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South Korea Offers a Lesson in Best Practices

The United States May Be Left With Only the Most Invasive of Them

By Victor Cha
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A checkpoint at Incheon International Airport, South Korea, March 2020
Xinhua / eyevine / Redux

When it comes to the novel coronavirus, South Korea has taken tracing to a new level. When passengers deplane at Incheon International Airport near Seoul, they pass through mandatory temperature checks and are required to download the health ministry's self-diagnosis **app** [https://www.technologyreview.com/2020/03/06/905459/coronavirus-south-korea-smartphone-app-quarantine/]. Once at their destinations, they must use the app every day to self-report any symptoms of COVID-19, the disease caused by the new coronavirus. The movements of those who test positive are tracked, and other people in their vicinity receive social-distancing alerts on their phones.

Most Americans would chafe at this type of Big Brother surveillance as contrary to the values of freedom and privacy, even in these disruptive times. To compare South Korea's infection numbers with those of the United States, however, is to wonder whether combating the virus and reopening the economy could require temporarily eschewing those values in favor of invasive policies.

The United States and South Korea confirmed their first cases of COVID-19 within a day of each other, but since then, the United States has registered case numbers in six digits, whereas South Korea has barely cracked **10,000** [https://coronavirus.jhu.edu/map.html] and has witnessed a slowdown in the rate of infection. South Korea's COVID-19 mortality rate is one-third that of the United States. And per capita, South Korea has tested three times as many citizens as the United States has— thanks in part to South Korean companies, which produce more than **350,000** [https://www.msn.com/en-us/news/world/coronavirus-test-kits-pour-off-south-korean-production-line/ar-BB11N3ns] test kits per day and plan to increase their output to one million.

But South Korea's surveillance is only one small aspect of what has become the gold standard for flattening the curve. The South Korean response—a blend of quick action and policy innovations coordinated by the national government—has proven enormously effective in containing the COVID-19 outbreak and can provide lessons for other countries, such as the United States, which have **faltered** [https://www.theatlantic.com/technology/archive/2020/03/what-really-doomed-americas-coronavirus-response/608596/] by comparison. But because the United States has squandered valuable time to contain the virus, it may be forced to consider a version of South Korea's more intrusive solutions if it wants to save lives, reopen businesses, and arrest economic free fall.

TIME IS OF THE ESSENCE

The **timeline** [https://www.csis.org/analysis/timeline-south-koreas-response-covid-19] of South Korea's response is one of efficient containment. The country wasted little time. Less than a week after South Korea detected its first case of COVID-19 on January 20, health officials met with 20 medical and pharmaceutical companies to jump-start the production and approval of test kits. After some initial hesitation, the government declared a national emergency on February 23. The administration of U.S. President Donald Trump would take three more weeks to do the same.

South Korea placed a premium on working quickly, even after its early start. At the end of January—just nine days after that first positive case—the Korea Centers for Disease Control and Prevention (KCDC) and the National Health Insurance Service established a "1339" call center to update the public and collect case data. At the same time, the Korea Occupational Safety and Health Agency started supplying more than 700,000 facemasks to vulnerable workplaces. About two weeks after the first case was confirmed, the government approved and distributed test kits capable of producing results in six hours. South Korea then proceeded to test more than **20,000** [https://foreignpolicy.com/2020/04/02/countries-succeeding-flattening-curve-coronavirus-testing-quarantine/] people daily.

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The quick response can be attributed to the lessons South Korea learned during the **Middle East Respiratory Syndrome** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5840604/] outbreak in 2015. During that epidemic, South Korea suffered the largest number of cases outside of Saudi Arabia, in part because the government's response was slow and inadequate. The public lacked information, and the health-care system lacked test kits. Carriers of the virus moved from one facility to another in search of tests. To avoid repeating those errors, the South Korean government created emergency response systems, trained for the next pandemic, and passed a law providing for the immediate approval of testing systems in the event of a health crisis. The latter policy allowed for the quick production of test kits during the COVID-19 outbreak.

INNOVATION NATION

South Korea's constructive response to the new epidemic owes a great deal to innovation. Much attention has already been given to South Korea's use of high-tech apps and CCTV to **geolocate** [https://theconversation.com/coronavirus-south-koreas-success-in-controlling-disease-is-due-to-its-acceptance-of-surveillance-134068] and tag sick people. But South Korea's most elegant innovations have been common sense ones that have saved lives and slowed the spread of the virus.

About one month after South Korea's first positive case, for example, health officials came up with the idea of a **drive-through** [https://www.cnn.com/2020/03/02/asia/coronavirus-drive-through-south-korea-hnk-intl/index.html] testing facility. The first one was set up in the parking lot of a university on February 23. There are now more than 70 drive-through facilities and more than 600 testing facilities nationwide. These facilities allowed for thousands to be tested daily even while maintaining social distancing, as patients waited safely in the confines of their vehicles.

A drive-through test facility in Daegu, South Korea, March 2020
Kim Kyung-Hoon / Reuters

Another simple but pragmatic idea was the "designated site" system, in which the government assigned some medical facilities to handle COVID-19 cases exclusively and others to handle other ailments. Designated sites were listed on the government app and identified with large signs on their premises. People in HAZMAT suits stood at hospital entrances to direct walk-in patients to the designated and nondesignated sites. This system helped keep virus-afflicted patients away from other patients, thus reducing the spread of the disease.

ALL POLITICS IS NATIONAL

South Korea's COVID-19 response would have been far less nimble without the coordination of the national government. The government brought the public and private sectors together to solve problems, and it responded to the outbreak on a national scale, rather than leaving local authorities to address the epidemic piecemeal. National authorities are preparing for the recovery from the pandemic's economic fallout by announcing aid packages for cities and provinces, suspending social security payments, and providing cash payments to households below the median income level.

Nowhere is the effect of national coordination more apparent than in the case of facemasks. South Korea suffered a mask shortage similar to that of the United States, and there, too, the shortage led to hoarding and price gouging. On March 5, the government purchased **80 percent** [https://www.nytimes.com/2020/04/01/opinion/covid-face-mask-shortage.html] of the masks produced domestically. It prioritized hospitals for distribution and then created a price control and ration system. To prevent hoarding,

citizens were allowed to purchase masks only on designated days based on the last digits of their birth years.

Due to the government's **control** [https://www.wsj.com/articles/south-korea-rations-face-masks-in-coronavirus-fight-11584283720] over distribution, a mask in South Korea costs about $1.27 and can be purchased at a pharmacy, a post office, or an agricultural cooperative. The wide supply ensures that mayors and governors do not have to outbid one another for medical supplies. By contrast, the United States' haphazard, decentralized response has left states to fight with one another over federal stockpiles and foreign imports of medical equipment. An N-95 mask is selling in the United States on eBay for as high as $30.

EMBRACING BIG BROTHER

The United States bungled several aspects of its early pandemic response and thus lost a great deal of time. Initially, Trump thought a travel ban on China and Europe was enough to stop the spread of the virus. To add insult to injury, the U.S. Centers for Disease Control and Prevention produced test kits that **didn't work** [https://www.newyorker.com/news/news-desk/what-went-wrong-with-coronavirus-testing-in-the-us], and the Federal Drug Administration did not allow for an expedited regulatory approval process. But the next steps matter. If the United States wants to reopen the economy soon, it can still draw from some of South Korea's best practices to flatten the curve in virus hot spots and keep cases to a minimum in parts of the country that have yet to experience a severe outbreak. Unfortunately, at this late juncture, the solutions left for the United States to choose from may be the more invasive ones in South Korea's arsenal.

Effective testing and contact tracing could have contained the outbreak early. That horse has evidently left the barn—but pervasive testing, comprehensive contact tracing, and persistent social distancing are precisely what will be required in order for portions of the economy to recover and safely reopen. The United States still needs to develop tests and figure out how to trace contacts at scale. One way to do this is to train and enlist an army of technicians to map out the web of interactions for each infected individual. Alternatively, the United States could follow South Korea in leveraging the one piece of technology that every citizen possesses—a cell phone.

There are, to be sure, unwelcome Big Brother elements to South Korea's **self-diagnosis and tracking apps** [https://www.thedailybeast.com/south-koreas-flattened-the-curve-but-covid-19-is-still-lurking]. Americans value their privacy as a constitutional right and may, as a result, reject location tracing, opting instead to wait for a vaccine. But that wait could take well over one year and could create untold financial, physical, and psychological strains. South Korea's phone app is a possible solution; it effectively uses GPS, a technology that is familiar to most Americans. Given its early lag in testing and tracking, the United States must take this uncomfortable step toward social tracking, even temporarily—or risk the loss of tens of thousands of more lives.

AUTHOR BIO

- VICTOR CHA is Vice Dean and D.S. Song-KF Professor of Government at the Edmund A. Walsh School of Foreign Service at Georgetown University and Senior Adviser at the Center for Strategic and International Studies (CSIS).

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