.

the debates related to the effectiveness of masks as protective equipment could be settled earlier in Korea than in other countries. A study analyzing internet search data in Korea between January and May 2020 reports that face mask-related queries increased in early February and then gradually declined already in late February (Husnayain et al. 2020). On the other hand, a survey of 2,108 adults conducted in the UK indicated that, while washing hands and avoiding contact with people with respiratory symptoms were behavioral changes respondents reportedly made following government guidance, facemasks were still not even perceived as an effective preventive measure in May 2020, when the survey was conducted (Atchison et al. 2021).

With simplified narratives that face covering was readily accepted in Korea with its ‘authoritarian advantage’, we overlook the fact that it was impossible for either Korean or the UK government to be so prepared to provide a precise and definite guideline for mask wearing. Making decisions for public safety in the absence of scientific certainty is a challenging task. Neither of the two government openly took the burdensome task as their responsibilities—that is, to persuade citizens to comply with a precautionary measure while acknowledging that guidance was subject to change because preemptive efficacy of face covering were still uncertain. Responsibilities of wearing masks as ‘good enough’ precautionary measures were taken by Korean citizens under the socio-material context that was constituted unexpectedly by assemblages of existing measures against air pollution, experiences from MERS outbreak, and the current government whose mandate is to protect its citizens as safe as possible. In summary, accounts of national exceptionalism, which make an association of mask-wearing with Confucian culture, are evidently too simplistic to explain the wide uptake of face-covering in Korea.

## **Myth 2: breaching privacy for public health was consensual in Korea**

This section will challenge another prevalent example of COVID-exceptionalism. This was that privacy infringement was not even a big issue in Korea, or rather that there was a national consensus of prioritizing public health to privacy. The Channel 4 documentary features a British journalist based in Seoul saying, “In March, the credit card companies and telecommunications companies got together and allowed for the government to be able to type someone's name or social security number and pull all of their information in one go. (...) It's a little bit scary but the way, I think, people see it is they've given up parts of their privacy in return for the freedom of movement.” Such narratives were repeated by the World Health Organization that praised Korea's extensive tracing, testing and isolation measures have helped to reduce transmission while preserving freedom of movement (to add REF).

This compliment, however, was always accompanied by privacy concerns. The major issue was whether to make contact trace data publicly available for the purpose of helping people who had been in contact with the infected to do a self-check. Some human-rights activists expressed their concerns over the detailed data trails that could identify the infected people (Zastrow 2020). Several studies noted that privacy was sacrificed on an ‘exceptional’ level in Korea for public safety (Jung et al. 2020; Lee, Heo, and Seo 2020; Park, Choi and Ko 2020). According to some narratives produced inside and outside of Korea, such infringement was possible because Korean people chose to trade privacy for the well-being of the whole population (Choe 2020; Han 2020). Along with the previous point of ‘mask exceptionalism’, the Korean public have been understood as people with an ‘exceptional’ level of civic compliance. It was often implied, if not explicitly suggested, that there is something exceptional about Korean culture allowing Korea to be exempt from privacy concerns like no other countries.

Yet, were there really no privacy concerns expressed by Korean citizens? Let us look at a scene from the KBS documentary. The documentary features a meeting of small and medium-sized business owners in Daegu discussing what happened and what can be improved after the crisis of February 2020. One participant defined the Daegu outbreak as the result of ‘Shincheonji’s terrorism with infection’: “I have no intention of criticizing their religious belief. Those people (i.e. Shincheonji) are also infected,

so they could be victims. Yet even if I go as far as accepting that the Shincheonji followers are potentially victims of COVID-19, what I don't understand is why on earth they hide their past whereabouts and their test results? The disaster of such an enormous scale could have been prevented if they had voluntarily disclosed (this kind of information)." The business owners were discussing over public disclosure of private information that has perhaps become too extensive. This one person responded to the discussion with the logic that if information is 'voluntarily disclosed', then there is no problem. What is interesting about this comment is the sense of conviction that he/she is actually respecting the right of an individual. The commenter emphasizes, before anything, that he/she is for one's right to choose one's religion; yet it does not need further explanation for him/her to say that there is no right for Shincheonji members not to disclose their contact tracing information, which will effectively result in disclosure of their religious orientation. Clearly, the business owners were talking about privacy of people who are deemed to be deviant rather than privacy of ordinary Korean citizens. The right to choose one's religion was not extended to the right not to disclose one's religious choice, especially when the cause of the COVID-19 outbreak was being attributed to a religious sect.

Another segment in the documentary features young panel sharing personal experiences of implicit and explicit discrimination just because of their regional Daegu accent. Daegu was where the first super spreading outbreak happened with regard to the Shincheonji church. While criticizing unjustified discrimination against anyone who is associated with Daegu, one of the panel members voluntarily confesses in passing — "Of course, I am not a member of Shincheonji church myself" — which reveals her own fear of stigma. Korean people did not voluntarily sacrifice their own privacy for the greater common good. It was people who belong to deviant groups, not the whole Korean population, who were expected to disclose their whereabouts or their religious affiliation.

The above scenes from the KBS documentary enabled us to re-interpret the seeming absence of privacy concerns in Korea. We will provide two arguments against the interpretation of the Korean society as having a 'culture' of trading privacy for security. Firstly, it is important to note that there was no such thing as the one and consistent policy in regards to privacy adopted by the Korean government. Above all, contact tracing aided by the collection of personal information was a recent phenomenon that had emerged only after MERS outbreak in 2015. After MERS outbreak in 2015, the Korean government revised the Personal Information Protection Act (PIPA). PIPA is a strict data privacy law in Korea, which prohibits the collection, use, and disclosure of personal data without prior informed consent of the individual. It is the amended Contagious Disease Prevention and Control Act in 2015 that overrides PIPA, enabling for public agencies such as the KCDC to collect and profile personal data after MERS outbreaks (Kang, 2020). Yet on 1 July 2020, the KCDC made another revision in its practices of contact tracing. A new guideline was implemented in order to prevent too much personal information from being disclosed to the public. From the KCDC's viewpoint, the post-MERS level of contact trace data collection and disclosure was too extensive. The new guideline made in 2020 indicated that if a store was identified as a place visited by a confirmed patient and completed sanitation, then the name of the store does not have to be disclosed. In sum, the government kept changing the level of privacy infringement that was deemed necessary and sufficient in making responses to epidemic crises. In regards to privacy infringement, there was no clear directive coming from the 'authoritarian' government that citizens could obey, comply with and accept.

Yet then, was it simply not true that the Korean government collected and revealed more personal information than 'Western' countries? Why was there so much concern over contact tracing information collected by the Korean government? Here we provide our second argument. The driving force for an extensive collection of personal information came not only from the government with its shifting policies but also from the Korean citizens making their responses to COVID-19 crisis as a historically situated collective experience.

As aforementioned, the Sewol ferry disaster in 2014 along with MERS outbreaks in 2015 resulted in much indignation among Korean citizens as the Park administration seemed to be more interested in punishing “rumors” rather than in responding to disasters (Kang 2017). Eventually, President Park was impeached and imprisoned after massive street protests. In such contexts, the political leadership of the new Moon administration put ‘transparency’ at the center of its approach to manage COVID-19 crisis; at the same time, Korean citizens’ expectation of what the government should provide for the public in response to an epidemic also came to hinge on the keyword of ‘transparency’ (Lim, Moon and Oh 2016; Yeo 2019). The citizens’ demands for ‘transparent’ government could be transferred to their request of ‘transparent’ and voluntary disclosure of contact tracing information from people of certain religious groups. Here the relationship between the Korean government and the public was more complicated than the crude summary of an ‘authoritarian’ regime.

The regular press briefing by Korean governmental agencies on their responses to COVID-19 is a site where complex dynamics between the post-impeachment government and citizens can be observed. Politicians, government health officials, and even the Korean president often use the phrase that they ‘regretfully apologize’ for not keeping the safety of citizens. The government, while taking charge of rapid testing, centralized tracing, and public disclosure of personal information, was responding to much (perhaps too much) strengthened citizens’ demands for safety. It was not the state’s authoritarian guidelines that compelled Korean citizens to obediently comply with contact tracing. It was citizens who actively petitioned that the government should more promptly disclose detailed information about infected people’s movements. In this sense, citizens who considered themselves as not a member of the deviant groups were aggressively demanding that their government should be doing more work to secure their civic right to the security. In the KBS documentary, the voices of small business owners in Daegu contain the affection of aggressiveness toward the people who caused “this accident” because they did not disclose every contact information transparently.<sup>2</sup>

After the KCDC revised its guideline to reduce the level of personal information of someone with COVID-19, a number of petitions were submitted to the website of the Blue House by Korean citizens. Most petitions demanded more, not less, information to be made available to local residents. For instance, they demanded, the names of shops identified during contact tracing or residential information of people who had contact with COVID patient to be made public, instead of just the areas where the contact were made, to which the revised guideline had limited. Such demands were based on the rationales that the public has the right to know accurate and detailed information about infected people’s movements. It was not an authoritarian government that violated Korean citizens’ privacy through prompt, accurate, and comprehensive disclosure of contact tracing data. Citizens were neither obedient nor willing to give up their own privacy in pursuit of ‘active liberty’. Instead, citizens demanded that the government should disclose contact tracing data of deviant people.

There is no evidence demonstrating a relationship between Confucianism and surveillance society, historically or otherwise. As the country’s failure to mitigate MERS crisis indicates, disease control in Korea has not and could never afford to consistently maintain a system to mobilize a compliant population always ready to trade off their privacy for the interest of public health (DiMoia 2020). Conversely, the willingness to accept privacy infringement for public health or national security has never been consistently rejected in the ‘Western’ countries as seen in the case of the post-911 US. A

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<sup>2</sup> In reality, there was no clear boundary between deviant and normal citizens. Many infected people who had nothing to do with Shincheonji sect were not tracked possibly because they forgot their mobile phones or did not scan QR codes. There were even some self-isolating individuals who broke quarantine and left their mobile phones behind to trick government tracking apps and maintain their privacy (*Business Insider* 2020). The Korean health authority had to update the self-isolation app by shortening its standby time. Nonetheless, normal citizens were imagined as clearly separable from the deviant whose contact information should be more extensively monitored, tracked, and disclosed.

poll in the United States in early 2002 showed about 78 percent of respondents stating that they were ‘more willing to give up certain freedoms to improve safety and security’ (Solove 2011:56). The readiness to accept privacy infringement itself cannot be seen as an attitude unique to East Asian countries with their ‘authoritarian’ culture.

The impact that cultural exceptionalism could make upon the issue of responsibility distribution in pandemic responses needs to be critically considered. In so-called ‘Western’ countries, for example, privacy infringements are already appearing along with COVID-19 response (French and Monahan 2020; Kitchin 2020). Nevertheless, cultural exceptionalism could produce contexts where privacy incursions in ‘Western’ countries is simply presumed to be less severe than in East Asian countries. For instance, MIT professor Yasheng Huang has remarked that there is ‘fundamental conflict between these [surveillance] requirements and deeply entrenched Western liberal values’ (Huang, Sun and Sui 2020). It became a habit of Western media to ask if, for instance, ‘a country that so prizes personal freedom and privacy’ such as France with ‘its love of liberty’ could “ever accept digital tracking, which has proved effective in Asia” (*The New York Times* 2020). In this sense, national exceptionalism as a discourse of risk conceptualization during COVID-19 crisis produces more than East Asian stereotypes. When ‘culture’ is pointed out as the major determinant that shapes countries’ more-or-less successful COVID-19 responses, it could allow some governments to disown their parts in being intrusive and infringing privacy while responding to COVID-19.

### **Myth 3: Korean IT saving lives with efficient digital contact tracing**

In this final section, we turn our attention to how then the narrative of Korea’s permissive digital surveillance might have reinforced the imaginaries of Korea’s contact tracing system operating almost effortlessly yet highly efficiently and effectively. The Channel 4 documentary opens with the following narration: “Lockdown. Britain’s weapon against COVID-19. But was there another way to beat this disease? Should we have copied South Korea? Unlike here, they raced to get a mass testing program in place. They tracked the contagion through social media and mass surveillance.”

It is widely accepted that the Korean COVID responses were based upon high-tech contact tracing systems accompanied with permissible privacy regulations (Park et al. 2020). The Channel 4 documentary features a Korean school boy who has developed and maintained a website showing the real-time movement of confirmed cases, which fits in with the image of highly wired and technological country with its citizens happily volunteering to serve as a data miner/producer. We argue this framing obscured the fact that Korea’s mitigation strategy neither relied solely on automated systems nor was imposed upon citizens through completely digital tools of a totalitarian surveillance society. Instead, this was made possible anything but by heavily labour-intensive people-powered system sustained by a large number of often highly skilled, yet undervalued and underfunded, workforce. It was then not surprising why Korean ‘success’ faced a serious setback when transmission rate shot up with increased number of unknown index cases since September 2020.

The Korean government played an important role in reinforcing the imaginary of Korea’s IT aided automated contact tracing systems during COVID-19.<sup>3</sup> In its widely cited English-language government report, entitled *Flattening the curve on COVID-19: How Korea responded to a pandemic using ICT*, Korean government did not waste an opportunity to boast about how Korea’s IT system has contributed to combat COVID-19 (Government of the Republic of Korea 2020). The fact that recent

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<sup>3</sup> The Korean government has long been promoting the Information and Communications (ICT) as one of key industrial sectors, which rebranded as part of the Fourth Industrial Revolution (4IR) agenda particularly last few years. Explicating how the narratives and practices of the 4IR have impacted the visions and strategies for mitigating COVID-19 and justified particular policies is beyond the scope of this paper. However, it is worth noting that the uptake of 4IR discourse has been particularly successful in Korea as its persistent imaginary of technological developmentalism (see, Kim 2021).

changes in privacy regulation contributes to considerably shorten epidemiological investigation from one day to ten minutes per case seems to be good enough to justify privacy concerns.

However, in contrast to the on-going debacle over various attempts to roll out mobile phone-based applications in the UK (Savona, Hopkins & Ghionis 2021), Korea never actually launched an official contact tracing mobile application for general population. Instead, low-tech Short Message Service (i.e. no need of a smartphone) utilizing pre-existing natural disaster alert system that has been widely used for flooding and other natural and human-made disasters has been the main communication tool. Municipalities throughout Korea are putting every effort into curbing the transmission as they use the Cellular Broadcasting System (CBS) to inform the public of the movement paths taken by confirmed patients and other related information. Residents who receive COVID-19 emergency texts can quickly check if they have been anywhere that overlaps with the movement of a confirmed patient, allowing them to get tested quickly if necessary. In this way, CBS contributes to slowing the spread of the virus across the nation.

In fact, the use of mobile applications was limited to two specific purposes in Korea. Self-help check mobile app (for inbound overseas travelers) and Self-quarantine Safety app (for self-isolating people) were developed and implemented in early February and early March respectively (Government of the Republic of Korea 2020). These applications have three functions: a self-diagnosis for the users to conduct and submit the results with the assigned government officers; a GPS-based location tracking to prevent possible violation of self-quarantine orders; and providing necessary information including self-quarantine guidelines and the contact info of *the assigned government case officers*.

What was distinctive about Korean contact tracing system to other countries is that Korea implemented both forward and backward contact tracing, between which Korean epidemiological authorities did not even make distinction, and often used interchangeably. This is the very reason why the frontline epidemiological situation did not quite live up to the image/widely rehearsed narrative of Korea's highly digitized and automated contact tracing system. First of all, it is less known that a substantial part of 'whack a mole' contact tracing strategy was carried out manually by a small number of contact tracers. Secondly, the information gathering and sharing was not as straightforward as it was reported. According to the prominent voices in criticizing the ad-hoc nature of Korean epidemic measures, including, the Korean Society of Epidemiology, firstly 1) the lack of appropriate system of sustaining highly trained epidemiological investigators), and secondly, 2) the lack of conjoined system across local authorities & lack of digitized system in epidemiological data share/mining, and lastly, 3) divide between Seoul and the rest of the country. The epidemiological investigators face short-term contract and precarious employment. They are not employed by local authorities but civil organizations. Often epidemiological investigators had to use unstandardized hard copy forms to record information and they were unable to follow up once suspected/confirmed cases cross municipal borders due to lack of access and confidentiality between local authorities (Kim 2020).

The popular imaginaries of contact tracing as an omnipresent and omniscient mechanism in Korea obscure an important lesson we could learn from COVID-19 crisis: technology alone can never save lives. Korean 'success' faced a serious setback when transmission went up with unknown index cases since September 2020. It was reported that there was a growing lag between confirmation of case and follow-up investigation. Intensive human efforts working around the clock has sustained contact tracing systems in Korea since the beginning of epidemic, but it cannot last indefinitely. Nor it can be taken for granted as a given condition of East Asian 'authoritarian advantage'.

## **Conclusion**

One year since the beginning of the pandemic, countries began to cautiously develop COVID exit strategies. In the new year's message that was populated via Twitter, President Moon said, "... In the new year we will definitely return to normal... We will repay to those who lost their loved ones and those who

are still fighting with COVID-19, those frontline workers, and people of Korea who have stayed hopeful by making ‘the return to normal’ a reality”. Taking Moon’s promise even further, the Ministry of Health and Welfare’s ministerial year plan made a pledge of the ‘early’ exit from the pandemic. In the meantime, in the UK, Prime Minister was criticised for announcing a set of dates for the timing of lockdown easing yet while confusingly emphasizing that he will follow ‘data, not dates’. These seem to signal two countries’ shared confusions, rather than their fundamental differences.

Cultural explanations discourage us to learn from each other’s experiences even though different countries are highly likely to face similar issues, except perhaps in different degrees and in different timings. Instead of falling on cultural explanations repeatedly and unquestioningly, we need to critically investigate how Korean society was able to go down to particular routes of prioritizing economy (no national/local lockdown) and endemic control (targeted containment strategies). We attended to socio-material contingencies that might be much more important to consider, as well as revealing, than East Asian collectivist culture that is too conveniently employed to explain how Korea could successfully respond to COVID-19. In particular, we examined the following contingencies working in tandem as the complex and underestimated sides of the so-called Korean model of ‘successful’ epidemic control:

- 1) The system of rapid contact tracing is sustained by invisible sacrifice of huge workforce including health care professionals, army personnel, civic servants, and citizens rather than the fruit of effortlessly wired surveillance society. In addition, ‘voluntary’ stay at home actions (which was practically a lockdown) in the city of Daegu suggests that contact tracing, albeit effective, did not completely eliminate the need for lockdowns;
- 2) It just so happened Korea had experienced seasonal air pollution crises several years before the pandemic. People’s willingness to use face masks as precautionary measures could form upon increased supplies of facemasks, rather than an authoritative mask-wearing direction to comply with. The government neither provided the precise and consistent mask-wearing guidance nor openly admitted the absence of it.
- 3) Access to details of movement and residence of people with COVID-19 was demanded by Korean citizens holding the state to account. It is critical to consider that Korean citizen’s sense of entitlement to fellow citizens’ intimate health and other personal information in the name of transparency is born out of Korea’s political contingencies. The current Korean government came into power after, if not because of, the historical impeachment, which meant that there is high demand for what the previous government failed to deliver—that is, transparent governance to protect citizen’s safety.

COVID-exceptionalism features East Asia as a place with ‘exceptional’ readiness to wear masks, trade privacy for safety, or operate totalitarian surveillance systems. Such perspectives afford an interpretation that unsuccessful epidemic mitigation in ‘Western’ countries was inevitable as they lack ‘obedient’ population or ‘collectivism’. From such fatalistic perspectives, allocating only limited responsibilities for COVID mitigation to governmental agencies can be justified. Hence, the problem of exceptionalism extends further than to the reproduction of East Asian stereotypes. By conceptualizing tragic outcomes as something unavoidable, exceptionalism serves governments of the ‘Western’ world that failed to adopt measures to prevent the spread of the virus or at least a disastrous strain on the hospital system. It becomes easier for governmental agencies to disown their responsibilities for providing best available strategies.

The danger of fatalistic COVID-exceptionalism has affected Korea in a great deal as well. ‘The country that beat the virus’ became Korea’s nation branding. And a remaining question is, could and should Korea fulfil such imaginary at all cost? Over burdening healthcare professionals without appropriate rewards and stigmatizing the infected have posed serious economic and social burden in Korea. Moreover, the two seemingly competitive narratives of ‘obedient’ vs. ‘civil’ Koreans, both of which are mobilized to make sense of Korean success in COVID mitigation, are cooperative when effectively depriving from the infected their rights to be not stigmatized. Instead of seeing the infected

as victims of the pandemic, people are inclined to regarding them as an ‘exceptional’ group in Korea—the infected are neither ‘obedient’ nor ‘civil’ enough. The uninfected are effectively encouraged to consider themselves as ‘ordinary’ citizens separated from the infected. Consequently, it has become natural for ‘ordinary’ citizens to equate their entitlement to ‘public’ safety with their right of ‘transparent’ access to information of the infected. The issue of whether Korean society can, in the long run, afford the cost of turning the infected into a cluster of ‘exceptions’ remains—along with the question of, for whom.

It is not our intent to replace ‘obedience’ with ‘civility’ in order to stand against the thesis of East Asian exceptionalism. Call it obedience or civility. In either case, attribution of collective action to ‘cultural’ traits of a country as if ‘culture’ remains static in a geopolitical entity is evidently too simple. Our paper demonstrated the necessity to shift our focus away from the presence or absence of ‘authoritarian advantage’. With STS insights into risks and responsibilities as discursive constructs, we questioned what COVID-exceptionalism does in terms of evaluating health risks as more-or-less manageable, allocating responsibilities for mitigation, to whose benefits, and at what costs both inside and outside of Korea. Our study provokes further questions posed by the prevalence of COVID-exceptionalism: 1) how and why does a simple understanding of culture as something so stagnant and bound within national borders form during a pandemic? 2) what discursive contexts prevent us from understanding what might be called ‘civility’ (or as some might put, ‘obedience’) as not already given but always emerging in a specific time-place as a responsive process to specific material, social, and political contingencies? 3) What constitutes and reinforces the readiness of some people to accept the narratives of East Asian ‘authoritarian’ advantage without much doubts or hesitation? And 4) after considering the limitation of exceptionalism, how can we proceed to make more careful, inclusive, and yet nonetheless inevitably partial accounts of the pandemic? Although we cannot fully answer to the aforementioned questions, we believe it is important to address them as they demand our careful attention for better mitigation of this and next pandemics.



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