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Encountering SARS: A perspective from an infected area

The deadly SARS virus has certainly provided another wake up call for Hong Kong and the many countries which have been unfortunate to have been infected with this disease. What is frightening about SARS was that it is new disease, its means of transmission was initially unknown, and there is no known cure with a death rate of over 10% among those infected. Thus, when the disease broke out in Hong Kong, the health and medical authorities were basically at a loss in trying to identify, let alone treat this disease.

In recent years, increasing attention has been given to crisis management in the tourism literature (Faulkner 2001, Huang and Min 2002, PATA 2003, Knable 2002, Stafford, Yu and Armoo 2002) and, not surprisingly, there has been a call for preparedness.

Asia, like many other parts of the world, has not been immune from regional or global crises. SARS is undoubtedly the most serious crisis Hong Kong has faced since the handover of sovereignty. This commentary addresses some of the issues encountered by the community. Upon hearing of a crisis, we typically become detached if it does not affect us directly and develop an “It Won’t Happen To Us” syndrome. What lessons have we learnt, if any, from the string of crises that have impacted Hong Kong and the region during the past five years? The answer, until the SARS outbreak, unfortunately is probably not much as Hong Kong was caught unprepared.

In dealing with SARS in Hong Kong, two distinct phases were observed. The first phase, which occurred during the first two months after the first index patient was hospitalised in Hong Kong on February 22, was one of uncertainty and confusion as the authorities tried to identify, deal with, and treat the disease. There was also a sense of frustration and anger as the Chinese authorities in Guangdong province, where SARS originated, offered no assistance or co-operation to share information. News of the disease was first made public in Hong Kong on March 11, but it was not until March 27 when a team of Hong Kong University researchers announced that SARS was caused by a coronavirus did the authorities and community begin to come to grips in containing it. On the 27th, the Secretary for Education announced that all school classes would be suspended. About the same time, cause for further alarm arose when many residents in the Amoy Gardens housing estate came down with the virus. Eventually, 321 Amoy residents were infected with 41 reported deaths. It was this outbreak that precipitated announcement by the World Health Organization on April 2 to issue a travel advisory warning people to avoid visiting Hong Kong. This announcement, in particular, dealt a devastating blow on the tourism industry.

Impacts on the tourism industry were the worst ever experienced from any previous crisis as the Chek Lap Kok international airport reported a 70% drop of passenger traffic, Cathay Pacific Airways cancelled 55% of its flights, hotel occupancies dropped to 10% from a norm of the high 80s, and with inbound and outbound travel dropping by 70%. With business dropping

drastically, employers were faced with the daunting task of merely surviving. In face of such adversity, employees were required to use up untaken leave followed by unpaid leave.

In the meantime, the majority of people took precautions to wear masks in public, avoided crowded places (e.g. shopping centers, restaurants, cinemas), stayed at home, and minimized any social contact. Vigilant measures were taken in all public areas to minimize any risk of infection such as the frequent cleaning of lobby areas and lifts or elevators. People who came in contact with those with or suspected of having SARS were quarantined.

The second phase emerged from in April as authorities began to contain the disease. In this phase, appropriate and pro-active measures were taken to combat the disease such as:

- Extensive community education campaign emphasizing the importance of personal and environmental hygiene
- Providing medical personnel with appropriate protective clothing and gear
- Community based campaigns such as “Fear Busters”, “Operation Unite” clean-up campaign, “We Care Education Fund” and “Project Shield”- which raised HK\$17 million (US\$2.2 mill.) to supply frontline medical workers with proper protective suits, hoods and masks
- The industry-based “We Love Hong Kong” campaign designed to boost local spending in the tourism, catering and retail sectors
- Screening all inbound and outbound travelers with compulsory temperature checks

Probably the most significant impact has been what McKercher (2003) has termed “SIP” (SARS Induced Panic) – “the hysteria surrounding SARS that causes people to behave irrationally in the face of a new disease whose real impact is far less than the fear it provokes.”

In examining how SARS has affected the local community, reactions have included:

- Curtailing or postponing regular activities such as shopping and eating out
- Curtailing or avoiding social contact with friends or relatives, and in some extreme cases - self-imposed isolation
- Avoiding visits to hospitals and doctors for regular treatment or elective surgery
- Discrimination against medical workers, even if they are not involved in treating SARS patients
- Discrimination against recovered SARS patients and their families
- Discrimination by association – residents of buildings with reported SARS cases and the girlfriend of a male nurse who was asked not to report to work

The reported cases of discrimination are unfortunate and represent a typical knee-jerk reaction based on “SIP”.

At the international level, SIP reactions to those from SARS infected areas include:

- Imposing a blanket quarantine. For example, Taiwan, some parts of China and boarders from Eton and 29 other schools returning to Britain after the Easter school vacation
- Requirement to wear a mask or face a fine in Thailand
- Denial of visa free entry to Hong Kong passport holders visiting Malaysia

- Banning participation at the Special Olympics in Dublin and an international jewelry exhibition in Germany
- Canceling of summer school registrations by the University of California – Berkeley
- Isolating exhibitors in a separate area at an international jewelry trade show in Las Vegas
- Discouraging students and their parents from attending graduation ceremonies by US universities such as Case Western Reserve University and University of Rochester.

Despite WHO's official advice to conduct health checks on visitors from SARS infected areas and on how to deal with the matter, it often went unheeded. This, no doubt, left many Hong Kongers completely bewildered and at a loss in combating the ignorance and hysteria created by SARS. In many instances, WHO rebuked these knee-jerk reactions. These insights provide a first hand account of some of the issues encountered by the Hong Kong community in a SARS infected area. The lack of preparedness in dealing with a new and deadly disease had caught many by surprise. The impacts on the tourism industry were unprecedented and devastating. It was mentioned earlier that most probably had not learnt much from previous crises, however, SARS has changed this. Despite the problems encountered, there have been some positive impacts such as the local medical breakthrough in identifying the virus, a more hygienic and health conscious community, greater appreciation of the environment, and uniting of the community. This unfortunate experience, has belatedly, left us much the wiser and being better prepared in dealing with any future crisis.

References

- Faulkner, B. (2001). Towards a framework for tourism disaster management, *Tourism Management*, 22 (2), 135-147.
- Henderson, J. (2003). Communicating in a crisis: flight SQ 006, *Tourism Management*, 24 (3), 279-287.
- Huang, J. and Min, J (2002). Earthquake devastation and recovery in tourism: the Taiwan case, *Tourism Management*, 23(2), 145-154.
- Knable, C.R.J. (2002). September 11, 2001: Recovering hospitality at ground zero, *Cornell Hotel and Restaurant Administration Quarterly*, 43 (5), 11-26.
- McKercher, B. (2003). 6,999,986 HK residents NOT diagnosed with SARS today! *Trinet mailing list*, April 28.
- PATA (2003). *Crisis: It Won't Happen To Us!* Bangkok: PATA.
- Stafford, G., Yu, L., & Armoo, A.K. (2002). Crisis management and recovery: How Washington, D.C., hotels responded to terrorism, *Cornell Hotel and Restaurant Administration Quarterly*, 43(5), 27-40.