**COVID-19 and South Korean Workers**

**1. Background**

1) Spread of COVID-19

- 2019.12.31 First confirmed case of novel pneumonia in Wuhan, China

- 2020.01.09 Wuhan authorities announce cause of the new virus, first death occurs

- 01.20 First confirmed cased in South Korea, Korean Centres for Disease Control & Prevention (KCDC) changes alert status from ‘attention’ (blue) to ‘caution’ (yellow)

- 01.23 Chinese authorities blockage Wuhan

- 01.27 Alert level changed to ‘alert’ (orange)

- 01.31 Overseas Koreans return from Wuhan and are quarantined

- 02.04 Korean government bans entry from travellers originating in Hubei Province

- 02.16~17 First and second group of overseas Koreans returned from Wuhan released from quarantine, 29 confirmed cases in Korea

- 02.18 31st confirmed case is 61-year-old women with no record of overseas travel

- 02.19 Beginning of mass outbreak among Sincheonji church members in Daegu who have been in contact with 31st confirmed case

- 02.20 First COVID-19 related death in Korea

- 02.23 Alert level raised to highest level of ‘severe’ (red)

- 02.25 Opening of preschool through high school following winter break delayed for 1 week (from March 2 to March 9)

- 02.26 ‘3 Corona laws’ (Revision of the Infectious Disease Prevention and Control Act, Quarantine Act, Medical Service Act) pass National Assembly

- 02.29 Number of new confirmed cases peaks at 909

- 03.02 Preschool through high school suspended for the 2rd time through March 23

- 03.10 Group infection at Korea Building call centre in Seoul (115 related cases as of 3/14)

- 03.14 8086 confirmed cases of infection (107 new cases from previous day, 81% group infection, 62% Sincheonji-related)

2) Impact

In February, main financial institutions lowered their growth predictions for China and the global economy in response to the spread of COVID-19, predicting the lowest growth rates since the 2008 financial crisis. (S&P changes prediction for China from 5.7 to 5.0%, Moody’s for the global economy from 2.8 to 2.5%). Failures in parts production in East Asia are leading to a drop in global productivity, while decline in domestic demand in China and general insecurity in major countries are leading to a slowdown in global trade, investment and consumption.

In South Korea, COVID-19 is predicted to have a more severe impact on the economy than SARs or MERS, which brought growth down by 0.2~0.3%. This could easily put the economy in the worst situation it has been in since 2008. The travel (including aviation), distribution and service sectors are being hit the hardest, with individually-owned and small-scale businesses and workers in these sectors the most vulnerable. Domestic consumption is dropping and major auto manufacturers Hyundai and Kia are recording the lowest revenues in 10 years with a huge impact on manufacturing and the entire economy.

The spread of the virus is being heavily politicised under racial terms, with conservatives blaming the government for not blocking entry from China early on. The shortage of masks and the governments’ supply system are also politicised issues. Meanwhile the ruling Democratic party has failed to show sufficient sympathy for the public’s concerns, and it is likely that the continued increase of confirmed cases of infection, deaths and small business failures will work against them in the upcoming general elections (April 15). Populist municipal politicians within the Democratic Party have proposed funding for a ‘disaster basic income’ (universal cash support), leading to public debate, although the government says it does not plan to implement such a measure.

South Korea’s mostly privately-owned and operated healthcare system has proved inadequate to respond to the spread of the virus. National health insurance expenditures are increasing due to the prevention effort. The vulnerability of the elderly and disabled to the virus, including mass infections at care facilities is casting a light on the problems of the mostly-private care services. This situation is leading to increasing calls for strengthening of public healthcare and increasing the public healthcare workforce.

Guidelines announced by the Ministry of Employment and Labour include paid-time off for those confirmed to have been infected, in close contact with an infected person or quarantined and work from home or paid time off for those who show symptoms, are likely to have been in contact with an infected person or have childcare needs. The government is providing some support, however there are many instances where these guidelines are not being followed or can’t be applied. Regularly reported problems include forced use of vacation time or unpaid leave, layoffs, pay reductions and failure to follow safety guidelines. These problems are far worse for small and individually-owned businesses. (See below for details.)

**2. Highly impacted and vulnerable workers**

1) Disease prevention civil servants

- Civil servants and healthcare workers are facing overwork due to lack of sufficient workforce, leading to several deaths of civil servants.

- Civil servants working in COVID-19 screening centres work up to 20-hours a day in anti-contamination suits, reducing food and water intake due to difficulty in dealing with basic bodily needs.

- 600 firefighters have been quarantined due to coming into contact with infected persons while transporting them.

- Civil servants whose contact information is made public in charge of quarantine management are facing verbal and physical violence from disaffected individuals.

2) Hospitals

- Nurses, nurses assistants and patient care workers face exposure to infection, particularly in Daegu and other areas where outbreak has been severe.

- Hospital workers face lack of sufficient information on confirmed cases, lack of sufficient safety equipment and unequal supply

- Workers are facing discrimination in terms of who is granted self-quarantine and personal protective equipment issued between doctors and other occupations

- (Non-professional) patient care workers are being told to buy their own masks due to a lack of supply.

3) Education support workers

- According to the Ministry of Employment and Labour’s interpretation, schools which have been closed until at least March 23 are shut down for ‘unavoidable’ reasons, meaning that some 100 thousand education support workers are not entitled to business suspension allowances. (Teachers, who can engage in self-training activities from home, are being paid.)

- These workers, who are also not paid during vacations, have had no income for the months of January through March.

- At the same time emergency day-care hours at schools are being extended, and day-care instructors made to work without support from the teaching, cafeteria and other staff and without sufficient protective equipment

4) Homecare, disabled support workers

- Loss of work and income due to failure in matching with users due to fear of infection. No allowances are provided if workers are not matched with users.

- Workers who are not provided with masks face their own fears of infection.

- Support workers who support disabled people who are in self-quarantine must work 24 hours a day for 14 days. In a marketised system, workers are supplied through private agencies, without sufficient government funding to guarantee standards of pay and working conditions.

5) Delivery workers

- Work has increased for these workers due a dramatic increase in online orders from people fearing to go outside or in self-quarantine. One driver for an ecommerce company died from overwork during a midnight shift on March 12.

- Postal and delivery workers who do delivery come into contact with many people in uncontrolled settings, yet do not have access to sufficient or up-to-standard masks.

- Delivery workers who find buildings they have been entering everyday closed due to confirmed cases of infection are not being tested or given time off in some cases.

- Workers are seeking clearer guidelines for deliveries to quarantined individuals or affected areas, including restrictions on collecting signatures or suspension of door-to-door delivery in the most risky cases.

- Food delivery workers who work via intermediaries and platforms are demanding safety measures including guaranteed online rather than face-to-face payments, issue of masks and hand sanitiser and basic income support in the case of self-quarantine.

6) Aviation

- All aviation workers are facing forced unpaid time off or use of vacation time due to extreme route reductions. This is despite the fact that these measures violate Ministry of Employment and Labour guidelines.

- All Asiana workers are facing unpaid leave in the month of March. Self-quarantined workers are also not being paid.

- KAL cabin crew are also facing forced leave or use of vacation time and loss of income.

7) Subcontracted workers and workers in small-scale workplaces

- According to newly revised Occupational Safety and Health Act, lead companies are responsible for prevention mentions, yet subcontracted workers are often not issued sufficient protective supplies such as masks and hand sanitiser.

- Workers are forced to take unpaid leave in cases where workplaces are closed due to disinfection or quarantine, with lack of oversight from Ministry of Employment and Labour

- These conditions are particularly difficult for workers in hard hit sectors such as airport, airlines, where forced unpaid time off has become routine.

- Subcontracted cleaning workers in rail and metro are having difficulties getting protective equipment despite working in public spaces.

- Workers employing 4 or less workers are also particularly vulnerable as they are exempt from laws on paid-time off and dismissal.

8) Dependent self-employed workers

- Workers in dependent self-employed or disguised employer relationships in transport, delivery, service and platform work are without recognised employers and therefore not issued masks or hand sanitiser at all.

- While the government is distributing some mask to these workers, many are left out.

- Government support is being provided in the form loans, limited to workers who are covered by industrial accident and illness insurance, excluding many categories of self-employed workers.

- These workers are in dire need of direct support for loss of income, as well as extension of unemployment benefits and freedom of association rights.

**3. KCTU Main Demands** (overview)

1) Change in direction of government’s response, focus on securing funding and executing relief

- Focus on support for most vulnerable workers

- Increase funding for direct support

- Provision of cash support in the form of ‘urgent disaster basic livelihood support’

2) Support for vulnerable workers as part of containment effort

- Immediate provision of masks to patient care workers in hospitals and care facilities, subcontracted workers

- Provision of mask and hand sanitiser to dependent self-employed service, delivery and mobility workers

- Increase oversight of lead companies’ prevention measures covering subcontracted, agency and daily workers

- Protective measures for migrant workers and homecare workers

3) Improve oversight of workplace containment and prevention measures

- Oversight to prevent forced use of individual vacation time in the case of workplace closer or quarantine

- Provide for paid care leave and extend excluded categories, including those on civil servant and teachers’ pension plan

- Increase oversight to ensure labour-management consultation and OSH committees consult on response measures

4) Urgent measures to minimise harm to workers

- Provide workplace closure allowances for education support workers, daily construction workers, dependent self-employed workers

- Support to maintain employment at workplaces with 4 or less employees

- Oversight of and sanctions for employers forcing workers to take unpaid leave or give up pay

- Staffing and safety support measures for civil servants, public institution and healthcare workers facing overwork

- Prevention of misuse of exemptions on worktime limitations (52 hour week)

5) Strengthen response system for infectious diseases and public healthcare

- Measures to confront mask shortage and ensure supply to healthcare facilities and blood banks

- Increase efforts to secure hospital beds to treat COVID-19 patients

- Support for hospital losses and staff increases

- Establishment of national and regional public hospitals specialising in infectious diseases

- Increase public healthcare facilities and professional workforce

- Transfer from facility-centred to community-centred approach to mental health

6) Legislation for Fundamental Change: ‘5 Covid-19 Labour Acts’

- Enact law guaranteeing paid infectious disease leave and care leave

- Expand the application of unemployment insurance law

- Enact law on ‘urgent disasters basic livelihood support’ for vulnerable groups

- Revise the Trade Union and Labour Relations Adjustment Act (Article 2) to guarantee freedom of association rights of dependent self-employed workers

- Amend the Labour Standards Act to apply to workplaces with 4 employees or less