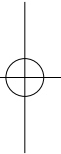
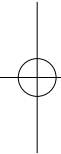


The Right to Health of Victims, Citizens, and Parents: A Study of Families Bereaved by the *Sewol* Ferry Disaster* **

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(Abstract) In recent years, discussions on the right to health have been vigorous, but discussions on the health rights of disaster victims have been relatively insufficient. Also, while focusing on physical and mental health, not much discussion centered on social and spiritual health. Based on field research in Ansan for the past six years and on oral testimony, this paper examines how the right to health of victims of the *Sewol* ferry disaster was experienced and practiced. Results are the following: First, support for victims' mental health was actively carried out through the Ansan Mental Health Trauma Center, but this led to difficulties in solving victims' physical health problems. Second, while focusing specifically on the mental and physical health of disaster victims, the right to social health—the right to live in a safe and healthy working and living environment as citizens—was overlooked. Third, although the fact-finding efforts of the victims are closely related to their spiritual health, discussions of the victims' health have been conducted in a way that separates fact-finding efforts from health issues. Based on this analysis, the researcher suggests that in order to secure realistic, comprehensive, and effective health rights for the



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** (Editor's note) The *Sewol* ferry disaster (also known as the “Sinking of MV *Sewol*”) occurred on April 16, 2014, when the ferry MV *Sewol* sank off the southwest coast of South Korea with 476 passengers and crew on board. Only 172 people survived; 304 people died, including 248 students from Danwon High School (Ansan City, South Korea). The sinking of the *Sewol* ferry caused widespread social and political backlash in South Korea.

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victims of the *Sewol* ferry disaster, the organic relationships between physical, mental, social, and spiritual health should be considered, and policies that take into account the field situation and the voices of victims, beyond laws and systems, are needed.

1. Preface

Individuals' right to health has become a frequent topic of discussion in South Korean society in recent years, due to specific public health threats. For instance, in the summer of 2020, there were reports of conflicting views of how a strike by local healthcare workers would affect the public's right to health during the COVID-19 pandemic (Kim Jandi and Kye Seunghyeon 2020; Yi Jingyeong and Kim Seunghwan 2020). The shocking discovery of toxic substances in commercially available menstrual pads along with reviews of South Korea's criminalization of abortion both brought discussions of women's right to health to the fore in 2017 (Seon Myeongsu 2017; Oh Yejin 2020). Despite broader social interest in the issue, however, there has been little scholarly discussion of the right to health. This is due in part to the fact that the right to health requires consideration of unique contexts, depending on circumstances and subjects, but also because the right to health has yet to be integrated as a defined concept in academic circles. Moreover, discussions of practical problems related to health policy—for instance, securing resources and political considerations—generally need to come first.

In examining the case of people directly affected by the *Sewol* ferry disaster, this article endeavors to review practical matters relating to the right to health. While discussions of the civic right to health in everyday life, such as those concerning women's and the public's right to health, are vital, in this modern society of ours, where catastrophic events are now commonplace, it is crucial that we discuss the right to health of disaster victims in the wake of devastation. Ulrich Beck (1997) labeled modern society a "risk society" and noted that society today is creating an insecurity-ridden environment in which no one knows where risk will arise. To examine the practical aspects of the health rights of those affected by the *Sewol* ferry disaster is thus not only relevant as a right to health case study but contributes to the literature by discussing the issue of health rights for

citizens who may be struck by future disasters.

The administration of Moon Jae-in (2017–2022), which rose to power amid broad support for people affected by the *Sewol* disaster, enacted the Enforcement Decree of the Special Act on Remedy for Damage Caused by the April 16 Sewol Ferry Disaster and Assistance Therefor—known as the second Sewol special act—in 2018, extending the sunset clause on medical aid for victims from 2015 to 2024. Broadening the scope of who was considered eligible for aid and extending the treatment period with the enactment of new legislation was significant because the suffering of many affected people was neither resolved nor treated in the single year set out in the original special act and because many people beyond the survivors and bereaved families, including divers and fishers, were coming forward with accounts of their own trauma. However, we must assess what sort of real-life impact the Moon administration’s instating of policy focused exclusively on victims’ medical care had on their right to health. Moreover, we must assess if the remedy for damages and assistance laid out in the legislation’s language have fulfilled the role of aiding and helping the victims’ recovery.

Clauses directly linked to the right to health in the Special Act on Remedy for Damage Caused by the April 16 Sewol Ferry Disaster and Assistance Therefor (hereinafter, the Sewol Remedy Act) appear in articles 23, 24, 25, 31, 32 and 35. Sufferers are entitled to financial coverage for the treatment of physical or mental illness, wounds, and so on, inflicted by the April 16 *Sewol* ferry disaster as well as coverage for hospice care or use of assistive devices (Article 23). Additionally, the state “shall provide sufferers (including the spouses of lineal descendants and the spouses of siblings of victims) with counseling, consultations for management of everyday life, etc. to assist with mental stability and social adaptation” (Article 24), as well as provide support, in the form of regular checkups and treatments, to those whose existing psychological disorder or mental illness was exacerbated by the disaster (Article 25). Beyond that, the Sewol Remedy Act stipulates that the state must open and operate a community complex facility that provides counseling and services for health, welfare, care, labor, and culture (Article 32). The state must also establish a trauma center in Ansan to comprehensively manage the mental health of those affected (Article 35).

The Enforcement Decree of the Special Act on Remedy for Damage Caused by the April 16 Sewol Ferry Disaster and Assistance Therefor (hereinafter, the Enforcement Decree of the Sewol Remedy Act) expounds on matters specified in the Sewol Remedy Act. A look at the clauses related

to the right to health shows us that expenses incurred in the treatment of physical and mental disorders, injuries, and post-treatment care, as well as in the purchase and use of assistive devices, for those affected by the *Sewol* ferry disaster will be subsidized by the state, so long as they are incurred prior to April 15, 2024 (Article 19). Moreover, the state may wholly or partially cover the expenses of medical examinations or treatment of psychological symptoms or mental disorders incurred prior to April 15, 2024 (Article 21). At the same time, expenses of programs related to education, counseling, and advice for the community will be wholly or partially supported by the state (Article 28). The decree also stipulates that an “Ansan trauma center” be established in the city, which shall develop and operate programs for personal and group counseling, such as counseling for psychological stability and social adjustment for those affected, in addition to conducting continuous examinations and management of the psychological symptoms and mental disorders suffered by those affected (Article 32).

Both the Sewol Remedy Act and its accompanying enforcement decree are highly inclusive in terms of content. Most of all, in encompassing not only individual mental and physical health but the recovery of the community as a whole, they implement guidelines for wholistic support in line with the World Health Organization’s (WHO) definition of health as something physical, mental, and social. However, though the law and enforcement decree both went into effect on January 28, 2015, they are still not being carried out to their full extent some five years later. Language in the legislation avows that the state will establish a community complex facility (Article 32) and an Ansan trauma center (Article 35), but these facilities have not been established due to insufficient funds, among other reasons (Kim Hyeonu and Yi Gyeonghun 2020). As of the present, the only facility in operation is the Ansan Mental Health Trauma Center, or Ansan Whole Heart Center (*Ansan onmaeum senteo*),¹ which was set up provisionally by the Korea University Ansan Hospital through a consign-

¹ Reflecting the opinions of the bereaved, the Ansan Mental Health Trauma Center began to use the name Ansan Whole Heart (*Ansan onmaeum*) beginning July 2014. In order to avoid confusion regarding this facility and the Ansan trauma center stipulated in the Sewol Remedy Act, I use the name Ansan Whole Heart Center (or Ansan Whole Heart) in this article. Due to difficulty securing funding, the MOHW began funding and operating the facility in 2014, then the city of Ansan took over in 2015, and finally, Gyeonggi Province took over in 2016.

ment contract with the Ministry of Health and Welfare (MOHW), Ansan City Hall, and Gyeonggi Province in order to provide emergency support to those affected by the *Sewol* ferry disaster.

In light of this, this article seeks to assess how the Sewol Remedy Act and its accompanying enforcement decree are being implemented on the ground and how the people they cover have experienced them, based on testimony by those affected by the sinking of the *Sewol* and on field research. Implications of these experiences and practices for the right to health will be discussed as well. Examining the types of recovery and support activities that have been developed, with a focus on the still-operating Ansan Whole Heart Center, I will analyze the types of health problems that affected persons have experienced and the methods by which their right to health has been safeguarded on the ground. Finally, by considering the three strata of legislation, the Ansan Whole Heart Center, and the demographic affected by the disaster as it concerns the right to health, I intend to investigate the methods by which the right to health is being realized on the ground, beyond the scope of legislation.

Research for this article took place over the six-plus years since 2014, in the form of visits to Ansan, Seoul, and Jindo County, where I carried out participant observation of the daily lives, personal points of pain, and political struggles of those affected by the *Sewol* ferry tragedy. I had one-on-one interviews primarily with the parents of Danwon High School students who died in the tragedy, but I also included a diverse array of others affected. In particular, I supervised the compilation of oral testimonies of people directly affected, which were carried out by the April 16 Archives, resulting in the publication of 100 volumes of *Putting that Day into Words* (*geunareul malhada*). Accordingly, I make use of the series' content in addition to my own observations and interviews.

2. The Right to Health: The Concept and its History in Scholarship

As a human right, the right to health stresses humans' right to well-being. In its 1946 constitution, the WHO proclaimed that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." It went on to define health inclusively as "a

state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946). Two years later, in 1948, the Universal Declaration of Human Rights stated in Article 25, Paragraph 1: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (National Human Rights Commission of Korea 2020).

The somewhat vague articulation of the right to health in the Universal Declaration of Human Rights was elucidated separately in the 1976 International Covenant on Economic, Social and Cultural Rights. Paragraph 1 of Article 12 of the covenant reads, “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (Committee on Economic, Social and Cultural Rights 1990). As shown, the right to health goes beyond the right to receive the assistance of a given medical system and refers to the right to enjoy the highest levels of currently attainable physical and mental health (Kim Wangbae and Kim Jongu 2012).

Academic discussions about the right to health began in earnest around the turn of the millennium. Scholarly discussion can be broken down into primarily two trajectories. First, there are discussions encompassing the conceptualization of the right to health. In South Korea in particular, these have a tendency to focus on what the concept of the right to health is, with Sin Yeongjeon [Shin Young Jeon] (2011) describing the substance that makes up the right to health, consisting of civil liberties and social rights and focusing on the right to health as a social right, examining the development of indicators and their applicability. According to Sin, based on domestic and international declarations, treaties, legislation, and other literature, the right to health can be summed up as the following five rights: 1) the right to receive the best available medical services, 2) the right to be informed, 3) the right to self-determination and informed consent in the treatment process, 4) the right to privacy regarding treatment, and 5) the right to a safe and healthy working and living environment (2011: 194). Of these, the right to health as a social right refers to the right to receive the best available medical service and the right to a safe and healthy working environment—both areas that South Korea scores low on (Mun Jinyeong et al. 2008). Meanwhile, Bak Jiyong (2019) reviews the

right to health in relation to the right to “a life worthy of human beings,” as enumerated in Article 34, Paragraph 1 of the Constitution of the Republic of Korea. While there are differing legal opinions about whether “a life worthy of human beings” refers to merely the guarantee of a minimum material standard of living or if it more broadly includes a guarantee of a minimum cultural standard of living, it remains the case that the right to health is a fundamental right that can be recognized from its basis in Article 34, Paragraph 1 of the Constitution as the right to a life worthy of a human being, even if that only refers to a minimum standard of material living (Kim Jugyeong 2011).

Second come discussions that focus on unhealthy circumstances faced by particular groups and that explore policy orientations. Reporting on the dire economic circumstances of North Korean refugees in South Korea, which has led to death by starvation for some, Mun Jaetae (2019) shines a light on the health rights of this overlooked group. Jo Eunji (2017) outlines the issue of women’s right to health that arose during the menstrual pad revelations in South Korea, while underscoring that policies such as requiring a list of ingredients on menstrual product packaging contributes to women’s right to be informed.

There is plenty of literature from around the world examining the situations that diverse groups face from the perspective of the right to health. In her study on the health rights of “illegal” im/migrants, Willen (2011) is critical of discussions of the right to health that have focused on the concept and treated it vaguely. She argues that the right to health should be discussed concretely and contextually in relation to associated concepts, such as social justice. González-Agüero (2020), in her study of young diabetic Chileans, points out that universal health coverage does not always lead to positive outcomes; a structurally fragmented health system can, in fact, harm individuals’ right to health. Discussing the health rights of the refugees who unexpectedly started arriving in Europe in 2015, Bolliger and Aro (2018) report that refugees faced difficulties due to a lack of perception of their right to health, an unawareness of whether they can receive health assistance, cultural and linguistic barriers, and difficulty accessing health facilities due to their distance from refugee camps.

Third, there are studies of the movements seeking to attain health rights for various groups. These studies place their focus on the dynamics of how a particular group endeavors to win the right to health through a political movement in a unique context. Seo Bogyong’s (2008) study of

the movement for medication access by Thai people with AIDS questions the foundation for treatment distribution methods that the universal right to health provides and explores how people with AIDS impacted the government's treatment policy and won their rights. In his examination of insurance agencies' policies amid a political shift toward neoliberalism in Colombia and legal precedent regarding these policies, Abadía-Barreo (2016) discusses changes in moral norms related to the right to health. Additionally, Biehl et al. (2012) focus on the multifaceted identity of being a patient, as both a consumer of pharmaceuticals and a legal agent, to explore how the act of pursuing legal rights promotes the right to health of patients as a collective.

As shown, discussions of the right to health have been actively taking place and diverging down diverse paths both in South Korea and abroad since the start of the 2000s. The literature underscores two primary points that must be considered when discussing the right to health. First, because the right to health does not simply end with the right to medical assistance, it must be discussed in relation to a broad range of concepts such as human rights, working and living environment, and social justice. This corresponds to the comprehensive definition of health provided by the WHO. Second, the reality of the right to health cannot be fully parsed through conceptual and theoretical discussions alone. Researchers all point to the fact that we can only comprehend the actual essence of the right to health through field-centered observation and participation, and that only by doing so can we arrive at a discussion of appropriate and effective policies and alternatives for each particular group.

These two points equally apply when discussing the health rights of those affected by the *Sewol* ferry disaster. When we talk about the health rights of this group, we must go beyond discussions of medical assistance to examine how these people's working and living environments, as well as their long-fought pursuit of the truth of the tragedy, relate to their right to health. In particular, we must look deeper at the sorts of problems that the pain of having lost their children has caused for their health. At the same time, in order to properly comprehend the suffering and health rights issues of these victims, we must go beyond concept and theory to see with our own eyes the unique, tangible experiences they are going through and analyze them. Only in doing so can we accurately uncover the troubles uniquely faced by this group of victims and concretely and realistically discuss how the right to health can be employed in the process of resolving them.

3. The Right to Treatment as Victims

A number of massive disasters occurred in South Korea in the 1990s, but the *Sewol* ferry disaster in 2014 was the first time that the issue of victims' mental health was raised on a broader societal level. On April 17, 2014, the day following the sinking of the *Sewol*, physicians from the Korean Academy of Child and Adolescent Psychiatry made a public statement in which they expressed concern that those affected by the disaster could experience aftereffects, including but not limited to post-traumatic stress disorder (PTSD) (Hwang Intae 2014). Through statements by experts and media coverage, concerns about the mental health of those affected gave rise to far-reaching social consensus. The Ministry of Health and Welfare straightaway launched operations of the Gyeonggi-Ansan Joint Disaster Psychological Support Task Force, establishing the Ansan Mental Health Trauma Center (hereinafter Ansan Whole Heart) with a ministerial decree on May 1, 2015. Although Ansan Whole Heart was a provisional organization rather than a formal state agency established by law, it was still a product of the government's swift action oriented toward supporting victims and their mental health recovery.

Ansan Whole Heart had critical shortcomings on multiple fronts. Foremost, owing to its urgent formation under the supervision of the medical community and its reliance on the assistance of the Seoul National Hospital (now the National Center for Mental Health), Ansan Whole Heart was organizationally modeled after a typical psychiatric hospital, without any discussion of field-appropriate configurations for assisting disaster victims. As a result, the quickly mobilized psychiatrists, mental health nurses, clinical psychologists, and social workers ran the center in a pyramid form. While this was effective in responding to the urgency of the initial situation, it had limits when it came to comprehending the disaster on the ground and the experiences of those affected.

Moreover, the government's establishment of Ansan Whole Heart had its own political objective of placating social unrest in the wake of the disaster by giving the impression that it was responding appropriately. As a result, the priority was on preventing additional problems rather than on sensitively considering the suffering of the victims. For instance, concerned that suicides among affected individuals would only make the incident snowball, Whole Heart visited the homes of each of the bereaved families



Figure 1. Bulletin board at the entrance of Ansan Whole Heart Center (Photograph by the author)

to carry out a survey on whether they were suicidal. This prompted ire among those surveyed, especially the parents of Danwon High students who had died on the *Sewol*. To the ears of these parents, the case manager's question, "Have you had thoughts of suicide?" sounded more like "How can you possibly stand here alive today when your child is dead?" and triggered guilt.

Despite the efforts of the government and experts, Ansan Whole Heart Center failed to get results. More than anything, this was because victims were reluctant to revisit their memories. At the time, many of those affected by the disaster were preoccupied with the process of uncovering the truth of the *Sewol* ferry sinking rather than paying mind to their own health and recovery. Even though the Whole Heart Center's mission was to ease the suffering of those affected and help them recover their health, those people fighting against the government could not approach the government-run organization lightheartedly. Some affected persons even believed that Whole Heart was deeming them "mentally ill" in an effort to undermine their movement to uncover the truth. In this context, while a great deal of funding was poured into the center, it struggled to achieve its stated objective of providing recovery assistance to those affected.

Whole Heart's structural issues became apparent in the qualitative issues of psychological counseling it offered. According to Yejin's Dad,

Jeong Jongman,² the center’s counselors did not understand the complicated situation faced by those affected by the disaster. Consequently, far from being helpful, counseling proved distressing for those who participated.

I once went to the “Ansan Trauma Center,” the “Ansan Whole Heart [Center],” and got psychiatric treatment there, but what really upset me was how the doctor spoke to me. I’m telling them how I feel, “Ah, this is how it is right now. This is how my head is, and I can’t sleep, and how, now, 10 days later, on the dot, I can’t control my anger. Anyone, anyone would see me and know something bad is going to happen. I can’t trust them. I want to kill them. Or if I die, it doesn’t matter. That’s how I feel. And this, the way I’m talking right now, has problems too. I can’t control my language right now, and I physically feel all [tongue-] tied up inside and everything.” This is what I say, and then [the doctor] says, “In that case, you should put your mind at ease and do everything, do what you’re doing now with your mind at ease.” [So I say,] “Ah, but what am I supposed to do about how my words come racing out and I’m struggling to get my point across?” So [the doctor says] again, “All you’ve got to do is let it all out.” So then, to myself, [I think,] “What kind of psych clinic is this?” I mean, they ought to be telling me how to do it, the method [for dealing with these issues]. They should be telling me a method, like, “When you go *ah*, or *oh*, just go slow, think about what you’re saying once more, then if you do this, you’ll be able to fix [your speech issue],” but they didn’t tell me a single treatment method, [just,] “Talk when you want to talk. If you want to go fast, go fast, it’s all right if your tongue gets tied, all you have to do is get through it.” This, now that I’m talking about this same thing again, I feel the pang of anger all over again. So, with that, I went to the clinic once, then never again after that. (Yejin’s Dad, Jeong Jongman (April 16 Archives 2019e: 86))

The medical staff at Ansan Whole Heart had a severe lack of understanding regarding situations like the *Sewol* disaster, in which an atrocity takes on a wholly political nature in its wake. As a result, medical approaches to the mental health of those affected by the disaster failed to provide more than a simple mechanical one-on-one talk.

Moreover, due to its nature as a provisional organization, Ansan Whole Heart struggled to secure professional staff—in particular, psychiatrists and therapists—who could work continually in the long term. As a result, there was high turnover among the psychiatrists and therapists charged with the

² (Translator’s note) In Korea it is common to refer to a parent by their child’s name + “dad” or “mom.”

care of *Sewol* disaster victims. Each time a new psychiatrist or therapist took over, they asked the patient to repeat their experience of the disaster and their life history all over again. This proved both distressing and painful for those seeking treatment.

As the years passed, the professionals at Ansan Whole Heart gradually started to hear the stories of affected persons from their point of view. As they grew closer to the affected individuals, their approaches to healing and recovery changed as well. Repealing their position of distancing themselves, under the pretext of remaining “neutral” vis-à-vis the bereaved families protesting the government, the center’s medical professionals took part in a march on January 26, 2015, calling for the salvaging of the *Sewol* ferry. This marked the start of their support for the bereaved families’ political actions, including backing a memorial event for the second anniversary of the *Sewol*’s sinking. Furthermore, they took a hands-on approach by funding the “Market-together with Mom” (*commarang hamkke hajang*) flea market and aiding small-group gatherings of bereaved families. Such changes were an effect of individual efforts to get the center’s social workers to take the position of victim organizations and act together with them. Social worker Kim Seonsik, who led the center’s social work team, stood hand in hand with those affected by the disaster as they demanded that the truth be investigated, thus earning the support of victims.

Despite such progress, there were fundamental limitations to Ansan Whole Heart. Because it had been established with a stated focus on mental health, those suffering from physical symptoms struggled to receive treatment. Beyond psychological symptoms, trauma can also manifest itself physically, a fact that was not really taken into consideration when establishing the center. Due to the bifurcation of the medical conceptualization of health into mental and physical aspects, Ansan Whole Heart fundamentally lacked the capacity to address the physical health needs of those affected by the disaster. In fact, a vast majority of affected persons complained not of mental health issues but of joint problems, such as back pain, and toothache.

The things people complain of the most are probably their backs and their teeth. Since we do a lot of sleeping outside, it’s similar for everyone. Still, at first, I couldn’t seek treatment. I’ll wager everyone else was the same. Going to the doctor to live after losing your child is just... you know how it is. For me, it was three years after [the disaster] that I started going to a clinic. (Interview with Hyeseon’s Mom, Seong Sigyeong)

Now, when I come and go from those places [meetings and Donggeocha Island], my back's no good, so I've gotten surgery—surgery and procedures in three places now, so now it's hard on me. For a full day after coming back, I can't move a muscle at my house. That's the condition I'm in these days. And now, now after doing the walking march down to Jindo, my teeth on this side, both on the left and on the right side, have gotten pretty bad now. So now, that's how it is. Even today, after finishing this. You know, even eating a meal is painful, so I should really go to a dentist after this. (Hayong's Dad, Bin Unjong (April 16 Archives 2019g: 155–156))

According to the Sewol Remedy Act, “sufferers” (*pihaeja*) are entitled to financial coverage for the treatment of physical or mental illness, wounds, and so on, inflicted by the April 16 *Sewol* ferry disaster, and coverage for the expense of hospice care or use of assistive devices (Article 23). However, the actual process of being approved for treatment for physical illness, wounds, and aftereffects is extremely complex and vexing. In order to have their treatment covered, individuals affected by the *Sewol* disaster must first visit a hospital or clinic they believe to offer the necessary treatment and disclose their status as a sufferer of the *Sewol* ferry disaster. Next, they must wait for the specialist to prove that their ailment is linked to the *Sewol* ferry disaster. If for any reason the doctor says they are unable to recognize such a causal relationship, the patient in question is not eligible to have their treatment covered and must pay out of pocket. Because proof of a link between the disaster and an individual's physical illness relies on the opinion of each individual doctor seeing the patient, those seeking treatment feel that it is uncomfortable and unjust that they have to disclose several times the fact that they are sufferers of the *Sewol* ferry accident as they hunt for doctors who will acknowledge their illness.

Of course, it's awkward that I have to say, “I'm a bereaved family member” each time I go [to a doctor]. Because of that, we've said we wished we just had some sort of “-itis” instead. Because then we wouldn't have to go in and say, “I'm a bereaved family member.” And also, depending on the hospital or the doctor, some of them will say no—they won't fill out the form for you. Once you've been rejected once or twice, you don't really want to bring it up anymore. So now, if it costs a couple tens of thousands of won,³ I just don't say [I'm seeking treatment as a person affected by the disaster] and pay for the treatment with my own money, and say it when it's going to cost a lot. (Interview with Jaegang's Mom, Yang Okja)

³ (Translator's note) KRW 10,000 is roughly USD 8.13.

Language in the amended Enforcement Decree of the Sewol Remedy Act states that those affected by the *Sewol* ferry tragedy are entitled to coverage of treatment for physical and mental illnesses until April 15, 2024. It is undeniable that the amendment's extension of the sunset clause, by 10 years from the original legislation's single year, is a vast improvement. However, there are many who question the idea of limiting the timeframe in which coverage is provided for trauma, which can manifest at unpredictable times. That is, there is anxiety about the fact that there is no plan in place for these people after 2024.

Regarding trauma, we're four years out now, the fifth anniversary is right around the corner (sigh). But you never know when or where or how—poof!—it will manifest. Even up till now, that's how it's been for me. It repeats this up and down. I'm only human. I can't just keep it bottled up forever, and I can't just go letting it out forever, which means these types of management need to keep going continually. I told this to an official at the Ministry of Health and Welfare too, but when they wrote the Special Act, they cut it off right at their line, right at the line that's written in the law. (Gyeongju's Mom, Yu Byeonghwa (April 16 Archives 2020b: 241))

In sum, language in both the Sewol Remedy Act and its enforcement decree is remarkably inclusive; but in actuality, it proves very limited when being carried out on the ground. Due to budgetary issues, the establishment of Ansan Whole Heart was not even written in the law. Moreover, the dichotomous understanding of mental and physical health has left many affected persons searching for their own remedies to physical ailments. While an amendment fortunately extended the period for which treatment is covered, there remain questions about whether 10 years is an appropriate and sufficient period for treating trauma.

4. The Right to Safe and Healthy Working and Living Environments as Citizens

Safe and healthy work environments and a support network are important factors that enable any given individual to go normally about their life as a citizen. They are also crucial factors for people affected by disasters to go about their lives in the wake of tragedy as healthily as possible. In discussions of the right to health, this has been referred to as “the right to a safe and healthy working and living environment” (Sin Yeongjeon 2011). But

according to the researcher's observations, those affected by the *Sewol* ferry disaster have struggled to secure this right, and thus have been deprived of a portion of their right to lead lives as healthy citizens. A considerable number of victims were not only unable to continue the careers they had prior to the disaster but were even ostracized and alienated from the communities to which they once belonged.

The Sewol Remedy Act has two clauses related to working and living environment. The first involves leaves of absence from work for treatment. According to Article 26, employers shall permit workers who file an application for a leave of absence for the treatment of physical or mental harm (within one year from the date of promulgation) to take such leaves, with the period for a leave of absence being capped at six months. If an affected individual does take a leave of absence, the state is to pay in whole or in part the wages provided to an employee on a medical leave of absence by the employer, or pay in part the wages of a replacement employee while the individual affected is on a leave of absence for treatment (Enforcement Decree Article 23). These clauses were helpful to many of those affected by the tragedy. Because a vast majority of affected persons experienced physical and mental anguish that made it difficult to continue working, legislation that permitted them to take leaves of absence from work to seek treatment were highly practical.

However, these laws had their limits as well. Principally, this was because beyond clauses related to leaves of absence for treatment, there was no language related to the unhealthful and harmful environments that can exist in a place of employment. As a result, even when an affected individual's place of work is harmful or distressing to a degree that is difficult to bear, they have no choice but to return to it.

A considerable number of individuals affected by the disaster are workers who live in the city of Ansan and commute to a nearby industrial complex. A majority of these workers received time off for treatment or were even granted time off early on, out of special consideration by their employer. But there were many who found it difficult to return straight to work following their time off, due to illness, aftereffects, or complex political circumstances.

The time I spend at work is the hardest period of my day, the most torturous too. Seeing as [we're] mostly still working because we have no other choice, the majority of us parents who have to work in an office probably feel the

same. Twelve times a day I think, “Should I keep working or should I just stop?” In my case, if Sehui had been my only [child], I think I would have quit working. I would’ve quit and done work with the fact-finding effort, or something like that, I think. But I have [Sehui’s] younger sibling. So, I thought to myself—and maybe it’s a selfish thought—but, the thought that I and his mom have to show ourselves living a normal life, at the very least, for our remaining son, that was my priority. (Sehui’s Dad, Im Jongho (April 16 Archives 2020c: 33))

In the case of Sehui’s Dad, he was at least able to continue working at his workplace. But in many cases, serious conflicts arose within people’s workplaces, or otherwise they were unable to physically or mentally continue working like normal. There were a variety of circumstances that made it difficult for those affected to continue working. As shown below, in the case of Yeseul’s Mom, No Hyeonhui, the continual manifestation of sorrow and pent-up anger made it difficult to go on working, and hearing people in her circle say things along the lines of, “She’s going on working even after losing her daughter like it’s nothing,” was difficult to bear as well.

Before, I really loved my job. That’s why I did it. I really loved doing nail art, a lot, and my kids were just as happy for me that I got to do work that I like, so that’s why I did it. But after it [the disaster] happened, ah... I just started to hate doing it. I hated having employees and I hated doing the work itself, and I had to, like, force myself to smile when I saw people... Any time anyone would mention anything related to the *Sewol* ferry, I’d just listen and [to myself think,] “No, no, that’s not right.” I hated how I’d sit there like nothing was wrong, just quiet and without answering.... Then I’d blow up and go off at customers. When that’d happen, ah, (sigh) I’d look back and I hated that too, so now I think, “I’m never going to work again. I can’t do it again,” and that’s where I’m at now. (Yeseul’s Mom, No Hyeonhui (April 16 Archives 2020d: 126))

In the case of Yeseul’s Dad, Bak Jongbeom, things were far more serious. Yeseul’s Dad had returned to work as a city bus driver after a leave of absence following the disaster. But while driving, he experienced occasional suicidal urges, which made it difficult for him to keep driving.

Our line of work with city buses pushes drivers hard. As a result, they dispatch us in a way that’s tough on you. Originally, you’re supposed to work a day then get a day off, but that’s not what happens. People who drive a lot are sometimes driving three days in a row. But even driving one day and taking the next off was killing me. But what’s more important is that, while working, I never meant to, but I’d think about getting into an accident. ...

And then there's the pent-up anger. Sometimes the emotional yo-yoing was so bad and it'd get high strung. On my morning commute—I still remember it now—we had this route that went from the market out to Do-il Road, then on out to Ansan Station, and once you pass through the station there's bridge pier. I'd get this urge to ram my bus into that column, even when it was full of people. "Should I just—wham!—hit it? Should we all just die?" These were the kind of thoughts I was having. Those are such scary thoughts to have. If I'm the only one who dies, fine. It doesn't matter. But what did all these other people do to deserve that, what did they do? (Yeseul's Dad, Bak Jongbeom (April 16 Archives 2019d: 82–83))

As the above cases illustrate, the laws did little to help affected persons when it came to various work-related issues that arose beyond the six-month leave granted for treatment. When it came to work support, there needed to be more awareness of conflicts that arose within the workplace and services to introduce or connect people to new jobs for which they could carry over skills from their previous profession. Professional support such as training for new jobs and careers should have been made available. But because the relevant legislation entirely lacked any such considerations, affected individuals who were unable to continue working had no choice but to leave their jobs.

In relation to the right to a safe and healthy working and living environment, Article 32 of the Sewol Remedy Act affirms that the state shall develop and operate programs for the psychological stability and community recovery of those affected by the disaster and Ansan residents. Taking into account the nature of these groups, the Act stipulates that a multipurpose facility—one that provides services for health, welfare, care, labor, culture, and more—be established to help improve the quality of life for these people and prevent withdrawal from the local community (Article 32). It also stipulates that, taking into consideration the special characteristics of these groups, an Ansan trauma center be established to comprehensively manage the mental health of those affected (Article 35). As previously mentioned, however, neither of these agencies have been established due to issues that included lack of funding, so affected persons remain unable to access assistance from community recovery programs.

The community support that currently is underway, albeit partially, is carried out via the Whole Heart Center. The center hosted programs for quilting and handicrafts, gardening, and making natural cosmetic products for the mental well-being of those affected by the tragedy, as well as to help them with job training for changes in careers. In concert with the "April 16

Workshop” put together by the victims, these activities not only assisted affected individuals by slightly raising their quality of life but also provided those who were unemployed with opportunities to work as lecturers in the local community. Participants who found a new career on account of these programs felt empowered, which allowed for a somewhat smoother transition back into their normal lives as citizens. Dongsu’s Mom, Kim Dohyeon, says that the activities of the April 16 Workshop were the fundamental force that enabled her to maintain her day-to-day life in the wake of the catastrophe.

That’s how it went for me. Three years, four years... I don’t think I ever stopped, not once. When I’d show up at the woodworking shop, I’d work with a clear head; when I’d go to the plays, I’d work there; and when I’d get home, I couldn’t just sit around and do nothing. Honestly, I couldn’t. I’m not sure if all the other moms are the same, but that’s how it was for me. At home I’d start by sweeping and scrubbing, then quilting, sewing, knotting... I did that without sleeping, you know. Because that was the only way to get through it for us. What I mean is, I couldn’t just go drink liquor and whatnot at the memorial. I have a kid, and his dad’s busy too, you know. That’s how I got through about four years, I think. (Dongsu’s Mom, Kim Dohyeon (April 16 Archives 2020a: 51–52))

Starting in 2015, the Whole Heart Center began backing a yearly flea market called “Market-together with Mom,” continuing its efforts aimed at community healing in Ansan. During this festival of sorts, Ansan citizens and those affected by the *Sewol* tragedy share and sell items that they have made to fundraise for good causes, thus creating a new bond of intimacy within the community.

Aside from difficulties that arose in regard to working life, many affected by the tragedy found it difficult to maintain interpersonal relationships as they had before. The “safe and healthy living environment” central to the right to health proves a tough challenge for these people. Prior to the tragedy, victims lived active social lives, with friends and social gatherings that went even beyond the workplace. But the tragedy fundamentally changed the manner in which they relate to others. This is not simply because they lost their children to a catastrophe but because social criticism regarding the event stigmatized them. South Korea’s antagonistic society viewed these parents as a self-serving collective fighting to get more compensation out of the government, or as a group with particular political leanings. When they smiled, they were criticized with “How can a person smile after losing their



Figure 2. Posters for “Market-together with Mom” events in 2015, 2016, and 2017 (Photograph by the author)

kid?” and when they wept, they were called “depressing, crying day-in and day-out.” In such a situation, not even religious gatherings afforded a place of accepting solace. Some were even criticized for shopping at the market, with people saying, “[That person] sure has no problem spending the money their kids died for.” Hoseong’s Mom, Jeong Buja, tells of her experience being deeply hurt by people she had considered neighbors for over 10 years.

So, there are all the *tong-ban* leaders, the *tong* and *ban* leaders,⁴ you know. [We asked Ansan communities,] “Give us a place to speak,” and so they say to show up at such-and-such time. “We’re having a meeting, a neighborhood meeting, we’re holding it, so come at such-and-such time,” they say, so I went. ... They’re saying, “Now it’s not me who’s saying this, but some people, some people in my circle are just curious: Why are parents making such a fuss all over the place over their kids going on a field trip? And they [the bereaved families] shouldn’t get more compensation than [those affected by] the ROKS *Cheonan* sinking.”⁵ And some of them are moving and remodeling

⁴ (Translator’s note) *Tong* and *ban* refer to groupings of households, which can vary by locale. For instance, in the city of Sokcho, a *ban* is made up of 30–60 households (with considerations made for rural areas, areas with high-rise apartments, and multi-unit dwellings), while a *tong* is made up of four to nine *ban*. *Tong* and *ban* leaders are appointed by *dong* (an administrative unit corresponding to neighborhoods) leaders after an open call for applicants. Their responsibilities include providing guidance for constituents, promoting administrative policies and canvassing public opinion, and other such community involvement.

⁵ (Translator’s note) The ROKS *Cheonan* was a South Korean navy ship that sank in

their homes and all that. They're all fixing up their houses and it makes me sick to watch." ... The moment I heard those words, [I thought,] "What are they bringing up the *Cheonan* sinking for? When [the kids] were on a field trip?" I'm pretty sure I screamed, unknowingly, "Those kids would have walked through this neighborhood, to and from school every morning and night, how can you call yourselves members of this neighborhood that they lived in?!" I screamed, and wailed and cried, I think. When that happened, they, the *ban* leader of 5-*ban* says to me, she says that I'm crazy. "Pull yourself together, and [people are only saying this because the bereaved families] are getting coddled by everyone, so don't listen to them and listen to what folks like us are saying," she says. "Pull yourself together and listen," she says. (Off the record.) And it was just way too much for me. Here's this person, someone I've run into every day as I take out the garbage, someone who's smiled when they see me, and they're speaking to me this way even though I've lived here who knows how many years? At that point I really [felt] this hurt, disappointment, like, "Gosh, what kind of person acts like that?" So then and there I just yelled, sobbing on the ground. (Hoseong's Mom, Jeong Buja (April 16 Archives 2019h: 21–22))

Unable to bear the distorted judgement of those around them, many of the families who had lost loved ones in the *Sewol* tragedy either moved to a new home or to another neighborhood altogether. Suhyeon's Mom, Yi Yeongok, and her family left Ansan entirely, moving to another city due to the awkward relationships with their acquaintances. In their new city, they decided to move to a house on the outskirts of town. But even so, they were surprised to find that in the process of building their home, residents of the neighborhood had learned that the new family had lost a child in the *Sewol* sinking. Though they had moved to a new city to hide their cumbersome identity as they went about their lives, it served as a reminder that the label of "Family Bereaved by *Sewol* Ferry Tragedy" will follow them around, no matter where they go.

Once we'd been through that difficulty, there was this complexity, I guess? Interpersonal relationships kept just coming into conflict. And us being a family of one [of the students] who died, I developed this guilty conscience even though our neighbors weren't doing anything; they weren't looking at us through that lens. Everything they said, little things, down to the words they said, even things they said out of consideration to us, would hurt. I kept feeling conscious of how others looked at me. And that meant that the way I was living wasn't really living. It felt like I was constantly being watched by

2010, resulting in over 40 casualties. A joint investigation concluded that it had been hit by a North Korean torpedo, but North Korea denies involvement.

someone, I guess I'd put it? Which is to say, I was so unfree, and was always stressed out. Even when I just drop by the market, I'm so overly cautious when I do even that, because I'm worried people will think things along the lines of, "Gosh, that lady's child died and she's out here buying things to eat?" (Suhyeon's Mom, Yi Yeongok (April 16 Archives 2019c: 223))

This being the case, it may seem as though the right to a safe and healthy working and living environment that would allow victims to carry out their lives as normal citizens was out of the picture. Yet observations show that some affected persons have made ongoing efforts to create a new social circle, through workshops, woodworking, choirs, and religious gatherings. This next passage, from Suyeon's Dad, Yi Jaebok, illustrates how by learning new skills, some of the victims' dads, who were unable to continue their previous jobs, came together to form a woodworking cooperative.

The reality is that it's hard for us to go back to our daily lives after going through the tragedy. With work, you just couldn't concentrate on anything, and some people just couldn't keep going into work like that, so they quit. Meanwhile, others who worked at places with family couldn't properly adjust... You can't empathize [with others], for starters. Even with past colleagues or friends, you just can't communicate your feelings... Still, the people that you can actually relate to and talk to comfortably are, in fact, inevitably, none other than bereaved families, of course. These are people you meet through the loss of your child, but you feel comfortable around them because they, of course, get it, right out of the gate. So I had this vague thought of "What if I were to do something together with these people?" and someone suggested, "How about a woodworking studio? Don't you think we'd be able to find a group to figure that out [how to set one up]?" So it was with that objective in mind, really, that we started it, the woodworking studio. [We thought,] "If we were to polish up our skills to a degree, maybe we'd be able to take it all the way to a social enterprise or a cooperative, so let's try putting that in motion." The dads... well, we told the moms in more detail later on, but it was the dads, to be honest, who started it. (Suyeon's Dad, Yi Jaebok (April 16 Archives 2020a: 75–76))

Of the total number of those affected by the tragedy, the proportion of people who took part in initiatives like this one was small. Moreover, these types of gatherings were unable to completely correct the disconnection with outside society or discomfort felt by bereaved parents. Still, in forming new relationships with others who understood their experience and emotions, these parents are producing a healthy living environment in which they can feel safe and at ease.



Figure 3. The April 16 woodworking cooperative (Source: Facebook page of Miji's Dad, Yu Haejong. Reproduced with permission.)

5. The Right to Pursue Spiritual Well-being as Parents

The WHO originally defined health inclusively as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946). But starting in 1998, it inserted language related to spiritual well-being in its definition of the concept (Chirico 2016). There are various opinions on what constitutes spiritual well-being, but it can be interpreted as the sum of a human’s inner resources that goes beyond religious or ideological acts and operates as a dynamic and creative energy in one’s life through harmonious relationships with oneself, others, and a higher being; which enables one to experience things that transcend reality; and spiritual attitudes and acts that give one a purpose and meaning and enable one to live a fulfilling life (Stoll 1989; Vader 2006). Put more simply, it can be summed up in the ideas of “a meaning and purpose in life,” “self-awareness,” and “connectedness with oneself, others, and a larger reality” (Hawks et al. 1995).

While the idea of spiritual well-being may feel quite foreign to most people, it is a crucial factor of health for those who have lost close family members. In the case of those affected by the *Sewol* ferry disaster, the demands for a full-fledged fact-finding mission into why the students died, spearheaded by parents who had buried their children, was, in fact, an

endeavor to affirm the meaning and purpose in life for these parents. What is more, the experience of the disaster sparked self-awareness in them as parents and caused them to rethink their connectedness with self, others, and society at large in a way that would go beyond the real, material world they had thus far pursued. It is crucial to interpret such characteristics of people affected by tragedy through the lens of the right to spiritual well-being because, beyond the right to treatment and right to a safe and healthy living and working environment, extrication from spiritual distress has been shown as a critical factor to recovering good health.

The following passage from the account of Hyeseon's Mom, Seong Sigyeong, shows how life became "meaningless" for her after the loss of her daughter in the ferry sinking, and how she came to believe that reuniting with her daughter in death was the only choice she had. Such thinking is common among many family members bereaved by the tragedy.

The fact that I'm even alive right now makes me sorry to Hyeseon, and if I'm being honest, I feel sorry for being alive. I knew a parent who had lost their child before the [*Sewol*] disaster. When I thought about them, how I felt when I saw them back then was, "How do they keep going on living after losing their child?" I never talked to them myself, but I heard about their story, and so that was what I thought. And then when I lost Hyeseon, at first... I really thought, "I have to follow [Hyeseon into death]." Not just empty words like: "I love [her], I'm distraught, I'm angry." No, I thought that it was only right that if I really did love her, my beautiful daughter, I should follow her. (Crying.) And I really thought so much about putting that into action... Those thoughts... I know other families had those sorts of thoughts, but for me they were so, so strong. (Hyeseon's Mom, Seong Sigyeong (April 16 Archives 2020e: 168))

The spiritual suffering experienced by the bereaved parents is apparent in their belief that carrying out a fact-finding mission would alleviate their suffering. Bereaved parents and families held a 119-day sit-in at the National Assembly and a 76-day sit-in at the Cheongun-dong community center, calling for fact-finding into the disaster. Fact-finding for these people was not only a matter of restoring the honor of their children but a process of alleviating their sense of grievance over losing their children unjustly. Accordingly, fact-finding exhibits itself as an activity that parents must pursue continuously, without resting, as a responsibility to their children. As shown in the following passage from the account of Geonu's Mom, Kim Mina, many bereaved parents view fact-finding as the only path to explaining why such a disaster had to happen to them.

This thing called fact-finding is really about our children's honor. "Why did my child have to die?" That's what everyone wants to know, and I'm not talking about the accident... Why didn't they carry out rescue? How is it that our country's system has come to this? Why Danwon High? Why my child? ... We need to know why. Why, why did this have to happen to us of all people, who were just going about our ordinary lives just fine? (Sobbing.) Someone's got to tell us why this happened, but no one will. They just say it was an accident, but why did there need to be an accident? That's what fact-finding is. Why did there have to be an accident? That's what we want to know most. Why? (Geonu's Mom, Kim Mina (April 16 Archives 2019a: 132))

We must interpret the pursuit of fact-finding and the active, 6-year-long struggle for it as a necessary process for these people to give their present-day lives meaning and discover purpose in their lives going forward.

When we look at fact-finding as a matter of spiritual suffering, we can see problems with the very fact that the Special Act on Investigating the Truth of the April 16 Sewol Ferry Disaster and Building a Safe Society and the Sewol Remedy Act were distinguished from one another and were promulgated through distinct legal channels. That is, by divorcing the issue of fact-finding from that of assistance for victims, at a legal level, the state created a situation where stakeholders neglected their health problems while focusing on a fact-finding mission into the *Sewol* ferry disaster. Those affected should have been receiving adequate and appropriate state and social assistance so they could recover their health and return to normal lives. But the dichotomous structure of the relevant legislation prompted beneficiaries to exhibit negative or unassertive behavior when it came to their health, characterized by a sense of shame that made them question how, or why, they were supposed to take care of their health when fact-finding had not taken place. Some even said that the only reason they needed their health was to keep up the struggle for fact-finding, illustrating the degree to which fact-finding was an issue of their spiritual health, one absolutely essential to continuing their lives. The below passages from the accounts of Changhyeon's Mom, Choe Sunhwa, and Sujin's Dad, Kim Jonggi, illustrate that the process of getting to the bottom of the disaster is something done for the sake of their children and simultaneously thought of as a reason to maintain their own health and a "therapy in itself."

The term heal (*chiyu*), to be honest... (Sigh). What I mean is, I agree with [the idea that] "We need to be healthy." We do need to be healthy. We need

to be healthy to keep on fighting, to do what we want, to raise the voices we want to raise, to stand our ground in the struggle and get it done—that I agree with 100 percent. But being healthy and so taking advantage of things, enjoying things—this sort of thing I’m not sure I am on board with. (Changhyeon’s Mom, Choi Sunhwa (April 16 Archives 2019f: 107))

The parents who practically have titles for their activism [related to the pursuit of fact-finding], and then the other parents who give their all to activism didn’t get it [talk therapy]. I guess maybe I should say they *couldn’t* get it. They’re busy doing activism, so not only do they not even think to go get therapy at the Whole Heart Center, but they don’t have the time to for that matter. . . . And there’s this thought that “acting is therapy.” To be honest, for these parents who have done activism, I’m sure meeting a doctor and getting counseling would be therapy in a way too, but, a lot of [us] said stuff like, “Isn’t it actually more therapeutic to do something more for our children?” (Sujin’s Dad, Kim Jonggi (April 16 Archives 2019b: 194))

For bereaved parents, uncovering the reason for their child’s death can be an extremely important part of resolving spiritual suffering and recovering health. As pointed out by these parents, the act of pursuing fact-finding alongside other parents may even be a path to healing. The problem, however, is that fact-finding takes considerable time, and if affected persons concentrate their efforts on fact-finding—that is to say, only the pursuit of spiritual well-being—other aspects of their health can be neglected. It goes without saying that the overall recovery of health, including but going beyond spiritual well-being, is a present-day problem that must be addressed for them to carry on with their lives. In order to address these problems, there must be social sympathy and support so that those fighting for fact-finding can believe that it is truly viable, as well as support so that they can also secure their physical, mental, and social health.

6. Conclusion

This article examined the issue of the right to health for those affected by the *Sewol* ferry disaster, based on 6 years of field work and archive materials. Its findings can be summarized into the three following points.

First, through the Ansan Whole Heart Center, set up on account of the Sewol Remedy Act and the government’s quick response, fairly comprehensive support measures were put in place regarding the mental health of those affected by the tragedy. However, caught in the medical paradigm

that delimits post-disaster trauma to mental health, support for physical and social well-being was relatively downsized or altogether absent. As a result, affected persons faced practical problems securing their right to receive treatment.

Second, those affected by the *Sewol* ferry disaster are entitled to the guarantee of their right to health, not only as victims but as regular citizens. However, amid the extraordinary political circumstances they had to endure in the wake of the disaster, as well as the resultant social antipathy, they were inevitably alienated from their rights to a safe and healthy working and living environment.

Third, among those affected by the *Sewol* ferry disaster are parents who lost their children. For them, the issue of ascertaining the facts of the disaster goes beyond a simple political matter. Rather, it is an issue of spiritual well-being, by which they restore the honor of their children and verify the meaning of and purpose in their lives as parents. However, the structural problem of bifurcating the legislation aimed at assisting affected persons with that aimed at fact-finding, as well as limited conceptions of the right to health itself, created an environment that made it difficult for those affected to pursue their right to health while simultaneously leading the movement demanding fact-finding. As a result, many affected individuals either abandoned entirely the thought of any rights related to their own health and well-being or saw it as a back-burner issue.

Based on these findings, there are two recommendations the author would like to present as they relate to the right to health of those affected by the *Sewol* ferry disaster.

First, *Sewol* victims' right to health must go beyond the restricted scope of mental health that has existed thus far; it must be handled as inclusive of physical, mental, social, and spiritual health and well-being. Neither the community complex facility (Article 32) nor the Ansan trauma center (Article 35) spelled out in the *Sewol* Remedy Act have been established, and the possibility of additional discussions remains open. Thus, when these two facilities are indeed established, they must consider the gravity of these points.

Second, for relevant legislation to culminate in practical outcomes for the intended targets, there needs to be practical institutionalization as a midway step, along with assurances of administrative action on the ground. The extensiveness of the right to health enumerated in the *Sewol* Remedy Act has not only not been carried out on the ground but proves ineffective

amid a social structure and fractional administration that puts up walls of distinction between those affected by the *Sewol* ferry disaster and the members of communities they were a part of. In order to remedy this problem, the demands of those affected—who are the subject of the right to health—and the special circumstances of the community they belong to must be taken into account, with discussions and governance of mutual aid established cooperatively with administrators, victims, community members, and experts.

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