

Correspondence

A day in the life of a public health center director in a rural area, Korea

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On Monday mornings, I arrive earlier than usual (Fig. 1). At 8:30, there is a senior staff meeting at the county office. Over the weekend, I review any changes to the report for that meeting, which was originally sent out the previous week, and plan how to explain everything concisely. This habit applies to other weekdays as well, as I also arrive at work by eight. On days without meetings, I sit quietly in my office and scan the morning papers—one national and one regional—looking for articles related to health centers. Additionally, I open a file containing every local article about Buan County.

Responsibilities extending beyond medical issues

A public health center's responsibilities extend beyond medical issues. Social, cultural, and even political events can influence our tasks. Over time, I have trained myself to gather as much information as possible. Our rapid-response unit has recently required close attention. Just as I began writing this piece, a Jeju Air plane crash occurred at Muan Airport in Jeollanam Province

(December 29, 2024). Our emergency contact system was activated, and the county office asked us to determine whether any county employees or residents were affected. I relayed directives to the health center managers and discussed the possibility of deploying our unit with the team leader. Although the accident site was far away, a large-scale disaster could still necessitate additional support. We also decided to review the local health center's response later—assessing what was done well, what was lacking, and how to improve. In a mass-casualty situation, the fire station responds first. If they request our assistance, the rapid-response team and a disaster medical assistance team from a university hospital work together on-site. We set up a field station, triage patients, provide first aid, and coordinate hospital transfers. As the health center director, I oversee these operations. Remaining prepared and well-trained is vital for coordinating with the fire station promptly when needed. Checking the disaster-response group chat has become second nature.

Back at the public health center, I lead a meeting with team leaders. I communicate the county mayor's directives, highlight important tasks from other departments, and listen to each team's work plans for the week. If any issues are complex or require more in-depth discussion, we address them afterward.

Isolation of an active tuberculosis patient

Today (January 13, 2025), the Infectious Disease Prevention Team convened to discuss a critical case. An elderly patient in a nursing facility tested positive for tuberculosis bacteria in a sputum culture, indicating a high risk of transmission. We must arrange for this patient's admission to a hospital designated for tuberculosis isolation; however, the guardian is not cooperating. The patient denies having tuberculosis, complicating enforcement even with an available isolation bed. Additionally, his limited mobility necessitates a caregiver. For two days, the team leader and staff negotiated by phone with the guardian, the hospital, and a caregiver agency. Ultimately, they used government funds to cover transportation and caregiving costs, and by evening, we successfully arranged the isolation admission. Tomorrow, we will conduct an epidemiological assessment of 75 close contacts.

County official's proposal and backup by a healthcare specialist

Ever since local elections granted greater authority to county officials, they have proposed health policies that prioritize residents' needs. In our county, these initiatives include free herpes zoster vaccinations, subsidized knee replacement operations, and increased childbirth stipends. Herpes zoster vaccination is already a routine procedure for many middle-class individuals, so providing it at no cost to those over 50 seems both fair and beneficial for lower-income populations. However, subsidizing knee replacement surgeries raises concerns about potential overtreatment. Nevertheless, for low-income groups, covering out-of-pocket expenses that insurance or medical aid does not fully cover is a significant relief. Childbirth stipends present an even more complex issue. Many municipalities offer these stipends, but the amounts vary widely. Some officials believe that increasing the payments will boost birth rates and revitalize declining areas; however, a one-time payment is not a comprehensive solution. The Ministry of Health and Welfare attempts to mitigate reckless competition through the Social Security Review Committee. Consequently, we decided to replace our existing policy with a postpartum care subsidy. After receiving approval from the mayor and endorsement from the county council, we launched the new plan. These initiatives intertwine medical, legal, policy, and political considerations. It required several days of discussions with my department chief, team leaders, and staff, along with visits to the ministry and budget negotiations with the mayor and council, to move forward effectively.

Online meetings and a decision as a government official

In our era of advanced information technology, video conferences, which surged during the COVID-19 pandemic, have become commonplace. Our county established a dedicated system on our official network, which is now used once or twice a week. Early in the pandemic, I participated in video calls led by the Prime Minister or the Health Minister to reduce face-to-face contact. More recently, the discussions have centered on the medical community's protests regarding the increase in medical school admissions for 2025. The resignation of medical residents primarily affects large urban hospitals, so rural health centers are less impacted. However, if collective action occurs, my dual role as a public official and a member of the Korean Medical

Association puts me in a difficult position. While individual members have the option to join the association's protests, fulfilling my official responsibilities is mandatory, which makes the implications of these decisions quite clear.

One Health concept

That afternoon, the leader of our Infectious Disease Response Team reported an outbreak of avian influenza at a duck farm with 30,000 ducks. We encounter situations like this almost every winter due to the number of local duck farms. The Livestock Division prepared for a culling operation, established a quarantine perimeter, and restricted traffic in the area. Our health center trained the 50 workers involved in the culling on infection prevention, vaccinated them against influenza, and recorded their contact information. Shortly afterward, the provincial research laboratory confirmed a highly pathogenic strain, heightening our concerns. Fatalities have occurred in other countries due to such strains [1]. We dispatched staff to monitor the culling process, ensure that protocols were followed, and remind workers to report any flu-like symptoms. In 2023, we also encountered an outbreak of lumpy skin disease in cattle [2], which is transmitted by bloodsucking insects and carries a high fatality rate. Alongside the Livestock Division's disinfection and quarantine measures, we mobilized the health center and local offices to reduce mosquitoes and other biting insects. This incident underscored the One Health concept: the health of humans, animals, and the environment is interconnected and must be safeguarded collectively.

The leader's burden for the staff's peace of mind

Finally, dusk approaches, reminding me that it is time to head home. I check tomorrow's schedule in my planner: there is a meeting with the local National Health Insurance branch manager, along with several major agenda items I need to review for the county council. Additionally, I am rotating all 111 employees. Trying to place everyone appropriately while honoring their preferences weighs heavily on my mind. I recall the adage that a leader should bear the burdens so the staff can find peace. Holding that thought, I leave the office, my steps feeling heavier than I would like.

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Legend for figures

Fig. 1. Photo of the author, Dr. Chanbyoung Park, in front of the Buan-gun Health Center on January 15, 2025 (Provided by the author).

