# SARS

## Reception and interpretation in three Chinese cities

Edited by Deborah Davis and Helen Siu

ROUTLEDGE

# SARS

In the spring of 2003 SARS prompted the first global health alert of the twenty-first century. Hardest hit were the three metropole cities of Beijing, Hong Kong, and Taipei where residents confronted not only threats to their health and material well-being, but also to the vitality and resilience of their societies. Patients with a virus that resisted known therapies overwhelmed hospitals and frontline medical workers and as the disease unpredictably spread to communities and inflicted fatalities, collective trauma mounted. Quarantine practices of medieval Europe ultimately halted the outbreak.

Multidisciplinary in its approach, *SARS* explores the medical, social, and political challenges posed by the epidemic. Focusing on the political dimensions of historical geography, media communications, and popular culture, the case studies chronicle how residents of the three cities, whose fortunes are linked by uneasy historical memories and a vibrant global economy, find themselves abruptly drawing hard lines against porous borders. The volume raises issues pertaining to global politics and regional security, public health and democratic processes, civil society and public culture formation, the role of media in social crises, institutional integrity, and individual agency.

Contributors drawn from anthropology, journalism, medicine, and sociology examine the SARS outbreak as representative of the multiple contradictions among contagion, connectivity, and disjuncture that characterize our contemporary world. With avian flu looming over the horizon, the volume focuses attention on diverse human responses, critical self-reflection, and possible steps to meet future challenges.

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This book began as one panel at a conference held at Yale University between September 19 and 21, 2003 to allow a diverse group of scholars and practitioners who had been on the front lines of the outbreak of SARS in Beijing, Hong Kong, Taipei, Toronto, and Singapore to reflect on SARS as globalization's newest challenge. In July 2004 several of the original panelists were joined by colleagues from Taiwan and Hong Kong to focus on both official and popular reactions to SARS in the three Chinese cities that had been most heavily impacted. We want to thank the School of Journalism and Communication at the Chinese University of Hong Kong for hosting that workshop and for the support of their staff. We also appreciate the input from other panelists, paper-givers, discussants and reviewers at various stages of the process. Funds for the conference and workshop were provided by the Council on East Asia Studies at Yale University and the Hong Kong Institute for Humanities and Social Sciences at Hong Kong University. Finally, the editors would like to thank Mimi Hall Yiengpruksawan, chair of the Yale Council on East Asia Studies, for her leadership in creating the initial gathering in New Haven and for unfailing support of the project as it evolved into this volume.

# 1 SARS

## Reception and interpretations in three Chinese cities

*Deborah Davis and Helen Siu*

In November 2002 a middle-aged government official in southern China fell ill with a virulent pneumonia that did not respond to typical therapies.[1] A month later a young chef who worked in a restaurant specializing in exotic wildlife in the booming city of Shenzhen presented similar symptoms and sought treatment at a county hospital near his parents' home. Unable to improve the young chef's breathing, the hospital transferred him to a Guangzhou military hospital, and after three weeks on a ventilator he recovered. Many months later, laboratory results would identify both men as infected by the SARS virus; initially, though, neither case suggested a novel virus or the specter of a global epidemic. (Abraham 2005: 31)

By late January, however, the situation had become more ominous. The number of cases of atypical pneumonia multiplied and several cases could be directly traced to contact between the chef and those who had treated or visited him in the hospital. The resistance of the disease to antibiotic treatment and the rapid spread among hospital staff and then to their family members alarmed provincial public health experts who quickly alerted the Chinese Centers for Disease Control (CDC). Soon after, a team traveled from Beijing to Guangzhou to meet with Dr. Zhong Nanshan, head of the Guangdong Institute for Respiratory Disease. (Abraham 2005: 32) Led by Dr. Zhong, they discovered that the atypical pneumonia spread via respiratory droplets and outlined preventive measures of quarantine and infection control within hospitals. (Abraham 2005: 33) Despite their clear recommendations and professional expertise, central government officials failed to follow through and the virus continued to spread.

On the eve of the Lunar New Year a Guangzhou ambulance driver agreed to substitute for a busy colleague and transported a patient to hospital. Three days later the driver fell desperately ill and within the first eighteen hours of his illness infected his wife and twenty-eight staff members at the hospital. After his condition worsened, he was moved to another hospital; another twenty-three staff fell ill, as did eighteen patients and their relatives. The driver's conditions further deteriorated and he was moved again; at the third

hospital twenty-eight staff were infected. (Abraham 2005: 19) In retrospect, the generous ambulance driver would be identified as SARS' first "super-spreader." (Abraham 2005: 36)

Although the central government remained immobilized, the public in South China did not. Text-messages about the virulence and danger of the virus circulated widely and people rushed to buy vinegar and herbal medicines believed to boost immunity.[2] At this point, a text-message originating in China reached WHO headquarters in Manila, prompting officials there to ask Beijing for clarification. (Abraham 2005: 39) But rather than respond to either the WHO or the expert recommendations of their own medical experts in Guangzhou, central government officials criticized the public for panicking and then imposed a media blackout on all stories related to the virus.

On February 21, the virus jumped the border to Hong Kong and SARS was no longer a domestic issue. On that day, a doctor who had been treating patients in Guangzhou spent an evening in a Hong Kong hotel before admitting himself to hospital. Although he warned those who cared for him that he was highly contagious, the virus spread across the globe. Two days later similar cases appeared in Toronto and Hanoi. By the end of February physicians had identified other cases of atypical—and hard to treat—pneumonia in Australia, the Philippines, Ireland, Singapore, and the United States. Astonishingly, all of the patients could identify a link to a guest who had shared the same corridor as the doctor from Guangzhou on the evening of February 21.

By the second week of March, the virus had spread to Germany, Italy, Malaysia, Switzerland, Thailand, and the United Kingdom.[3] Routine therapies for pneumonia had little curative power and the fatality rates seemed exceptionally high. Most alarming to public health experts was the speed with which the illness spread among travelers who had simply shared the same hotel corridor and then onto nurses and family members on three different continents. Confronted with the possibility of a worldwide epidemic,WHO officials declared the first global health alert of the twenty-first century.

In the absence of effective treatment the WHO recommended the same quarantine and tracing procedures that Dr. Zhong had recommended in Guangzhou in January. In Beijing, however, where the national leadership had assembled for the National People's Congress to elect the new president, Hu Jintao, there were no efforts to mobilize for a possible epidemic. Following Beijing's reluctance to sound an alert, and aware that information on epidemics could be deemed a state secret, officials in Hong Kong also played down the spread of the disease. However, doctors in Hong Kong's public hospitals were already posting urgent and contradictory views in the media, pointing to possible community contamination. The Hong Kong media heightened the alert, urging citizens to take extreme precautions, and the

public suddenly found themselves in the epicenter of an unfolding drama. During this interval in the last week of March, Hong Kong reported the first extensive outbreak in one densely settled housing estate, involving 213 cases with mutated and harder-to-treat symptoms. The government invoked an old colonial law to enforce quarantine, but the emergency system in the major public hospital designated to treat the patients was unprepared to handle an influx of 555 patients in a week, and the infection spread to twenty-five doctors and nurses in the ICU wards. (See Chapter 4 in this volume.) Equally ominous was the appearance in mid-March of another "super-spreader" among passengers on a flight between Hong Kong and Beijing, four of whom later traveled to Taiwan.[4]

In response to the new outbreaks, Taiwanese and Hong Kong leaders intensified their efforts to mobilize the medical community and educate the public. On March 27 the Taiwan Executive Yuan classified SARS as a "Type 4" infection and the WHO requested heat sensors be installed to screen all airline passengers leaving and arriving in Hong Kong, Singapore, Hanoi, Guangdong Province of China, and Taiwan. On March 30 the Department of Health in Taipei initiated home quarantine measures and began to monitor for compliance through phone calls and home visits. In Hong Kong, the government closed all schools and daycare centers. In China, the need to suppress news intensified when Guangzhou police were found to be complicitous in the death of Sun Zhigang, a young graphic artist beaten to death while held in detention for a supposed violation of migration policy. Even as the number of SARS cases continued to escalate, officials in charge of public health downplayed the seriousness of the threat, and as late as the first week of April, Li Liming, head of the Chinese CDC, publicly denied the otherwise universally accepted medical opinion that a coronavirus was the causative agent. (Abraham 2005: 122–4)

In response to the denial of the ever-worsening outbreak, the brave actions of one individual finally broke the official silence and created the possibility of effective transnational cooperation. On April 4, retired military surgeon Dr. Jiang Yanyong wrote to the government and the local media criticizing the government for under-reporting the number of cases and for obstructing a full WHO investigation. A few days later staff writers of *Time* magazine picked up the story; within a week Beijing had declared a "People's War" on SARS.[5]

President Hu Jintao traveled to Shenzhen to meet Hong Kong Chief Executive Tung Chee-hwa and promised full support to Hong Kong. On 16 April Beijing convened a national SARS prevention meeting, and the next day Premier Wen Jiabao called for full disclosure. (Abraham 2005: 47) Two weeks later, in a most unusual departure from past practice, both the Minister of Health and the Mayor of Beijing were fired for their failures to take effective public health measures. At the same time, first *Southern Metropolitan Daily*

and then *People's Daily* provided extensive coverage of the brutal murder of Sun Zhigang.[6] A sense of crisis comparable to that in Hong Kong and Taipei finally took hold in Beijing.

On the surface, the reporting of the SARS outbreak and police abuse against migrants seemed unrelated. In fact, censorship of stories on threats to public safety and the domestic migration policy are closely linked. The Chinese household registration system forces all rural-born citizens to register with the police when they move to the city; and even after they are legally registered, they are still denied most social welfare and housing benefits enjoyed by other urban residents. As a result, the tens of millions of rural migrants who have fueled the economic growth of urban China are systematically marginalized as a transient, floating population. In the face of SARS, officials and ordinary citizens had to confront the truth that the virus did not discriminate or differentiate among victims on the basis of official residency status. The demographic flux and the multiple pathways between city and village also meant that outbreaks in the city could quickly spread throughout the country and possibly overwhelm a weak public health system.

Subsequent action by the central government to arrest and punish those involved in the beating to death of Sun Zhigang and the dismissals of the Mayor and Minister of Health would demonstrate that public demands for accountability had exerted pressure on the new leadership. The response to Dr. Jiang's letter, once it reached the online audience, had a similar effect. However, outside of China official disregard for the public's safety fueled pervasive anxiety and cynicism about the sincerity of the Beijing government, plugged the previously quite porous borders between Hong Kong and China, and froze the *de facto* détente between Taipei and Beijing.

In Hong Kong the virus had already spread to the community and threatened the economic survival of the city. Only three months earlier families had gathered together far-flung relatives to celebrate their growing prosperity and wish for good health of their kin and their country. By late April, the multiplying connections to global customers and previously exotic locations had become a source of deadly infection. Fears of contagion and contamination dominated, and even ordinary routines of food shopping, sending children to school, or riding the subway to work had become dangerous. The once bustling Hong Kong Airport became ghostly, and in the central business district there was a sea of masked faces. More importantly, the epidemic reignited long-held anxieties of city residents toward China as a source of instability and danger and fears about the trustworthiness of their new leadership. The highly prized access to China as the world's factory now directly threatened economic survival.

However, within three months, the medieval programs of quarantine and isolation effectively ended the outbreak. Dangers that had paralyzed residents in these cities vanished and global trade and business regained their previous

intensity. Although the virus had spread to thirty countries on six continents, by mid-summer fewer than a thousand people had died and there were no outbreaks in the subsequent two flu seasons. In the popular media, which had buzzed with daily updates throughout the spring of 2003, SARS disappeared, and within a year SARS was reduced to a historical footnote of interest primarily to specialists in virology and infectious disease.[7]

For those living in the Chinese cities where the outbreak had been most virulent, however, SARS is not a mere footnote of modern medicine. Moreover, the economic, political, and cultural considerations that facilitated the spread of the virus and paralyzed people in these cities remain or have even intensified. The global division of labor driving international trade and commodity chains continues to integrate ever more disparate corners of the globe and the time– space compression of the late twentieth century has only intensified in the twenty-first. International air travel is expected to double between 2003 and 2015 and it is impossible to keep outwardly healthy, but infected, passengers from moving undetected across several continents.[8] Influenza poses a particular threat because the virus initially appears as little more than a common cold and is biologically designed to mutate. Moreover, in our densely settled world, where population pressure and economic imperatives push animals and humans into ever closer contact, SARS is a likely precursor for medical alerts of the near future. (Dudley 2004) The 2003 SARS outbreak is behind us, but the conditions that allowed for the rapid spread of a potent and novel virus and opened deep social and political fissures in Beijing, Hong Kong and Taipei persist.

The public health crisis brought on by SARS was terrifying and real for residents of these three cities as well as for a global community connected to them. Lives were lost, families traumatized, and livelihoods severely disrupted. Immediate attention was given to discovering the source of the virus, and to effective medical/ scientific means of controlling or preventing its spread. The impact of SARS, however, goes far beyond medical causes and solutions. As the subsequent chapters demonstrate, the ways in which the three governments and their citizens mobilized societal resources to combat the epidemic reveal fundamentally different institutional means and cultural perceptions toward family, professional integrity, public service, community, and government. If the analytical concept of "civil society" is to be invoked, the SARS episodes provide a visible stage for different public spheres to be enacted and scrutinized, with individual agents acting on their commitment, ambivalence, or cynicism in intense but diverse ways.

On the other hand, the three cities have been closely linked—historically, socially, culturally, and, in recent decades, economically and politically. These relationships and the inherent tensions were highlighted during the SARS crisis, as physical boundaries were abruptly transgressed, hardened and redrawn, barriers created through self- and other-imposed closure, and

discursive strategies shrewdly deployed. The dynamic through which events unfolded reveals a degree of unpredictability, and underlines the twin nature of historical connectivity and fissures, of global flows and possible future disjuncture. As connected spaces of flow, these cities have shared borders that fostered prosperity as well as vulnerability. They also embraced the global economy from different positions.

In this volume, we have asked a diverse group of scholars to reflect on these social, cultural, and political divisions that surfaced during the 2003 outbreak of SARS. Rather than offering "lessons learned," these authors address the deeper and more enduring contradictions that preceded the outbreak of SARS in Beijing, Hong Kong, and Taipei. In these cities, the public health crisis of spring 2003 threatened a fragile political and cultural détente on how to survive given the contradictions between macro-economic integration and fundamental cultural and political differences. Their particular responses to SARS were distinctive, but they also address the more universal concerns about the risks of contagion in an ever-more integrated global economy.

## Hong Kong

Hong Kong represents the economic benefits of global trade more than any other city. It has been competitive for well-known historical reasons. It has never been a physically bounded entity, but "a space of flow," a node in the crossroads of empires, trading communities, industrial assembly lines, and now global finance, consumption, and media. Making use of institutions unavailable on the Chinese mainland and elsewhere since the nineteenth century, a diverse range of people entered and exited Hong Kong during various phases of their lives and careers, and have deposited layers of value that connected Hong Kong to regional and global environments. Each layer of historical experience has shaped this city of migrants. Its infrastructure for livelihood and business has sustained and recycled this multi-ethnic cultural capital, and been illuminated by its legal institutions, business and professional associations, language and education, religion and rituals, family structures, and consumption. Constant infusions of talents from China and other parts of the world have added value and diversity to local society.[9]

Historically Hong Kong has served as a node of immigration and emigration for South China, and particularly for the Pearl River Delta, where SARS appears to have originated and where it first raised the health crisis that eventually brought down the Minister of Health. In 1996, almost 40 percent of Hong Kong's population was born outside the territory, compared to 9.3 percent in the United States.(Lam and Liu 1998: 1) During the years of the Pacific War and the Chinese Civil War, Hong Kong saw volatile population movements across its borders for almost a decade. Since 1950, a quota system negotiated between Beijing and Hong Kong authorities has attempted to

control the flow. Hong Kong accepted all Chinese citizens given exit permits from China, and China restricted and regulated these permits. As shown in Figure 1.1, there have been volatile inflows and outflows.

Over the four decades before the return of sovereignty in 1997, the border hardened and softened with major political shifts in China. Two historical junctures are significant for understanding the demographic profiles in Hong Kong today. First, during the decades when China turned inward and restricted cross-border traffic, a uniquely localized Hong Kong identity emerged, particularly among the post-war baby-boomers. (Siu 1996: 177–97) Second, in the years 1978–81, when China first began to liberalize its economy and briefly relaxed its border controls, some half a million immigrants, mostly beyond the legal quotas, made their way to the territory and were eventually granted residence. Over the 1990s a third trend emerged rooted in accelerated market reforms. Short-term visits across the border far exceeded the historical trends of one-way emigration. (See Figure 1.2.)

By 2003, Hong Kong residents took for granted the astronomical growth in traffic of people, goods, services, and cultural images between Hong Kong and the mainland. Increasingly, residents retuned themselves "to go north." The movement of factories into China was followed closely by technical support offices and eager consumers. Professionals and shoppers joined businessmen, contractors and transport workers to become regular commuters. The real-estate markets in Shenzhen and the Pearl River Delta began to cater to families from Hong Kong who were looking for affordable holiday or retirement homes.[10] Daily commuter transit has blurred the border. In 2003, 238,200 Hong Kongers were working in China, mostly in Guangdong (88 percent), in a variety of professional, manufacturing, sales, and service positions. (Hong Kong Government Census and Statistics 2004) As result of this intensified daily and monthly traffic across the administrative border between Hong Kong and the rest of China, the former's residents became ever more integrated into the intensified economic and cultural hybridity and interdependence of the political economy of south China. At the same time the interweaving of daily life increased the vulnerability to infections that decades of good public health, vaccination, and hygiene had drastically reduced. The inability of advanced medicine to cure or prevent SARS outbreaks in the hospitals shattered any illusions that integration with China would not jeopardize the quality of life in Hong Kong. (See Chapter 3 in this volume.)

Since 1997, Hong Kong has had an uneasy relationship politically to the rest of China. According to the terms by which China regained sovereignty, Article 5 of the Basic Law ensures that the previous capitalist system and way of life shall remain unchanged for fifty years; and Article 27 guarantees Hong Kong residents freedom of speech, of the press, and of publication; freedom of association, of assembly, of procession, and of demonstration;

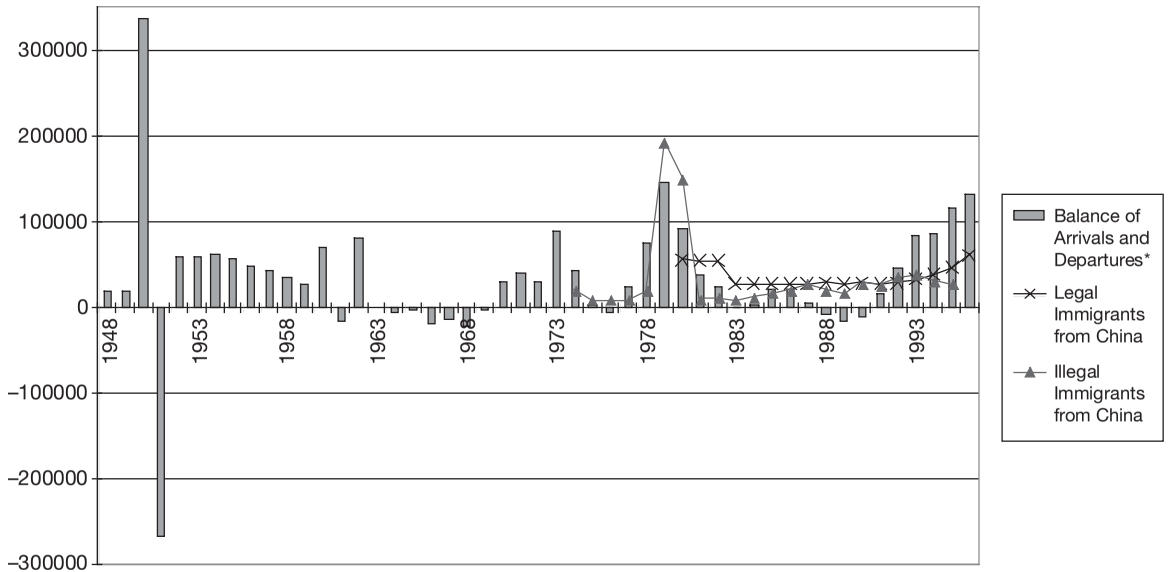


*Figure 1.1* Arrivals and departures of immigrants in Hong Kong, 1948–97

*Source*: Reconstructed from Lam and Liu (1998: 12)

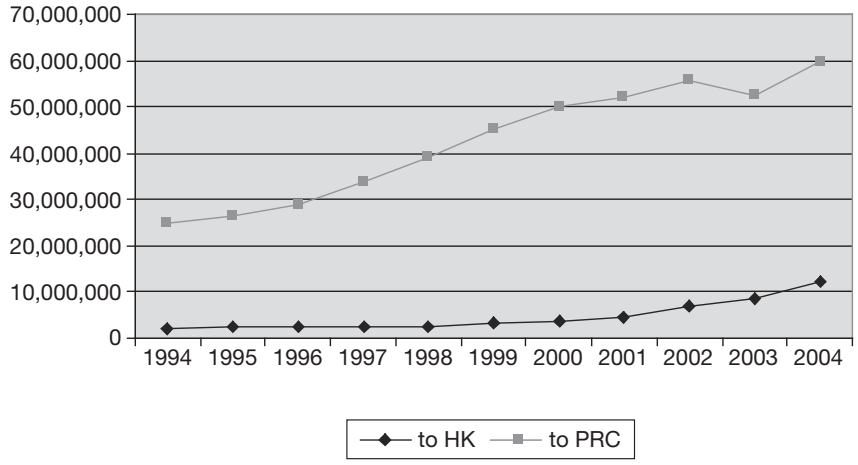


*Figure 1.2* Visits between Hong Kong and PRC, 1994–2004
*Sources*: Hong Kong Tourism Board (1998, 1999, 2002, 2003, 2004, 2005)

and the right and freedom to form and join trade unions, and to strike. By law, Hong Kong will also keep its own currency and control domestic and international migration.[11] In practice, though, as a sovereign part of the People's Republic, Hong Kong is ultimately subject to the power and priorities of Beijing.

In the decade before the return of sovereignty to the People's Republic in 1997, the final era of colonial rule had witnessed efforts to expand direct elections of officials and make the civil service more responsive to citizens. The result was a partial continuation of the political system characterized by "administrative absorption of politics" and "minimum society–polity integration." (Lau 1982) However, politics and civil society has become more contentious since 1997. (So 1999; Ku and Pun 2004) On July 1, 2003, just one week after the WHO lifted the travel advisory on Hong Kong, half a million Hong Kong people took to the streets to protest against the Article 23 legislation and the administration of the Chief Executive, Tung Chee-hwa.[12]

Public expectations for democratic rule remained high. On July 1, 2004 and 2005, tens of thousands rallied for universal suffrage; and in December 2005, a large rally demonstrated opposition to restrictions on suffrage imposed by Beijing. Without any effective political channel for the general public to make the government accountable, the media has become the platform for the people to air their dissatisfaction and demands, absorbing and amplifying social criticism. For decades television has been ubiquitous;

nevertheless, since the nineties, talk radio, and particularly talk-back radio, has commanded a large share of the audience.[13] As Eric Ma and Joseph Chan explain in their analysis of the Hong Kong media in Chapter 2, talk radio presents a "public sphere" in the making that is emotionally intense, culturally charismatic, as well as politically contentious and contagious.

Beyond the virtual public space of the media animated by journalists and celebrities, hundreds of doctors and nurses worked in less visible but equally decisive public roles that revealed the core values of Hong Kong society. How did these medical workers on the front line engage with the volatile public environment at the time? What kind of cultural and institutional resources did they find to protect themselves as well as to promote their agenda? Could the public eulogies for the fallen professionals highlight both collective trauma when a lifeline turned deadly and an opportunity for Hong Kong citizens to be galvanized into rethinking their city's positioning in a connected world? Observing the professional performances and moral choices of particular medical workers, Helen Siu and Dr. Jane Chan in Chapter 4 delineate the agentive moments in the affirmation not only of civic practices and institutional integrity, but also commitment to public service, all of which constitute, in the eyes of some medical practitioners, patients, and families, a precious "Hong Kong spirit." The personal stories of courage, resilience, public outrage, and private ambivalence, put in the context of Hong Kong's trying moments in 2003, illuminate this structuring process of human agency and the social and political terrains such agency substantiated and redefined.

## China

The story of how China moved from an autarkic command economy to become a central node in global commodity chains and a major player in international finance and manufacturing is well documented.(Lardy 2002) In 1978 Chinese manufacturing served almost entirely the domestic market and foreign direct investment (FDI) was trivial. By 2002 China bustled as the "factory of the world" and had surpassed the United States as the number-one destination for FDI.

Demographic integration on an international scale was less dynamic. Between 1982 and 1990, the emigrant population quadrupled, and by 2000 trebled again. (Liang and Morooka 2004: 6) However, unlike Hong Kong, for China it is domestic migration rather than movement across national borders that has most dramatically linked previously unconnected communities into new economic and social interdependence. Since the early 1990s, nearly 140 million adults have left their villages and moved to industrial and service jobs in towns and cities. This fundamental demographic realignment has transformed China from the cellularized, immobile society of the socialist

era to a country of migrants. The internal passport system that allowed local police to place Sun Zhigang in custody for failing to present the proper identification still systematically limits integration of rural-born citizens into city politics and culture. However, by 2003 a decade of accelerating migration had eroded the sharp boundaries between rural and urban populations and created heavily trafficked networks between villages in the hinterland and the coastal cities of Beijing, Guangzhou, and Shanghai. (Liang and Ma 2004) In the winter and early spring of 2003 the SARS outbreak therefore not only threatened the economic vitality of these cities but raised a fearsome specter of infection spreading quickly from prosperous, modern cities to the vast countryside.

During the 1970s China had emerged as the public health champion among low-income countries. With Third World GDP China had achieved First World life expectancies. Throughout the countryside commune clinics provided basic care for routine illness and more than 90 percent of the population could access cooperative insurance programs that blunted the cost of catastrophic illness. (Lampton 1977; Davis 1989) Twenty-five years later, rapid economic growth and the embrace of world markets had improved the quality of medical training and sophistication of equipment and pharmaceuticals, but collapse of the communes and privatization of many healthcare services jeopardized the health security of the majority. In Beijing, Guangzhou, and Shanghai surgeons practiced at world standards and hospitals had access to cutting-edge tools such as gamma-knife surgery, but rural clinics generally provided substandard care and the reach and quality of the once superlative public health system had declined. (Wang 2004)

In early 1990s, when few rural families had televisions, none had a family phone, and the internet had not even reached China, news did not spread quickly between cities and villages. Even within cities, people relied as much on gossip as they did on modern media to keep up with the latest news. However, in the last years of the nineties and the first years of the new century China experienced a communications revolution that is integral to understanding how the news of SARS spread and why the politics and culture of media that was central to interpreting the reception and interpretation of SARS in Hong Kong were critical in China.

It is of course a truism to note that access to the worldwide web has eliminated barriers to information that previously created privilege in the workplace and increased individual and organizational costs of job searches. But the pace at which China has adopted both cell-phone technology and internet capabilities in a society that coexists with a strong Leninist party-state means that the communication revolution merits more than just a footnote. China had its first commercial internet links in 1994; by 2004 the number of regular users surpassed those in Japan and stood second in the world after the USA. By December 2003 there were a million BBS

forums and fifteen million regular users. (Wang and He 2005) Combined with the text-messaging cell phones which number more than 300 million subscribers (*Zhongguo Tongji Nian Jian* 2005: 152–3), the Chinese population in rural and urban locations now connects across vast geographic and political space as never before. In this new data-rich environment with multiple channels of communication not easily controlled by the party-state, expectations for the future, understandings of just rewards, and strategies for social mobility cannot be presumed to conform to those of earlier decades. During the outbreak of SARS in spring 2003, the newfound power of digital connectivity among citizens across the nation not only became visible to the leadership but began to reshape the relationship between ordinary citizens and officials and among ordinary citizens themselves. In Hong Kong Eric Ma and Joseph Chan (see Chapter 2) write about the media as a surrogate democracy; in China the age of the internet and the cell phone have created the potential for a networked society whose politics remain less coherent but are no less conequential. (See Chapters 5 and 6.)

## Taiwan

Taiwan residents differed substantially in their positions from those of their counterparts in Hong Kong and China. In the 1990s, although the Taiwanese economy became increasingly intertwined with that of the mainland, politically their positions are distinct. By 2003 Hong Kong was a special administrative region of the People's Republic of China, while Taipei and Beijing were technically still engaged in a civil war and the democratic election of Taiwan's president was denounced as the illegal action of a breakaway province. The facts on the ground proved otherwise. Over the 1990s, Taiwan had created a range of democratic political institutions. In defining the status quo and future political frameworks for China and Taiwan, lines were drawn among different visions—the "two Chinas," "one China, two entities," and "one China, one Taiwan." The new democratic politics were often confrontational, and disputes spilled onto the streets. Institutions of citizen mobilization continued to evolve. During the spring of 2003 the stress of dealing with a potentially deadly epidemic tested both formal and informal institutions.

In the context of the SARS outbreak the fissures of international politics and the everyday interdependence of trade, investment, and family ties therefore defined the reception and interpretation of the disease in Taiwan far more than it did in Hong Kong. Migration into Taiwan from China was not trivial, but it was the relocation of approximately half a million Taiwanese business investors and their families to China, in addition to seasonal tourists, that made Taiwan uniquely vulnerable to China's initial disregard of public health measures. (See Figure 1.3.) The dramatic rise and fall in the

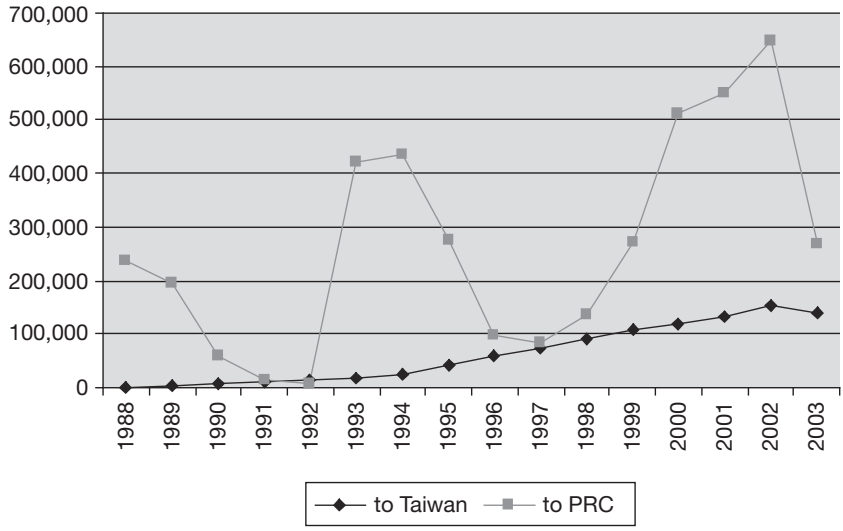


*Figure 1.3* Visits between PRC and Taiwan, 1988–2003

*Source*: <http://www.chinabiz.org.tw/chang/Eco/136-2003-12/136-20.xls>

number of annual visits, however, also attest to the fragility of current interdependence.

Another parameter in the political economy of contemporary Taiwan that shaped popular reactions to the SARS outbreak was an ethnic split that originated in the civil war. Most notably was the February 28, 1947 incident which culminated in the systematic killing of thousands of the local elite. This incident and the subsequent authoritarian rule politically excluded the participation of native Taiwanese. An entrenched ethnic cleavage between the mainlanders and native Taiwanese continues in contemporary identity politics. (See Chapter 7.)

Taiwanese citizens have had good access to affordable healthcare for many decades. In 1995 the new democracy extended national health insurance coverage to the entire population, but within a privately dominated healthcare system. (Wong 2005) At the same time, however, the financial rewards of the new system favored private providers and curative over preventive care, and administratively it created a confusing referral system that encouraged patients to go first to hospitals with the most advanced facilities. In the more privatized healthcare industry, more staff, particularly nursing staff, were put on short-term contracts and carried increased patient loads. Hong Kong experienced similar medical reforms, but in Taiwan professionalism fostered by autonomous association was weaker, a result of the weakness of civil society under the previous authoritarian political system. (See Chapter 7.)

In terms of media, Taiwan, like Hong Kong, has a highly developed, commercial, and profit-driven media. There are more than a hundred television stations and around twenty daily newspapers with national circulations.[14] The internet is well developed, with nearly nine million of the twenty-three million residents regularly surfing the web. Taiwanese seek news that originates in all corners of the globe,[15] and recent surveys indicate that they are among the best-educated and most informed people in the world.[16]

Finally, Taiwan stands apart not merely from Hong Kong and China, but from most of the world because it has been excluded from membership of the WHO since 1971. When Beijing occupied the China seat on the UN Security Council in 1971, Taiwan lost all embassies and memberships in international organizations, including the WHO. As a result, in terms of global healthcare Taiwan is in a truly anomolous position. On one hand, it has First World medical professionals, universal healthcare insurance, and a health profile equal to that of Hong Kong. On the other, it is a stateless democracy which has an observer status in some global organizations but not even that in the WHO.

Despite their multiple levels of political and demographic engagement with China, Taiwanese initially did not view the outbreak of SARS in Hong Kong and Chinese as an immediate threat. Both the medical professionals and ordinary citizens expected that Taiwan's excellent medical facilities would provide necessary safeguards and that their democratic institutions would guarantee the transparency and public accountability that were absent in Beijing. These expectations were not entirely misplaced: SARS never did spread in the community as it did in Hong Kong; the first death in Taipei occurred later than those in Singapore or Toronto; and in the end there were fewer than forty fatalities.[17] Nevertheless, because the virus originated in China and was transmitted to Taiwan by a cross-straits traveler, the Taiwanese were quickly drawn into the vortex of fear, blame, and anger that swirled around the appearance of SARS on the island. Both during and after the fifty-eight-day WHO ban on international travel to Taiwan, the outbreak of SARS exacerbated and highlighted pervasive anxieties about the political fate of the new democracy.[18] In Chapter 7 sociologists Yun Fan and Ming-chi Chen focus on the breakdown of public trust. Placed in the larger historical context, they discuss the fragility of civil society in the post-authoritarian polity.

## Global reflections

In 2006, SARS no longer threatens world health. To the extent that the public remembers the disease, it is as an antecedent to a possible pandemic of H5V1 avian flu. (See Chapter 8.) In academic medical journals, SARS represents a warning against complacency about public health in an ever more inter-

connected global economy. But most often medical writers stress how modern medicine rose to the challenge of a new disease, successfully expanding its pharmacopoeias and repairing lapses in public health routines. (Chan and Wong 2006) And indeed in terms of the contemporary global epidemiology, the 2003 outbreak of SARS did not present a particularly terrifying profile or a perennial threat to global health. It was successfully contained geographically, and in one year the total number of deaths was less than a tenth of the daily toll for malaria.[19] Contrary to initial predictions, SARS did not return in the general population during the next flu season nor mutate into a more virulent strain. Seen from the perspective of public health, therefore, reflections on SARS realistically stress the need to remain generally vigilant in order to facilitate "a rational response should . . . a similar respiratory pathogen recur."[20]

However, in Beijing, Hong Kong, and Taipei, where 90 percent of fatalities occurred, and where the quarantines and travel advisories created profound insecurities about the future, SARS merited much more scrutiny and reflection. In these three cities, pervasive fears of lethal contagion precipitated public debate about fundamental vulnerabilities of the societies and the legitimacy of their governments. Leaders who had previously celebrated permeable borders and overlapping cultural traditions as comparative advantages in the new global economy suddenly felt exposed and vulnerable. The cities' nodal centrality to dense flows of people, ideas, and commodities became a liability—even a fatal vulnerability—and their inability to guarantee public safety challenged official claims of modern, scientific management. The WHO travel advisories that cut them off from the rest of the world, and blocked out new arrivals from outside the perimeter of the quarantines, exposed societal fissures that had been repressed. One-dimensional expectations of a better future crumbled. The chapters in this volume aim to highlight the agentive moments when residents of the three cities and their governments confronted the dilemmas of their global engagement with varying degrees of panic, professionalism, and introspection.

## Notes

1 The overview and chronology for the outbreak in China draws primarily from Abraham (2005) and for Hong Kong from Loh (2004).
2 There are estimates of 40 million text-messages sent on February 8 and 41 million on February 9 and 10.
3 WHO Communicable Disease Surveillances and Response (CSR), <http://www/who.int/csr/sars/country/table 2004_04_21/en>, accessed February 28, 2005 and March 16, 2006.
4 An infected passenger on CA 112 who flew on March 15 was later identified as the source of infection for twenty-two people on that flight, who in turn spread it to fifty-nine others who carried the infection to Bangkok. (Abraham 2005: 44, 91)

5 For translations of public statements between April 1 and July 2003 by Vice-Premier Wu Yi, Jiang Zimin, Wen Jiabao, and Hu Jintao, see "Official Speeches and Statements about the 'People's War' on SARS," *Chinese Law and Government*, Vol. 36, No. 6 (December 2003), pp. 3–29.
6 We thank Keith Hand for bring to our attention the articles on April 17 and 26, 2003 in *People's Daily*.
7 More surprisingly, SARS drew little attention in medical journals between 2004 and 2005 even as avian flu raised new fears of a global influenza pandemic originating in Chinese poultry flocks. For example, among the many thousand journals and newspapers indexed by academic search engine Ebsco Search Resource Base, supported by the Yale library, there were 1,305 articles in which SARS appeared in the title; in 2004 the total fell to 592; and in 2005 to 296. Moreover, of the articles published in 2005, only nine were in journals outside of basic sciences and healthcare. Even in the medical journal *Lancet*, which is devoted to the study of infectious disease, in 2003 there were 58 articles with SARS in the title, but in 2004 it fell to 26, and in 2005 there were only 2.
8 US Federal Aviation Authority estimated that in 2003 50.5 million passengers flew in and out of the US. It estimated that by 2015 the total will rise to at least 93 million (<http://www.useu.be/Article.asp?ID=975C5C28-0FF2-4718-BF7A-D40 ECB428906>).
9 For this section of the text, we have taken much from the executive summary and introduction of Siu, Wong and Faure (2005).
10 See Siu (2005) for the historical evolution of a luxury housing market for Hong Kongers in the Pearl River Delta and the recent developments.
11 For full text of the Basic Law, see <http://www.info.gov.hk/basic_law/fulltext/c-index.htm>.
12 In 2003, the Hong Kong government proposed security legislation based on Article 23 of the Basic Law. The anti-subversion aspects of the bill and the perceived inadequate public consultation on the issues created considerable anxiety and division among Hong Kong residents. In the midst of massive demonstrations and the resignation of key administrators, the bill was withdrawn by the government and indefinitely shelved.
13 According to the survey conducted by AC Nielsen in October and November 1998, there were respectively more than three million, two million and one million people listening to RTHK, CR and Metro, the three radio stations in Hong Kong. (Ma and Chan 1999: 131–58)
14 According to *Taiwan Statistics Monthly Report 2004*, there were 708 registered newspapers in 2003. There was an average of 40.36 newspapers for every 100 households in 2003 (Taiwan Yearbook).
15 This number refers to those who go online on a regular basis, but the data did not specify what kind of activities they pursue while surfing the web.
16 In 2004, 29 percent of those aged between twenty-five and sixty-four acquired a college degree in Taiwan, which is higher than the average 23 percent of the same age group in OECD countries.
17 <http://www.who.int/csr/sars/country/table2004_04_21/en/>.
18 For Beijing the WHO advisory extended for 61 days from April 13 to June 24, 2003; for Hong Kong 40 days from April 2 to May 23; and for Taiwan 58 days from May 18 to July 5.
19 By July 5, 2003, when the WHO lifted its last SARS-related travel advisory, more than 8,000 people in 29 countries had fallen ill; by year's end 8,096 people had fallen ill and 774 died worldwide. In China there were 5,327 infections and 349 deaths; in Hong Kong 1,755 and 299; and in Taiwan 346 and 37. (<http:///www.who.int/csr/sars/country/ table2004_04_21/en>, accessed February 28, 2005) By

contrast, in 2003, 300 million people suffered from malaria and 3 million died. (Dugger 2006)

20 Representative of this view is the *Lancet*'s editorial "Reflections on SARS"; Barrett 2004; Dudley 2004; Hsieh 2005: 278–88. For public awareness of avian flu, see various articles in the 'Science Times' section of the *New York Times*, March 28, 2006.

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# 2 Global connectivity and local politics

## SARS, talk radio, and public opinion

*Eric Kit-wai Ma and Joseph Man Chan*

In times of global health crises, local communities are connected regionally and globally to form an interlocking web of flows. This heightened connectivity is both material and imaginary. People, diseases, money, supplies, technologies, information, images, and imaginations travel around the globe at high speed. However, in such circumstances, global connectivity is not a flooding of homogeneous patterns of practices, influences and effects, but an activation of local politics in the specific sociocultural contexts of connected locales. This chapter examines the media politics of Hong Kong during the health crisis of SARS in 2003, with the aim of mapping the local manifestations of global connectivity.

At the peak of the Hong Kong SARS outbreak in 2003, Albert Cheng, the influential radio host of the morning talk radio program "Tea Cup in a Storm," was named the "Hong Kong Chief before Ten." The program started at 7 a.m. every weekday and ended at 10 a.m. During the crisis, the studio was described as the command center of the Hong Kong Special Administrative Region (HKSAR). These popular labels suggested that, in the eyes of the public at least, the HKSAR chief executive and his office did badly while Albert Cheng and his radio program better served Hong Kong people in managing the crisis. In fact, Cheng not only intervened during his airtime: after the program ended each day, he campaigned at charity initiatives and mobilized self-help programs for the health professionals. The interface between media discourses and social actions became direct, triggering a special media–social dialectic quite different from commonly understood broadcast media. This typifies what has been described as the "surrogate democracy function of the media" in post-1997 Hong Kong. (Chan and So 2003) This surrogacy, to be explicated in a moment, can be seen as the trespassing of media personalities into governance. Dominant conceptions of the media, such as liberal pluralist and critical perspectives of media studies, cannot be easily applied to the boundary-crossing media system in social crises in rapidly changing societies such as Hong Kong. In this chapter, by analyzing the

specific sociopolitical conditions of Hong Kong's media surrogacy, we want to theorize the media as the "drive engine" of public opinion apparatus in times of social crisis.

## The case of Hong Kong

We want to posit the SARS story in Hong Kong's specific sociopolitical conditions and analyze how the transnational SARS crisis was connected to local media politics. Thus a brief review of the Hong Kong case is essential. In the years after the Second World War, Hong Kong fostered a strong local identity that was distinctly different from that of mainland China. In order to maintain political and economic stability, both the colonial and the Chinese government refrained from attempting to mobilize strong nationalistic sentiments in the territory. (Leung 1996) The media took up the role of cultivating the imagination of a collective Hong Kong community in cultural rather than political terms. This mediated imagined community was sustained by the great difference in ways of life in the colony as opposed to the mainland. Hong Kongers and mainland Chinese had very different lifestyles, daily routines, career patterns, aspirations, and values. Although there had been frequent exchanges between Hong Kong and China since the open-door policy in the 1970s, life across the China–Hong Kong border was still conspicuously different. (Ma 1999) These differences can be described in two broad categories of state-led and market-led features. Hong Kong had a weak (or invisible) state and a strong market, exhibiting a highly consumerist lifestyle; lives on the mainland, in contrast, were marked by a highly visible state and a deficient market. Hong Kong politics was absorbed into colonial "managerialism" (King 1975; Law 1998) while mainland politics was turned into frequent "revolutions" and campaigns.

However, Hong Kong's sociopolitical conditions have been undergoing drastic changes since the sovereignty reversion in 1997. Here we are not offering a sociopolitical analysis of post-1997 Hong Kong. Rather, we present a few discursive formations, which can contextualize Hong Kong's mediated politics. Since 1997, there has been a clash between progressive political desire and regressive political infrastructure. During the decolonization and democratization programs in the 1990s, proposals of political reforms had encouraged the development of high expectations on democratic politics. In the final years of British rule, Hong Kong developed a dual power structure in which the British and the Chinese were fighting for political control over the colony. This political duality provided a contingent space for participation of the general public. Exploiting this political space, Hong Kong people had voiced in the media their demands for more progressive democratic reform. However, since 1997, the dual power structure has regressed to the conservative and weak administration of the Hong Kong Special Administrative

Region. HKSAR government is backed by an autonomy licensed by the Chinese central government but not legitimized by democratic election. Unfulfilled political expectations clash with regressive political reality that turns into frequent protest and opposition mediated by the populist media. However, the Hong Kong government, which is not legitimized by a democratic polity, has not been able to renegotiate new ideological consent.

The economic crisis in 1997 and its after-effects have also triggered a series of chain reactions. The discourse of unfailing capitalism could no longer serve as a stable base from which local identity was built. A widening gap between the rich and poor breeds despair and unrest, and at the same time the myth of upward mobility, which was a dominant discourse in the colonial years, has failed to absorb and dissipate the disappointments of the underprivileged as it did in the past. These changes have generated strong social sentiments, which have spilled over into different walks of life. Workers are disappointed with structural unemployment, new immigrants from mainland China are tangled in the controversial issue of the right of abode, middle-class families have been struck by the collapse of the property market, lawyers are protesting against the erosion of the rule of law, and doctors are doing the same against deteriorating working conditions in the medical field. At the same time, the Hong Kong government has accused the general public and the media of spilling out too much bitterness. These disputes dilute social solidarity and encourage dissolution and opposition. The discourses of renationalization, downward mobility, failed market economy, and weak local governance have cultivated a context for a populist and confrontational media. As we will see in the case study that follows, these local conditions were crucial in shaping the unique media configurations during the health crisis of SARS.

## Perspectives on media studies and social crisis

In the Hong Kong case, dominant media theories such as critical political economy or the liberal pluralist perspectives do not easily capture the complexity of the current moment. In critical media studies, the media are ideological agents reproducing dominant social relations. (Curran 2002) Among the critical culturalists,[1] the focus is the hegemonic articulation between the media and dominant economic and especially ideological processes; whereas critical materialists such as Golding and Murdock (2000) stress the political economy of media institutions. In either perspective, however, the media by and large are agents of ideological reproduction, and in particular major parts of the ideological apparatus of state control. In contrast, liberal pluralists argue that market competition promotes diversity and checks state power in a media forum where different social parties and agents are free to express themselves. The media form a market place of ideas, and it is a platform of public opinion monitoring the performance of the state. Together with a

democratic polity, the media serve not as apparatuses of state control but as watchdogs promoting timely social and cultural revisions.

Media analysts with respective theoretical inclinations tend to follow prescribed lines of analysis and restrict themselves to their discrete theoretical camps. Critical media theorists see the civil society as a hierarchy of social groups with those in the subordinate positions accepting the dominance of the status quo. Media professionals are socialized within media institutions to produce dominant voices in the seemingly non-ideological language of professionalism. In contrast, liberal pluralists see the civil society as competing social groups advancing their interests with relatively equal opportunities. Media professionals are autonomous and relay social voices professionally. The media articulate social sentiments and voices to form public opinions, which promote social debates and foster consensus. The combined effect of these processes is the functioning of a vibrant and democratic society. Yet, critical theorists are skeptical about this non-ideological notion of public opinion; they consider public opinion as a hegemonic process of ideological formation, with powerful interest groups manipulating the contours of consensus, with the market and the state being the most powerful consensus-making forces.

These dominant perspectives in media studies have been developed in the Anglo-American literature under stable social environments of liberal democracy and capitalism. In "non-Western" societies undergoing rapid transitions, these perspectives are not readily applicable. As Downing (1996) has pointed out, the major limitation of Western media theories is that they evolve from and are used to explain a relatively stable political economy. They seem to take for granted capitalistic democracy as a static backdrop for media dynamics. In rapidly changing societies like Hong Kong, the media are sometimes an ideological apparatus of the powerful, and sometimes the platform for public opinion to monitor and challenge the state. Structural social changes often open up space for liberal media, while developing and deficient democracy often allows mediated social manipulation. Both critical and liberal perspectives partially demonstrate their applicability to these complex and changing social–media dialectics.

The above-outlined media theories deal with the circulation of information, ideas, values, and imaginations within a stable social structure. However, the SARS outbreak involved the urgent need for speedy circulation of useful information.[2] In Taiwan, mass media was even rated as the primary and the most credible source for receiving SARS information (Lu 2003). Information and imaginations, facts and stories flow from one city to another across the globe, influencing the cognition, attitudes and behavior of the general public (Kaigo 2003). The relationship between the media, the government, and the citizens is far more complicated in transnational crises. Transnational media flows are amplified and reassembled, and at times appear to be more liberal

than normal situations would allow. Previous transnational health crises have demonstrated that the media can be a liberalizing force in local politics. During catastrophes, mass media serve as channels for emergency managers to satisfy social needs, secure effective surveillance, and mobilize. (Singer and Endreny 1993; Burkhart 1991). They have the ability to nullify pressing dangers with a factual approach to vital social information. (Howitt 1982) When epidemics such as AIDS not only affect a local region but exert a global threat by disrupting the boundaries of gender, race, sexuality, and nationality (Gallo 1991), transnational news acts as a vital "front line" in the global struggle against the disease (Netter 1992). Although transnational news flow studies have shown that the media of the developed countries in the "West" have a tendency to cover mainly conflict and crisis news of lesser-developed countries (Riffe and Shaw 1982), and that mainstream transnational news is instrumental in bestowing and maintaining ideologically driven frames on the representation of pandemics at a global level,[3] the media can always influence how individuals react and how a society and a polity respond at the levels of local and regional governance (Colby and Cook 1991; Dorothy 1991). In fact, the media can sometimes harness local reform agendas in the realm of public health (McArthur 1999).

Indeed, the media can be manipulated by the state, consequently risking the lives of the citizens, as in the initial stage of the SARS case in China (Zhao 2003); but it can also be used by the government to enhance social cohesion, as in the case of Singapore when an official SARS channel was set up for the purpose of social mobilization (Acquilia 2003). In some cases, the media served as an important tool to spawn specific attitudes of the public toward SARS, and even coaxed the government to establish new infrastructure to tackle the epidemic (Haneef and Nair 2003). Global connectivity (in terms of the spreading of the epidemic and the circulation of relevant information) forced the Chinese government to relax its control over the media and to report SARS news in a timely, accurate, and comprehensive fashion (Zhao 2003). Crisis situations could destabilize global and local media hegemony and open a window of opportunity to realize the liberal media ideals of public discussion and social intervention. The case of the SARS outbreak calls for a more hybridized theorization, mixing dominant media perspectives into a contextualized framework of analysis. Thus, in this chapter we analyze the conditions in which the theoretical descriptions offered by liberal and critical media theories seem to be at work simultaneously. During the SARS outbreak, there were moments of media manipulation (critical perspective) and free media exchanges (liberal perspective) in the rapidly changing sociopolitical conditions of Hong Kong.

## Mediated surrogate democracy in post-1997 Hong Kong

The media coverage of the SARS crisis in Hong Kong had some prominent features that were context specific. Structurally speaking, the post-1997 Hong Kong media has taken on the role of strong social advocacy. In the 1990s, decolonization and democratization initiatives, the political controversies between the Chinese and the British government and the resulting duo-political power structure, the intense competition in the media industry, and the social apprehension of and resistance to political censorship combined to provide an unprecedented space for liberal and free expression of public opinion on sensitive political and social issues. The media have contributed to the cultivation of the demand for social and political accountability. Since 1997, because of the economic downturn and the deterioration of HKSAR governance, Hong Kong's somewhat unrestrained media system has increasingly been exercising its political muscle. The public expectation for democratic rule is much higher than the conservative political structure can satisfy. Since there is no effective political channel for the general public to make the SAR government accountable, the media have become the platform for the people to air their dissatisfaction and demands. The media in general, and talk-back radio in particular, have absorbed and amplified social criticism, accelerating and energizing the formation of public opinion, and serving as a "surrogate democracy."

In an attempt to explain why Hong Kong, in the absence of democracy, fares very well in terms of social stability in spite of rapid social change in previous decades, Chan and So (2003) proposed the "surrogate democracy function" of mass media to explain the city's reliance on the press to release and help resolve the tensions and social conflicts associated with modernization and political transition. From this perspective, democratic surrogacy is a response to the underdevelopment of democratic institutions in Hong Kong. With only a limited number of political representatives in the legislature being directly elected, and with the actual power and influence of the legislature being limited by an executive-led system of government, the mass media have become an alternative "representative political institution" that plays a key part in the political communication process. Specifically, the surrogate democracy function of the media encompasses the following roles: communicating and reflecting public opinion; providing forums; promoting communication between officials and citizens; criticizing the government; making policy suggestions; and promoting social reforms. To find out if there is any empirical support for the idea of media surrogacy, Chan and So conducted representative surveys of citizens and journalists in 2001 and 2002.[4] An overwhelming majority of both the citizens (66 percent to 83 percent) and journalists (48 percent to 79 percent) rated the various surrogate democracy roles of the media to be "important." While their evaluations of the media's

actual performance fall short of these aspirations, the expectation–evaluation gap does not appear to have diminished the media's surrogate democracy function. First, both groups rated the media's performances as "good" more often than "bad". Second, as is indicated in Table 2.1, many citizens and journalists have found the media to be more effective than the Legislative Council in reflecting public opinion. They also tend to believe the media is more influential in setting the social agenda.

For a more concrete examination of citizens' and journalists' evaluations of the various channels for the expression of public opinion, Chan and So asked them to name the most effective medium. Radio programs received by far the most votes from both citizens (46.5 percent) and journalists (77.6 percent), followed by newspaper forums (26.6 percent), demonstrating again that media-sponsored forums are regarded as more effective channels than the formal political institutions, such as the Legislative Councilors' offices (citizens: 12.6 percent; journalists: 2.7 percent) and government departments (citizens: 8.4 percent; journalists: 1.9 percent). To ascertain the surrogate democracy function of the media further, the two researchers, in another representative survey of Hong Kong citizens in 2004, asked whether they find the following statement agreeable: If the Legislative Council fails to reflect public opinion sufficiently, the media should step up its function in this area. About 65 percent of the respondents agreed with this statement; less than 4 percent disagreed. Coupled with systematic observations of the important roles of the media in cases such as the huge demonstrations on July 1, 2003 (Chan 2006), these survey data testify to a strong public expectation of the surrogate democracy function of media in Hong Kong.

The surrogacy perspective is consistent with media professionalism that appears to prevail among journalists in Hong Kong (Chan, Lee, and Lee 1996). The media are regarded as the fourth branch of the government—in other words, as an independent institution monitoring the executive, legislative, and judicial branches of government. Although there are debates on whether the media can be and actually is an independent force, many journalists accept and uphold this view. Such beliefs serve to enhance the media's democratic surrogacy in Hong Kong. This is not to imply that the media forms a monolithic whole. Indeed, it has long been a highly diverse group. Even when they collectively perform the same surrogate democracy function, the opinions the members of the media represent and the results of their deliberations differ widely. It is through this liberal, pluralistic media system that social stability is maintained. While the surrogacy hypothesis is compatible with the theories of "administrative absorption of politics" (King 1975; Law 1998) and "minimum society–polity integration" (Lau 1982) that were advanced to explain social stability in Hong Kong, the latter two theories have been seen as much less relevant in the period when public demands of Hong Kong government began to intensify after the early 1980s.

*Table 2.1* Attitudes of citizens and journalists on roles of media, legislature and government

| | Citizens | | | | | Journalists | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Media | Legislature | Government | Same | (N) | Media | Legislature | Government | Same | (N) |
| Who can better represent public opinion* | 57.4% | 30.6% | – | 12% | (702) | 78% | 5.3% | – | 16.7% | (462) |
| Who has the largest influence in setting the social agenda* | 35.1% | 27.7% | 27.4% | 9.8% | (661) | 82.5% | 5.4% | 12.2% | .0% | (513) |

*Note:* * Using the chi-square test, a significant difference exists between the citizens sample and the journalists sample ($p < .05$).

This is especially true in the run-up to and immediately after the handover, when Hong Kong experienced a protracted social crisis that was first marked by the uncertainty of the political transition and later by the failure of HKSAR to provide effective government. The surrogacy hypothesis, echoing pluralist media theories, offered much more explanatory power.

The SARS case hit hard the political soft spot of the HKSAR government. Acrimony and distrust had already built up and the SARS outbreak coincided with an outbreak of political crisis. It was one of the more revealing episodes of a strong Hong Kong media partially surrogating the weak SAR government. It was an unfolding drama in which the government persistently lagged behind social expectations and the media ferociously spotlighted administrative impotence. The delays, hesitation, wavering, and indecision in executing preventive and remedial measures generated intense mistrust toward government officials, so the public turned to the media to air their grievances and ask for communal help and support. Our interviews with radio hosts suggested that the shifting of social expectation from the government to the media had developed over the years and peaked at the height of the crisis.

## Transborder information flow and the China–Hong Kong nexus

Transborder information flow between the state-driven media in mainland China[5] and the market-driven media in Hong Kong demonstrates a complicated and contested connectivity. However, before analyzing the transborder dynamic, we shall first sketch the patterns of SARS coverage in China. The news coverage of the disease in Chinese media can be divided into three stages. (Xia and Ye 2003) The first stage, prior to April 5, 2003, was characterized by an initial absence of official news coverage but well-developed rumor mills communicating through SMS, internet, mobile phones, and interpersonal communication. During this stage the Propaganda Department decreed that no media should independently report the spread of SARS, and those Guangdong media that violated the official line, such as *21st Century Global Herald* and the *Southern Metro Daily*, were penalized and forced to reassign key journalists. (Wang and Zi 2003)

The second stage, lasting from April 5–20, was marked by the controlled release of information through national media such as *People's Daily*. The Health Minister, Zhang Wenkang, claimed in the *People's Daily* that "it's safe to work, tour or live in China. There is no evidence for saying that SARS cases are spreading in South China's Guangdong Province." (Zhao 2003)

The third stage began with the sacking of the Health Minister and the Mayor of Beijing on April 20. Thereafter, the central authorities began to adopt a more transparent approach to the release of information.Government

spokespeople provided daily updates for the domestic and international media, and Chinese media were given greater autonomy in reporting the epidemic. Similar patterns of coverage also appeared in online news, and by mid-April the online news sites in mainland China, like those in Hong Kong and Taiwan, functioned as interactive community bulletin boards by delivering numerous warnings and advice about the epidemic. (A. Lee 2003)

The initial silence of the Chinese media on the SARS outbreak had drawn severe criticism from media practitioners and journalism teachers (Chen 2003; Du 2003; Yu 2003). In early 2003, the SARS cases in Guangzhou were under-reported and news of them circulated mostly via interpersonal networks as hearsay and rumors. SARS news stories were initially banned in state-controlled mainland media, while rumors were amplified in the market-led Hong Kong media. This initial picture fits well into the critical analysis of media political economy—scandals were inhibited in the mainland by political means while in Hong Kong the media market twisted the SARS stories into sensationalism. The mainland media system filtered sensitive sociopolitical information; investigative reporting in China is still an improvisational game testing the bottom line of state control (Pan 2000). The result was that, in this initial stage, the SARS story was more imaginative than factual. The information-poor mainland SARS story traveled to the information-rich media environment of Hong Kong. Without official figures and immediate threats, the Hong Kong media embellished vague SARS stories, connecting them to the deep sociocultural psyche of exotic mainland imagination.

Hong Kong media had long been exoticizing and "othering" the mainland, representing it as authoritarian, mysterious, evil, violent, and contaminated. Prior to 1997 representations of the 1989 Tiananmen Square incident dominated. After 1997, depictions of the mainland as a chaotic and uncivilized place have been replaced by the discourse of renationalization (Ma 2000), but traces of the bitter-sweet representations linger and reappear in media stories of legal and illegal immigrants; mainland settlers, tourists, gangsters, and prostitutes are sometimes represented in negative stereotypes. Connecting to these popular beliefs, the initial Guangzhou SARS story was told in Hong Kong media as scary, mysterious, and fatal. Without concrete information, rumors and "first-hand" testimonies circulated via emails and interpersonal communication, and then became sensationalized in Hong Kong's market-driven media.

The Hong Kong outbreak triggered waves of information flows that flooded local media but was largely prevented from "contaminating" the mainland media. The HKSAR government was initially hesitant to release alarming information and refused even to discuss and explore the possibility of a connection between the Guangzhou and Hong Kong outbreaks. However, the populist Hong Kong media were quick to spot the trouble and spread

the news. A few transgressed the line of political correctness and evoked again the ghost of a contaminated and contaminating mainland China. *Apple Daily*, Hong Kong's market-driven and most popular newspaper, focused on the complete lack of transparency and blamed mainland officials for the Hong Kong outbreak. A senior medical professor in Hong Kong recruited journalists and crossed the border with them to investigate the Guangzhou outbreak. They brought back first-hand empirical facts to feed the hungry Hong Kong media.

Whereas in the mainland, the mediated SARS story was in sync with official policy, in Hong Kong, the medical and academic communities were out of sync with the government in breaking the news. Academics openly contradicted government officials on the seriousness of the outbreak. Against the calm official portrayal, health professionals telephoned the media and told of the deadly, contagious, and near-uncontrollable situation at front-line hospitals. Interested parties were competing for social attention out of goodwill but also out of concern for publicity. Most obvious were the medical schools of Hong Kong University and the Chinese University of Hong Kong, which competed with each other to lead in the field of SARS research and intervention. However, these multi-polar struggles do not fit neatly into the manipulation model of critical media theories. The media were not reinforcing social hierarchy in the SARS crisis. Rather, as predicted by the liberal pluralist model, the Hong Kong media served as a platform for competing social voices.

## Transnational and multi-focal information flow

In the previous section, we discussed the complication when information flows through different media systems. The transnational flow of information between Hong Kong and international networks adds another level of complication. Instant news was circulated among affected cities around the globe, triggering intercity competition and mutual monitoring. Performances of governments were constantly compared and contrasted, ridiculed and complimented. Mediating between these flows of information was the World Health Organization, which pressed for standardization, openness, professionalism, and accountability. The crisis nature of the SARS story also rendered careful public relation exercises difficult. It is hard for critical theorists to argue for a description of a manipulative media serving the status quo of a single city. The SARS story was not situated in a single social hierarchy, but a multi-focal and transnational network of information and imagination.

The connectedness of the SARS story had built up pressure against the mainland's version of the story and ultimately brought down the Minister of Health. After Beijing doctor Jiang Yanyong wrote a letter to *Time* magazine

and exposed the official cover-up, Beijing quickly revised its stance and fully cooperated with the world community in factual reporting and transparent handling of the crisis. In sync with this official change, the mainland media conformed to the practice of factual and daily reporting of SARS cases. Yet, this process should not be seen as peaceful evolution from state-driven Chinese media to a liberal media system of democratic societies. Rather, what we saw was a state-engineered media telling an official story of effective mobilization. A large proportion of the mainland media coverage focused on state-led remedial programs, such as the rapid building of a brand-new specialized hospital, strict quarantine measures, visiting of victims by national leaders, and so on. In 2004, one year after the outbreak, SARS reporting in the mainland had returned to a very restrictive media environment. Untamed journalists who reported new SARS cases in early 2004 were prosecuted.

Nevertheless, in 2003, the change in state policy had noticeably increased factual information about SARS in China. To serve the purpose of social alert and orientation, the Hong Kong media fervently scoured the mainland SARS story for facts and images of unusually strong social mobilization. The urge for informational update was felt internationally in affected cities, which connected to form standardized information packages to be transmitted regularly and rigorously. These cross-border facts and information were then domesticated and contextualized to address local politics. For instance, images of powerful governance, co-produced by the Chinese state and the media, traveled to Hong Kong and were appropriated by Hong Kong's liberal media as a satire to criticize the impotence of the HKSAR government.

Given such diversified information flows, the Hong Kong media, in this particular post-1997 circumstance, was momentarily living up to the liberal ideals of social criticism and intervention. The media dug out new information, captured cultural imaginations, rode on complex social emotions, and wove narratives of the decline and recovery of the Hong Kong spirit. From these circuits of narrative formations, the media served as the drive engine of public opinion by monitoring government performance, networking socially, and even becoming partially involved in governance.

## Bad news is good news

The nature of the SARS story also brought out the full potential of Hong Kong media as a discursive accelerator and energizer. The SARS story had most of the news values highly sought by market-driven journalism. Codebook news values include human interest, proximity, consequences, continuity, visuality, conflict, personalities, urgency, emotion, abnormality, and "bad" news. The SARS story had all of these elements and instantly provided good headlines for months without drying up. The newspapers cooked up many human-

interest angles, such as the whereabouts of mysterious "super SARS carrier" patients, sad images of family members looking at quarantined victims through hospital doors, stories of a dying mother saying her final words to children, scandals of ill-equipped health professionals struggling on the front lines, and the public mourning of dedicated health workers who died in the crisis. (For more on this subject, see Chapter 4.)

Market-driven journalism flourished in Hong Kong in the early 1990s when *Next* magazine and *Apple Daily* launched their sensational journalistic model and quickly secured a major share of Hong Kong readership (So 1997). Breaking with the tradition of fact-based, objective, and moralistic professional codes of Hong Kong's print media, *Next* and *Apple* went for uncompromising sensationalism and populism to an extent that violated mainstream ethical standards of decency. Because of its market success, *Next/Apple*'s market-driven model has been copied by other print media and become the mainstream. This brand of journalism has been criticized for its pornographic and disrespectful content (for example, showing photos of rape victims on the front page). Other criticisms include fabricating news, promoting consumerism, stirring emotional conflict, blurring the line between showbiz and social news, suppressing rational social debate, and trivializing current affairs. However, *Apple Daily* has also been the most unrestrained carrier of political criticism. When the government failed to win the trust of the general public, the public turned to populist media to be their spokesperson and representative, demanding that the government compromise with popular opinion in handling the crisis. This is confirmed by the public approval of the mainstream media in reporting SARS. A survey conducted in May 2003 indicated that of 1,003 randomly selected respondents, nearly 90 percent thought that media coverage of SARS was adequate, more than 60 percent thought that the information was precise, more than 60 percent thought the media were capable of monitoring the government, and more than 70 percent thought that the media performed well. Market-driven media in Hong Kong have the double face of populism and political advocacy, simultaneously offending and pleasing the public.

## Social networking and media coverage

The SARS case demonstrates the interdependency between voluntary organizations and the media. Studies have indicated that NGOs and community networks are more responsive to social crisis than the government. (Jalali 2002) Without bureaucratic hindrance and with better knowledge of the needs of the grassroots, these societies can mobilize remedial actions in a flexible and timely manner. During the SARS period, numerous non-governmental organizations and social groups voiced warnings, suggested proposals, initiated self-help programs, and spearheaded charity fundraising

campaigns. K.M. Chan (2004) documents the flexible and responsive intervention of Hong Kong's non-governmental social networks during the period. Because of the flexible, bottom-up, and diffused nature of its social involvements, civil society supplemented government operations by providing speedy relief to the needy. We argue that the media provided a platform for civil society to play its supplementary role in the crisis. Without the speedy dissemination of information by the media, the actions taken by various social groups would have been much more localized. Media professionals, including talk radio hosts, were therefore part of this organic network of civil society. Without the media, social initiatives could not have been relayed to the general public in a short period of time. The government has normal and effective communication mechanisms, such as internal information transfer and external public relation channels. Voluntary bodies have no such institutionalized communication resources, but they have a capillary network with cells and nodes deeply embedded within the community, from which information, signals, local and expert knowledge, urgent warnings, and new possibilities can be directly collected through social networking.

The media play an important role in relaying this scattered but rich information and synthesizing it to form agenda-setting public opinion. Liberal media theorists place a high value on the agenda-setting function of the media, considering it a relatively autonomous platform for social groups to compete for public attention. In contrast, critical media theorists tend to think that media agendas are preset outside media organizations with the media a mere articulation of social agendas controlled by the powerful. However, in the Hong Kong SARS case, as in other crisis situations, the media were powerful information providers. On numerous counts, such as the signaling of community outbreak, the prioritizing of protective measures for frontline healthcare workers, the wearing of masks in public areas, and the suspension of schools, the media relayed information from various social groups, provided a platform for quick debate and discussion, and fostered a consensus for social action, in advance of the indecisive SAR government. Facing uncertain threats and defending urgent public interest, non-institutionalized actors responded by providing expert information and capillary social action while the media served as an informational platform.

## SARS and talk radio

Broadcast TV has the advantage of televising penetrating images, print media have the advantage of impressing the public with bold headlines and structured analysis, but talk radio has intimate and interactive listenership, extended airtime, and on-the-spot questioning of relevant parties. Albert Cheng, the host of the long-running talk radio program "Tea Cup in a Storm"

at Commercial Radio, was named one of the most influential people in Hong Kong by *Time* magazine in 1997. His show was the most widely listened-to program in the city. During the SARS crisis, talk radio outshone other media as an opinion platform in Hong Kong.

The rise of talk radio has to be examined within the specific media context of Hong Kong. In the 1970s and 1980s, Hong Kong television was the major medium that fostered consensus and social connectivity. The strong cultural role of television was a result of a combination of conditions such as high penetration rate, collective viewing habits, and the strong television economy in that period. (Ma 1999) Compared with TV, radio was then a fringe medium for a small segment of the mass audience. However, after the mid-1980s, the ratings of the most dominant television broadcaster, TVB, steadily declined. Weekday primetime ratings dropped from 43 points in 1985 to 24 points in 1995. (Chan, Ma and So 1997) TV is still a major mass medium, but its influence has become less prominent. In contrast, broadcast radio has secured a strong audience base. Radio listenership figures are not systematic and comprehensive since they are not collected around the clock as are TV ratings. However, studies have indicated that, in the mid-1990s, broadcast radio regularly reached between 40 and 50 percent of the population. (Chan and Ma 1996) Since the early 1990s, talk radio programs focusing on current affairs have become a key program format in local politics and have attracted large audiences.

In numerous surveys, "Tea Cup in a Storm" was regularly ranked as the most popular show.[6] It was launched in 1994 and was an instant hit because of its direct and confrontational style. The program touched on social and political issues and vowed to speak for the public. It then stimulated the audience's appetite for existing talk radio programs, which taken as a whole became a vibrant public forum. A few obvious factors contributed to this rising popularity and influence of talk radio in the 1990s. The ideological spectrum of the Hong Kong media scene narrowed in that decade. Pro-Taiwanese papers became extinct with the folding of the *Hong Kong Times* and the *Hong Kong United Daily* in the mid-1990s. (Chan, Ma, and So 1997) Mainstream print media was dominated by market-driven journalism, which appeals to the public through sensationalism and showbiz news. Surveys indicated a continued decline in media credibility. (Chan, Ma, and So 1997) Against this media background talk radio commanded a strong influence in public debates. Hong Kong talk radio does not represent radical or extremist opinions in the public ideological spectrum, but it is a vital component of mainstream discourse. Nevertheless, in the Hong Kong media context, two out of the four major daily current affairs talk radio programs stood out from the rest of the media because of their confrontational style of presentation.

Of the four talk radio programs, two aired in the morning and two in the evening. Together they served as a round-the-clock opinion accelerator,

picking up new discourses and spinning existing debates in different periods of the day. In our interviews with the hosts of these programs, they indicated that talk radio had a special position in media circuits. Albert Cheng said that he started reading newspapers at 6 a.m., locating issues that he could highlight in his programs. Sometimes he followed popular headlines; sometimes he spotted stories in small news columns and reframed them into top agendas. From his own social networks, he then added spice and new ingredients to these stories. And because of his influence, people and parties from all walks of life might call in and contribute unexpected stories not reported in other news sources. During the SARS crisis, nurses and doctors rang the show, speaking in trembling voices about unprotected medical workers being "sent to die" at the front line. These sensational stories were bought to the public via the platform of the "Tea Cup", then other media chased after the follow-ups. On air, government officials were questioned, generating great social pressure upon the government to respond to public criticism.

In the evening, another talk radio host, Wong Yuk-man, said that he would follow up the event of the day and opened his show with a forceful and persuasive ten-minute monologue, to be followed by discussion with guests and phone-ins. Existing debates could be cooked up, intensified, and redirected. Sometimes debates in evening talk radio programs might get into the print media, which in turn might be followed up in the morning talk radio programs.

Because of its extended airtime for debate and discussion, the talk radio format has surrogated the deficient public debate of the Legislative Council and other institutionalized public forums. This surrogacy has already been discussed in the previous section. Suffice to add here that talk radio has been serving this function better than the media in general because of the characteristics mentioned above. However, talk radio, especially the now folded "Tea Cup," were also criticized for sensationalizing public debate. Albert Cheng's style of arguing for cases was characterized as irrational, forceful, disrespectful to opponents, and populist. The ideological inclination of the program was critical and liberal. However, his biting comments during the SARS crisis were very effective in demanding quick responses from the government. He responded to victims' families, nurses, parents of school students, and other parties, and then directed these criticisms to relevant officials. Furthermore, he stepped outside the broadcast studio and became involved in social movements. In our interview with Cheng, he said that on the very first broadcast day of "Tea Cup" in 1994, he stepped outside the studio and went into the community to help campaign for an improvement in the living conditions of the underprivileged. In fact, in his college years in Canada, he was a self-proclaimed Maoist and was involved in the fight for civil rights of Chinese migrants. His campaign to empower

the underprivileged filtered into his talk radio program and characterized his unique style of "action-orientated" public opinion. His brand of public opinion was not confined to media discourse but was tied in with his social involvement. He told us that only a small proportion of complaints and requests he received were dealt with on air. Most were followed up off air by himself and his secretary. He even received referrals from legislators, who themselves should of course deal with public requests for assistance. In the past, protests and complaints from the audiences of the talk radio programs had been referred to legislators for follow-ups. Some audience members even said that they preferred calling up the media instead of legislators and government officials for help.

In the SARS crisis, Cheng not only served as public opinion shaper and builder but initiated various social programs. In response to the desperate outcry for help from medical workers, he successfully secured donations from tycoon Li Ka-shing and his son Richard Li to provide masks, vitamin C tablets, and an orange every day for a month for all medical workers throughout the territory.

## How talk radio sets the agenda

We have studied the agenda-setting effect of talk radio. By comparing the content of "Tea Cup" and related stories in the print media, we attempted to determine whether the radio programme set agendas for the media at large or recycled content from the print media. The content comparison was made by tracing the stories transcribed in the book *SARS in the Storm: A Layman Report* (Cheng 2004), which presents the contents of the radio show from March 4 to May 29, 2003. Related stories were then traced in the major newspapers and the time lag between the radio and print coverage analyzed.

We located fifty-one major news stories generated in the radio program. Five of them did not trigger follow-up coverage by the print media. All of the others were "remediated," which means "Tea Cup" either recycled existing news information or generated new items that were recycled by the print media. The following observations can be made from the analysis. First, "Tea Cup" initiated four "original" campaigns, which were extensively covered by the print media: the "orange for everyone", the "mask for everyone", the "vitamin C for every student", and the "private clinics' free medical consultation" campaigns. These campaigns mobilized social groups and fostered a sense of solidarity during the crisis and were remediated extensively in all major media outlets. Second, "Tea Cup" picked up minor news stories and public complaints in newspapers and discussed them with relevant parties on air. The newspapers in turn picked up and continued the discussion. Third, the general public and health professionals phoned

"Tea Cup" to make complaints directly on air, and these in turn were reported by other media. Fourth, whenever a high government official was on the program responding to policy matters, the story was extensively quoted in other media. This remediation was largely due to the newsworthiness of the official statement and should not be seen as an indication of the agenda-setting power of talk radio. In sum, from this brief analysis, the most prominent role of talk radio is "remediation." Talk radio is very powerful in speeding up public discussion and highlighting arguments and complaints. There is a two-way information flow between talk radio and the rest of the local media, yet it is obvious that talk radio can heat up a debate in a very short period of time.

One incident during the SARS period was particularly noteworthy: the confrontation between Albert Cheng and the then acting chief of the Hospital Authority, Ko Wing Man. On air, Cheng heavily criticized Ko for not providing enough protection for frontline medical workers. Cheng's criticism was fierce, using near abusive language. Ko ended the conversation abruptly and later wept in another talk radio program. The incident aroused strong reaction from the public, especially from doctors, who filed complaints to the Broadcasting Authority and placed a newspaper advertisement denouncing Cheng's disrespectful attitude in the program. Based on just 179 complaints, the Broadcasting Authority issued a serious warning to Commercial Radio at a very sensitive time, shortly before the renewal of broadcast licenses for commercial radio stations in the territory. Critics said that the issuing of this unusual warning was a political decision to try to tame radio hosts, who were playing the role of opposition against the government. Cheng reacted by temporarily leaving the studio in protest, which triggered yet another debate, with some criticizing the government for being narrow-minded, while others attacked Cheng's radical style and welcomed his departure.

This incident reveals the contradictions that exist between talk radio hosts, government officials, and professional communities. Sensationalism is one of the main attractions of market-driven media. Sensational treatments catch attention and fuel the drive engine of the media. On the other hand, it is sometimes offensive to those who call for rational debate and decent dialogue. Cheng's ear-catching style was popular, but he also attracted criticism from professional elites. The irony is that some medical professionals were simultaneously thanking him for pressing the Hospital Authority to provide them with better protection. Cheng was performing a role of surrogate governance, questioning the ability of government officials, but also triggered a political warning from the Broadcasting Authority. While the general public saw him as an icon of free speech, some health professionals viewed him as an irrational and populist opinion-maker who was responsible for promoting a distorted image of doctors and health workers.

During the SARS crisis, talk radio provided a minor example of surrogate governance by Hong Kong media with all the complications of market-driven populism and sensationalism. It is but one revealing moment in a chain of events that tells the story of the interlocking dialectics of transborder media and local politics. The after-shock of the mediated SARS story could be felt in the subsequent events in Hong Kong. The SARS case intensified anti-government sentiment and was one of the major driving forces behind the massive protest against the government on July 1, 2003. Hundreds of thousands of people took to the streets on that day, a large proportion of them were health professionals and SARS victims. Perceived by both Hong Kong and mainland government officials to be the major promoters of anti-government sentiment, talk radio hosts were heavily criticized by pro-government groups as subversive agents responsible for the "out of control" political situation in Hong Kong.

In the summer of 2004, just before the June 4 memorial gathering, in the run-up to the September Legislative Council election, the three most influential talk radio hosts—Albert Cheng, Wong Yuk-man and Allen Lee—suddenly quit their jobs as commentators. They said they took this action because of unbearable political pressure designed to stop them criticizing the government. The pressure, allegedly coming from mainland officials and executed by members of triad societies, could not be verified, but it aroused intense public apprehension of the possible loss of press freedom and a heated debate on the confrontational style of talk radio programs. To complicate the issue, Winnie Yu, the senior executive at Commercial Radio, was involved in a damaging dispute with Cheng. Yu discredited Cheng's integrity and terminated his contract with the broadcaster. The week-long dispute stirred up doubts and speculation on the question of whether Commercial Radio was forced by political pressure to sack Cheng or whether Cheng was an opportunist chasing fame and money. On October 4, 2004, "Tea Cup in a Storm", the decade-long flagship program of Commercial Radio, officially folded, replaced by a new talk radio program which stresses fair and balanced public debate.

## Beyond 2003

In this chapter we have demonstrated how local media politics evolved during the global health crisis of SARS. In this concluding section, we shall reconsider the role of global connectivity more generally within the context of multiple connections with national and transnational media configurations. We begin by conceptualizing the processes of generating public opinion in Hong Kong.

Public opinion represents the public's response to current issues. For latent public opinion to become manifest, it has to be expressed as polls, collective

actions, or news reports. Indeed, if public opinion is to have any social impact on a large scale, it must be mediated. The media thus becomes the site of contestation among various social forces, resulting in social discourse that forms a key process of public opinion-making. Here we propose to view social discourse as the result of a public opinion generator that encompasses the media, civil opinion leaders, and the government as its major components. It is the interplay among journalists, civil leaders, and officials that defines what is at stake for a society at a given moment.

Voluntary associations and independent media are two important measures of a civil society. Based on these two indicators, Hong Kong has a well-developed civil society. Representing civil society are elites with specialized knowledge and fame, who make opinions via the media. They either make news on their own initiative or in response to queries from the media. Keenly sought by the media, many scholars and professionals have emerged in the last decade to become civil opinion leaders in Hong Kong.

Densely populated, the city of Hong Kong is served by a free and vibrant media system which is eager to uncover the wrongdoings of the government and report the opinions of both civil and government opinion leaders. While television is the most pervasive medium in Hong Kong, radio serves more like a narrow broadcaster. However, the influence of radio in public opinion formation appears to be more important than simple audience size would indicate. Given that television and the print media are not in direct competition with radio, television and newspapers are willing to remediate what is voiced in the radio talk shows. To them, the radio programs hosting various opinion leaders provide a convenient source of news. This constitutes what may be considered a division of labor and an informal alliance between the mainstream press and talk radio in the face of political pressure from China. While talk radio allows citizens to express their discontent and criticisms directly toward both the local and the Beijing governments, it also allows mainstream journalism to take up a relatively detached and passive position in covering these criticisms, thus alleviating the political pressure that it otherwise might face. At the same time, the radio talk show hosts rely on the daily newspapers for information and cues on the social agenda which in turn feed on the views of the opinion leaders. This completes a cycle of the "radio–television–newspapers–radio" circuit by which information and opinions are remediated and appropriated. It is through this cycle that public opinion is generated, revised, weakened, and enlarged as the case may be.

The generation of public opinion is not confined to the civil society; it also involves the participation of the state as represented by the Hong Kong government and the Chinese central government. The state officials are in a powerful position to make news and to respond to public comments. While civil opinion leaders derive their authority from their knowledge and

representativeness, government officials owe their authority to their political power. In general, the latter are in a much more advantageous position to influence the media. But, as mentioned earlier, the media in Hong Kong have responded to the problem of underdevelopment of political institutions by developing a surrogate democracy function.

Reflecting pluralism in Hong Kong, the media outlets do not speak with one voice. It is not uncommon to find media that serve as a platform for various parties to voice their opinions and seek to swing public opinion in the direction of their choice at the same time. The exchanges among civil opinion leaders, state officials, and mass media often result in heated debates. Faced with controversies, the public and the media tend to act like a third party in a conflict, judging social discourse by what might be called the logic of public debates—the test of empirical evidence, the fairness principle, logical reasoning, and universal values. This logic helps define the rules by which social discourse is carried out and evaluated in the public domain and no party can afford to deny it outright.

In sum, in post-1997 Hong Kong, the media have been functioning in high capacity in the specific and transitory historic moments of weak governance, intense social crises, and ideological reconfiguration. The SARS outbreak was one of these moments when the Hong Kong media were fomenting out acrimony, heightening criticism, resetting priorities for the government, advancing the speed of public opinion formation, competing for moral leadership, and even partially engaging in public services outside institutional governance. The news coverage of the Hong Kong SARS outbreak had become an unfolding drama which wove emotive narratives, generated vivid imageries, connected to the sensitive psyche of the Hong Kong–China nexus, dramatized the impotence of the HKSAR government, and spun off human interest stories of heroes and victims. As the public opinion apparatus churned, these newsworthy elements were mixed and matched and reassembled to become biting public opinions, which redefined the contours of Hong Kong's ideological make-up. During the SARS crisis, talk radio programs turned out to be the most critical component of the TV–radio–print circuit. Talk radio served not only as a platform for public debate but as a newsmaker and charity campaigner. Its interactive nature, around-the-clock schedule, and charismatic personalities rendered it most powerful in relaying and accelerating public opinion.

To conclude, this chapter views media as the drive engine of what may be termed the public opinion apparatus in Hong Kong. The imagery of ideological state apparatus is appropriated not in the Althusserian sense of state control but in the Gramscian sense of the war of positions toward cultural and moral leadership. We term it "apparatus" as a metaphor to denote the systemic nature of Hong Kong media in accelerating and energizing oppositional public opinion during the social crisis. It represents the means

by which civil society can apply pressure to and negotiate with state administration. It also captures the close interconnections between television, radio, newspapers, and various social forces in the production and recycling of commentaries and agendas. Indeed, the Hong Kong media, during the crisis, seemed to have opened a brief window to realize liberal pluralist ideals, but this actualization was a result of context-specific conditions discussed in this chapter. The Hong Kong SARS case typifies the ability of Hong Kong media to foster, energize, and accelerate public opinion in the particular sociopolitical situation of post-1997 Hong Kong. We can metaphorically conceptualize talk radio, the Hong Kong media, mainland China media, and international information networks as a connected web of uneven density. Hong Kong media have extensive international connections. Their information flow, as demonstrated in the SARS period, has been speedy and uninhibited. Hong Kong media can instantly get hold of and circulate foreign figures, happenings, and debates if they are relevant to local concerns. This extensive connectivity renders Hong Kong an information center distinct from mainland media. Seen from the viewpoint of local Hong Kong politics, talk radio is a spontaneous networking center of local information, remediating bits and pieces of information in the mainstream media and inflating controversies into pressing public opinion. It is an energetic, discursive accelerant of public opinion, exploiting the connectivity between Hong Kong and the world.

## Notes

1 See the discussion of Hall's theory of articulation in Morley and Chen 1996.
2 See, for example, Wilson *et al*. 2004.
3 For example, see Nilanjana 2001.
4 The survey of citizens was conducted in 2001 as part of the Social Indicators Project. The target population in the survey consisted of adults aged eighteen and over who were living in Hong Kong at the time of the survey. Administered by the Hong Kong Institute of Asia-Pacific Studies at the Chinese University of Hong Kong, the telephone survey resulted in a representative sample of 1,620, registering a response rate of 51 percent. In addition to the Social Indicators Survey, a survey on journalists was conducted in August and September 2002. A sample of news workers was drawn from various news organizations in Hong Kong by a systematic sampling procedure. The survey questionnaire was then sent to the sampled journalists. We received 722 completed questionnaires, accounting for a response rate of 62 percent. See Shen 2003.
5 In the mainland, market-driven media are on the rise. But structurally speaking, the media are still controlled by the state, especially in times of crisis. See C.C. Lee 2000.
6 Confirmed in interviews with talk radio hosts in Commercial Radio and its rival station RTHK. The series of interviews was conducted by both authors of this chapter in November 2003.

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# 3 Sars, avian flu, and the urban double take

*John Nguyet Erni*

> With ecological risk, nature becomes social through and through; the problematic of nature is overtaken by radical artifice.
>
> Francois Ewald (1993: 225)

## Introduction

Three years after its departure from the global public limelight, SARS (Severe Acute Respiratory Syndrome) remains a key public crisis for referencing the risks that a transborder epidemic can bring to public health managers, governments, corporations, information managers, urban planners, and so on. Despite the continued interest in learning the lessons of SARS, some old habits die hard. If neoliberal globalization came to a screeching halt in the spring of 2003, its imperative to forge multiple levels of economic, cultural, and urban convergences nonetheless pressed on immediately after the material threat of SARS waned. Hong Kong was one of the main epicenters of SARS in the world. Its post-SARS recovery efforts focused almost exclusively on economic revival. While urban hygiene had improved, the general public's level of knowledge about pulmonary diseases had increased, and the government was more alert than ever to potential disease outbreaks in the community, a "new normal" for the city emerged around an economically driven framework and model. The primacy given to business considerations for a post-SARS city, however, had deemphasized the possibility of any other types of revival plan; the restoration of the economy was taken to drive social, psychological, cultural, and urban recovery. Nor was there a systematic reassessment of how the city would *continue* to cope with various scales of risk that the transborder convergence with the mainland would bring.

In contravention to a possible renewed sensitivity to urban risks, a fresh transurban social formation ironically sprung up with full force in the Pearl River Delta (PRD) region immediately after SARS. Through entrepreneurial and tourism policies, the long-term macroeconomic plan to bring about closer

economic ties between Hong Kong and its neighbors in the PRD dating back to the early reform era of the PRC (see Enright *et al*., 2005) was briskly realized. Almost immediately after Hong Kong was declared by the World Health Organization (WHO) as "SARS free," a heightened and hyperactive transborder life ensued. The *South China Morning Post* declared: "In truth, the mainland tourist dollar has almost single-handedly led to a swift recovery of a crippled post-SARS Hong Kong economy and dwindling retail sales" (Chan, 2005). Among the travelers who flocked to Hong Kong after Beijing's approval of the Individual Visit Scheme in July 2003[1]—a record 10.29 million in 2005 alone—were Guangdong residents, who accounted for 40 percent of all new travelers from the mainland. Between frantic but ecstatic consumption sprees,[2] these Guangdong shoppers and Hong Kong retailers exchanged more than yuan and commodities. Middle-class aspirations, investment information, and perhaps cultural models of life in a hybrid socialist–capitalist homeland also changed hands. In this high-energy zone, the last thing on people's minds has to be the exchange—and transmissions of various scales—of microbial agents whose trail of movement is likely to overlap with that of the tourist and cross-border entrepreneurs. Today, however, the specter of a continued "risk belt" made visible by SARS in 2003 seems to have been significantly raised by the projection of an avian flu pandemic. News about the threat of another global outbreak has thrust forward what may have been kept in the back of people's minds in this transborder zone, and disrupted the false sense of comfort masked by the bustling trade and retail activities there.

According to the WHO, avian flu mostly affects birds and poultry, although avian-to-human and human-to-human transmissions are at the center of international fears. Avian flu has killed at least ninety-four people in seven countries since 2003. As of March 3, 2006, the global statistics of avian influenza (type H5N1) affecting humans are as follows:[3]

*Table 3.1* Avian flu: the global picture

| | *2003* | | *2004* | | *2005* | | *2006* | | *Total* | |
|---|---|---|---|---|---|---|---|---|---|---|
| *Country* | *Cases* | *Deaths* | *Cases* | *Deaths* | *Cases* | *Deaths* | *Cases* | *Deaths* | *Cases* | *Deaths* |
| Cambodia | 0 | 0 | 0 | 0 | 4 | 4 | 0 | 0 | 4 | 4 |
| China | 0 | 0 | 0 | 0 | 8 | 5 | 6 | 3 | 14 | 8 |
| Indonesia | 0 | 0 | 0 | 0 | 17 | 11 | 10 | 9 | 27 | 20 |
| Iraq | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 |
| Thailand | 0 | 0 | 17 | 12 | 5 | 2 | 0 | 0 | 22 | 14 |
| Turkey | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 4 | 12 | 4 |
| Vietnam | 3 | 3 | 29 | 20 | 61 | 19 | 0 | 0 | 93 | 42 |
| Total | 3 | 3 | 46 | 32 | 95 | 41 | 30 | 18 | 174 | 94 |

*Source*: <http://www.info.gov.hk/info/flu/eng/global.htm> accessed March 3, 2006

Many of these countries have millions of chickens and ducks, many in the yards of rural or urban homes, making it likely that more humans will become infected with the virus. In Hong Kong, the first avian influenza outbreak of H5N1 occurred in 1997, which resulted in eighteen people being infected (of whom six died). The outbreak was brought under control with intensive government efforts to cull all live chickens. Sporadic subsequent cases of avian influenza, however, have been identified: H9N2 (2 cases in 1999; 2 cases in 2000) and H5N1 (2 cases in 2003) (see Health, Welfare and Food Bureau, 2006). A census in 2005 estimated that there were about 1,850 households keeping over 12,000 chickens and ducks, and a few hundred geese, quail, and pigeons. Seeing the urgency of the situation, the Hong Kong government quickly amended the Public Health (Animals and Birds) Ordinance on February 13, 2006 to ban all poultry possession by ordinary citizens ("Ban . . .," 2006).

This chapter explores the urban spatial imaginary surrounding the SARS crisis in Hong Kong in the spring of 2003 and how it is linked to a certain biosecurity and geocultural risk that has significantly reshaped the city-region convergence zone. This reshaping is both discursive and material in nature. It is asserted that the urban formation which underpins the SARS episode in Hong Kong provides a critical backdrop for understanding the significant *threat* of an avian flu outbreak in this same region. In particular, the questions of spatial governance and spatial security as prompted by Hong Kong's SARS experience[4] forge a critical perspective of risk brought about by the city's geopolitical integration with the mainland, which is alternative to the one celebrated by the urban political elites on both sides today.[5]

In Hong Kong, the spring of 2003 was indeed a season of sudden and uncomfortable shifts in the city's spatio-temporal and political coordinates. The SARS crisis harshly exposed the fragility of Hong Kong's postcolonial predicament six years after the city's fateful reunification with China.[6] The epidemic outbreak occurred at a critical moment of the Hong Kong–mainland integration; contamination overlapped with connectivity. Political and economic assimilations have spilled over to, and quietly mutated, the geographic and cultural relations between cross-border urban spaces. How did the social, spatial, and political integration enabled by the formal administrative code of "One Country, Two Systems" shape the emergence of, and response to, the public health crisis? Looking from a reverse angle, how did the epidemic contamination shape an increasingly *shared* public culture? It is to this dynamic mutual space that this chapter turns. Examining this mutual space (as an emerging hybridization of cross-border urban life in the spatial envelope of the Hong Kong–Shenzhen–Guangdong nexus) is crucial for understanding a post-SARS public culture that is being aggressively reconfigured by a new hegemonic politics of strategic integration that may be especially prone to put the region at further risk. Oddly, SARS did not give

pause, but instead accelerated a new strategic hybridization of urban spaces, which, while urging a higher level of administrative accountability and transparency than before, engenders a further diffusion of multi-scaled spatial risks, new and old. Paradoxically, though, spatial risks and spatial benefits coexist, particularly for a city eager to search for new strategies of (political and economic) survival, if not for a new identity altogether (see Erni, 2001). When the spatial distribution of risks and benefits are coterminous, any form of spatial governance designed for a convergent space will be necessarily, constitutively political (see Jessop, 1997). This is so because spatial governance necessarily incurs various coordination problems and faces challenges from subpolitical blocs from within and beyond the networks (e.g., environmental groups, public health advocacy groups, the networks of private–public actors and institutions, etc.). To speak of risks and "governance tensions" (Sum, 2001a) is not to impute intention on any individual or group to do wrong, although taking them into account as part of our assessment of the impact of urban deterritorialization can lead to a transformation of the problematic of (political) responsibility/accountability. David Fidler (2003) refers to the failure of a global coordination to fight SARS as the "political pathology" of a mismatch between (nationalist) political and public health regimes and a transborder and environmentally mutating pathogen. I add that there is an urban spatial dimension to this political pathology in the case of Hong Kong.

Meanwhile, clearly the problematics of urban sprawl and spatial governance as prompted by the SARS experience are hardly specific to Hong Kong, Shenzhen, or metropolitan Guangdong, given the rapid, expansive, and radical reorganization of urban territorialities encouraged by globalization today. SARS took on different meanings in varied urban regimes in other world cities besides Hong Kong.[7] Each had to negotiate their public health control measures with their own specific forms of urban governance and spatial management. By April 2003, the Hong Kong outbreak had prompted neighboring Asian countries (including Malaysia, the Philippines, Taiwan, and Singapore) to close their borders, while internally these nations enacted their own crisis control in accordance with local forms of spatial administrative practices and spatial flow of everyday life. For instance, in Beijing, two urban spatial phenomena are noteworthy. First, with the realization that the government was veiling crucial information about the epidemic, ordinary citizens of the city enacted their own makeshift borders in their neighborhoods. For many, the residents' monitoring of each other's movements, and their reflexive distrust of outsiders, foreground the dividing lines that mark local residents as discrete from one neighborhood to another, and from themselves to migrant workers (Chang, 2003). Second, another makeshift structure, the famous Xiaotangshan Hospital, devoted solely to SARS quarantining and treatment, was erected almost overnight in the city

(Pang *et al*., 2003). New and old divisions of people and spaces seen in Beijing's SARS control efforts reveal, on the one hand, deeply marked lines of socioeconomic movement in the city, and, on the other, existing administrative power to control, alter, and disrupt city spaces. Outside Asia, in Toronto and New York City, the often contentious divide between local residents and Asian immigrants gave rise to an ethnicization of SARS that restricted contact and magnified class differences (Kinsella, 2003; Lee, 2003a). For these cities affected by SARS, the issue of preparedness with regard to emerging infectious diseases underscores the salience of an *imagined spatial security* to each urban site's own boundaries of class, migrancy, residency, ethnicity, and enclaves at the local community level, as well as its own (cautious) relationship to transborderism at the global level. To be sure, in the spring of 2003, happy globalization became the very source of heightened caution for spatial security locally and across borders. However, SARS, unlike the unmanageable spatial shock brought about by terrorism, posits the trouble of spatial risks in the structural development of global urbanism at large (see King, 2002; Graham, 2004).

## Atypical pneumonia, atypical postcolonial city

The emergence and reemergence of infectious diseases is occurring because of changes in the dynamics of human activities within the overlapping mediating contexts of nature, new technologies, economics, and politics (see Epstein, 1998; Markel, 2004). With this, one can explain why in the social sciences, the coupling of urbanism with disease epidemics has been a rather common theme. From anthropology, through economics, geography, history, urban studies, to public health and sociology of medicine, a dystopic vision permeates the way megacities are assessed in relation to a declining natural as well as urban environment. Not surprisingly, pulmonary diseases affecting breathing and the functioning of the lungs have long been taken as a biomedical index to industrialization and city life, so much so that the very word "consumption" has a shared etymology between the state of pulmonary failure[8] and the practices of urban excess. Paul Draus's (2004) *Consumed in the City* is the most recent work in urban health studies that turns on a visceral connection of urban problems with tuberculosis. In the present day, the resurgence of tuberculosis in the U.S., Africa, and many parts of Asia has been borne on the tide of AIDS, which in turn has been closely associated with high density in human contact, exchange of bodily fluids, subcultural social practices, mixed use of urban spaces, large-scale human migration, poverty, and so on (see Farmer, 1999; Godinho *et al*., 2004; Noertjojo *et al*., 2002). Although AIDS and the conditions surrounding it are not exclusive to the social practices of the city, it is the discourse of the city that hails the most vivid and intense imaginations about the epidemic disease.[9] While

the medical community has pointed out the links among TB, AIDS, and SARS (including potentially common treatment regimes) (Garrett, 2003a; "HIV/AIDS Therapy," 2004; "SARS," 2003), and while "the urban" has been seen as pivotal to our understanding of epidemics, it remains to be seen how the epidemic of SARS was structured by, and even structured, urbanity itself. This chapter sheds light on the conjunctural politics of SARS with respect to rapid transformations of closely proximate urban public culture in the Hong Kong–Shenzhen–Guangdong nexus.[10] Understanding this conjunctural politics—and its capacity for a certain degree of generalization to other convergent cities around the world—will illuminate the global threat of an avian flu pandemic confronting us today and in the future.

In a provocative essay, Ackbar Abbas (2003) reminds us:

> the city exists not just as a physical, political, and economic entity that can be documented, but also a cluster of images, a series of discourses, an experience of space and place, and a set of practices that need to be interpreted. Besides the physical city that we can observe, and the cognitive city that we can map, there is always something else both familiar and elusive at the same time; something that can be related at some level to what we might call the effect of the global, provided we bear in mind that the global always works in subliminal ways, even as it leaves its traces on everyday experience and urban forms.

Taking my cue from Abbas on the double quality of the cityscape—its familiarity and elusiveness—I want to proceed with a critical analysis of the politics of a public culture in a city-region enveloped by the SARS outbreak, through commenting on both the observable material development and the more interpretive imaginary dimension of this territory. Doubleness operates as a key trope in the politics of this *correlated* urban public culture. It is argued here that the effect of a *double-take* is present in this coexistent yet separate territory, where an urban imaginary is taking shape through having first a normative reaction to the expanding space, and then a second, delayed reaction to seeing something else, something new, unexpected, and elusive. This quality of a double-take is used to register the presence of mutation in the "space of flows" concerned (Castells, 2005). At the same time, to echo Fred Jameson (1991), the double-take is used to urge a new analytical and perceptual habit suitable to, or keeping pace with, the rapid mutation of spatiality that forms the crucial background for understanding SARS.

### *The fall of Hong Kong, again*[11]

To perform this analysis that is capable of showing the urban double-take embedded in the public health crisis, I shall start with a short SARS film. In April 2003, at the height of the SARS crisis in Hong Kong, the Federation of Hong Kong Filmmakers received funding from the government to produce *1:99 Shorts*, which comprised twelve commissioned one-minute film shorts made by the most prominent directors in the Hong Kong film industry.[12] While the project carried an explicit mission to use the film shorts to heal the city's trauma and raise its morale, it had an unspoken subtext about using the SARS films to restore the slumping film industry's previously celebrated status.[13] The shorts were launched in every cinema screen across the city, and were distributed internationally through DVD. Peter Ho-sun Chan's *Memories of Spring 2003*, one of the works in the collection, depicts the trauma of SARS in relation to urban deterritorialization. The synopsis of the film reads: "In the spring of 2003, an unprecedented storm was brewing over the Victoria Harbor, chilling the city to its marrow . . . And the odds could only be overcome by courage and optimism" (press release, 2003).

Featuring international star Tony Chiu-wai Leung, the film presents downtown Hong Kong as a snow-swept ghost town. This new mood, which is melancholic, atmospheric, even dreamy, recasts Hong Kong spatially and temporally. Never before have we seen so much empty space in the old city center, the Central District, or anywhere else in Hong Kong for that matter. Central is evacuated of life; there is no sign of the bustling economic vitality that used to define the core image, if not the core effect, of

*Figure 3.1* SARS city in Peter Chan's *Memories of Spring 2003*

*Source*: Hong Kong Federation of Filmmakers

Hong Kong. Yet sparseness in the film appears to signify a certain emotional density.On the one hand, never before have we seen snow fall in the city; spring became chilling winter. On the other hand, the giant vertical monuments that index a bi- furcated postcolonial Hong Kong—the rival presences of the Hong Kong Bank tower and the Bank of China tower side by side in Central—no longer register the city's glory, but its demise. Splattered with (imaginary) snow that looks like mud, these buildings in black and white resemble old and disdained monuments appearing in socialist realist films. In addition, the famous Central skyline reverses its clichéd connotation of the city's prosperity to mark instead its postcolonial blues, which arguably produces the association with the recent fervent processes of urban integration with the mainland under "One Country, Two Systems," or more appropriately in this instance, "One Mega-urbanity, Two Scenes." The point is that this integrationism in real material scales has overlapped with a double fantasy, one visible and one implied: that of urban demise of the old city center on the Hong Kong side and of urban boom in the "suburbanized" Hong Kong writ large on the Shenzhen–Guangdong–Delta side. I shall return to discuss the concrete social and economic development of this correlated effect later.

But in the film, Central is not completely evacuated. In this depleted core of Hong Kong, the most remarkable building featured in the film is the one populated by quarantined individuals. This gives us a prime example of a fantastic double-take: the striking image of the circular hives containing quarantined people repeats the city's haunted memories of those who live in Amoy Gardens, Block E in Kowloon Bay. There are families and lovers, young and old, whose ordinary faces of sadness and perplexity give the film a powerful emotional generalizability. This expansiveness allows us to read the Jardine House (the building with circular windows in Central) as a visual double to Amoy Gardens, as well as to potentially *all* residential and office buildings across the city. No building was immune, at least in our epidemic imagination. The idea that all buildings were potentially sites of infection came about most powerfully in October 2003 as both the WHO and the HKSAR government released their investigative reports on the dilapidated, faulty sewerage pipes found in Block E of Amoy Gardens, a situation that could possibly exist in thousands of residential buildings built as a result of depleted resources in an urban planning framework that has allowed unchecked aging of buildings (see Wang, 2003). Why is the aging of Hong Kong buildings unchecked? There are at present nearly 390,000 private residential flats in the city that are more than twenty-five years old. Of those, 151,196 units are between thirty-five and forty-five years old, with 42,335 even older (see Lai, 2004). The problem of "sick buildings" and "throw-away buildings," as the press called it at the time of the outbreak, commonly drew attention only to the problem of unhygienic conditions.[14]

Yet the press and government officials also made reference to the lack of owners' corporation or the absence of professional management of buildings and their structures (Michael and Cheung, 2003). But meanwhile, let's not forget that as new towns spring up in ever-expanding spaces near the Hong Kong–Shenzhen border, professional management of buildings and hyper-hygienic-looking surroundings have been lauded as the properties' key characters and hence their major selling points to potential property buyers. In Hong Kong, advertisements for these new sprawling estates located across the Guangdong region can be seen every night on television and every day in special pullout sections of local newspapers. Amoy Gardens, and many other aging estates in the city, may well be unhygienic and ill managed, but the main problem has to do with urban deterritorialization, which left behind "faulty" buildings dotting a "dis-appearing" city.

With the series of distorted, anti-realist images presented in Peter Chan's film, the "end of Hong Kong" comes through as "dis-appearance" in Ackbar Abbas's sense: meaning is found neither in the totally vanished nor in the obstruction of appearance, but ironically in the distorted emptiness of key visual icons linked to twisted effect (such as that of totally emptied streets). Like what is depicted in the film, an eerie sparseness dominated the urban landscape; emptied streets, restaurants, airport, and other public areas were constantly featured in local news. This "dis-appearance" serves not only as a reminder that cities north of Hong Kong are hailed as the rising stars in the new expanded urban empire, but that the previous cityscape of Hong Kong is now demanding a new way of seeing. So anti-realist images, such as snow falling in Hong Kong, like the material processes of urban deterritorialization that are slowly bringing about the death of the city, belong to a new type of information we must urgently learn how to read. In any event, the film communicates that SARS has disoriented our spatial and temporal coordinates, in the way that cross-border urban development has already accomplished in a far wider and more concrete scale over the most immediate history of Hong Kong's geography and sociopolitical environment.

Director Peter Chan provides the film with a historical backdrop:

> After the peak in the 1980s and 1990s in terms of economic performance and our leadership position in the arena of popular culture development in the region, after that golden period, by the mid-1990s, we have only seen a continuous downward slippery slope. The whole city's morale, Hong Kong people's own sense of confidence, our innocence—that famous and proud act of pounding on our chest in the face of adversity—that feeling, that spirit are all but lost . . . By the time SARS hit us, which was a bad enough story, our whole city's crisis of confidence was graphically pushed to the foreground.[15]

Chan's narrative situates SARS in overlapping histories of the city: from the colonial era of rising prosperity, through the period of prominent growth in the local media industries in the same era, to the postcolonial era imbued with a sense of loss. The visuality of his film strongly suggests an overlapping between SARS and the effect of urban deterritorialization, through the visual shorthand of a city center in ruin. Put another way, what SARS pushes to the foreground is the uncanny spatio-temporal intersection of the "1997 moment" and the "SARS moment" six years afterwards in the context of the current moment of heightened integrationism. Thus, in this film, a necessary mode of seeing the two Hong Kongs-in-transition is the double-take. What this compressed visual space highlights is the unusual form of postcolonial urbanity found in Hong Kong at the time of SARS. Atypical pneumonia spread over the space of atypical postcoloniality; contamination overlapped connectivity.

Despite the surreal quality of *Memories of Spring 2003*, the film manages to echo realistically the psychological reality experienced by many living in the city at the time. By mid-May 2003, Hong Kong's SARS outbreak had peaked and indeed begun to subside. Although the caseload decreased and finally halted, urban mood remained persistently gloomy. At that time, the daily number of newly confirmed SARS cases had fallen below five for thirty-eight consecutive days. After June 12, 2003, no new patient was confirmed to have SARS in Hong Kong. On June 23, the WHO announced its removal of Hong Kong from its list of cities under travel advisory. Yet every day, the psychosocial distance created by the masks that people had to wear to protect themselves continued to mark a collective sense of bewilderment, fear, and fatigue. Meanwhile, at the level of public culture, the citizens' discontent with the government grew by the day, registering a mixed sense of helplessness toward repeated failure of governance in the medical and healthcare sector, on the one hand, and still toward the never-ending downward slide of the economy, on the other. The urban space accumulated multiple layers of insecurity evident in the "chronic illness" of a political culture facing a considerable crisis of public trust and credibility, in a seemingly unrecoverable collapse of the economy, and in the mental and bodily fatigue of Hong Kong residents. Like Tony Leung in the film, wandering aimlessly in the empty streets of Central, the local residents trod through their daily routines in fear and mental exhaustion.

The day after the WHO declared Hong Kong SARS-free, the newspapers, radio talk shows, and television expressed relief in their headline stories. However, the city was more somber than jubilant. On June 24, 2003, the *South China Morning Post* captured Hong Kong's melancholy on its front page, with photographs of eight hospital doctors, surgeons, and nurses who had contracted SARS while saving others' lives and died. In uncomfortably large print, the front page carried a kind of eulogy that crossed over from

mourning the loss of hospital workers to the bereavement of urban ruin at large:

> These people died fighting a disease that struck down 378 of their colleagues. In total, 1,755 Hong Kong residents were infected, 321 at Amoy Gardens alone, and 296 died. 1,262 people were put in isolation, 13,300 jobs were lost and 4,000 businesses folded. A WHO travel advisory was in place for 52 days, 13,783 flights were cancelled, 3,600,000 fewer travelers crossed at Lowu and 1,000,000 foreign tourists stayed away. 104 days after the outbreak began, Hong Kong was free of SARS.
>
> (Cheung *et al.*, 2003: A1)

"Perhaps celebration is an inappropriate word," admitted Chief Executive Tung Chee-hwa. Yet, on the same day, the start of an $11.8 billion city image-rebuilding campaign funded by the government revealed what truly mattered (Cheung and Yeung, 2003).[16] In addition, the travel and real estate industries were reported to have lined up massive new advertising campaigns for immediate release. Thoughts about the "urban imaginary" became a corporate–administrative imperative for revival, and not abstract academic jingoism any more.

In contrast to the English press, the Chinese newspapers displayed a more interrogative tone, punctuating the day's celebration and collective relief over the removal of the masks with many questions about the government's (in)action before and during the crisis. Tung Chee-hwa's photo-op appearance in front of Block E of Amoy Gardens on June 24, 2003 was judged for its (delayed) insincerity. Meanwhile, doubts about the depth of clinical knowledge about SARS were raised, while the government's economic revival plans were queried. A sample of headlines found in the Chinese press of different political colors on the historic day—June 24, 2003—speaks to a bitter sentiment felt at the "end" of SARS in the city:

> Nightmare Not Over After SARS Passes: Government Failure Caused Severe Injury to Society (*Apply Daily*: A8)
>
> Tung Admits Ignorance, Passivity and Inaction: No Apologies to Amoy Gardens, No Answers to Accountability Queries (*Hong Kong Economic Times*: A3)
>
> "Tung Came to Give a Show": Mother Who Lost Son Reproached the Government (*Hong Kong Economic Times*: A3)
>
> Demon Un-excorcized: Over Forty Lives Lost in Amoy Gardens, Disaster Survivors Hoping for Return to Normal (*Wenweipo*: A5)

10 Lingering Questions After SARS (*Wenweipo*: A2)

Not a Beautiful Misunderstanding: Hong Kong—Mainland Health Information Exchange System (*Ming Pao*: B12)

Behind the Smile: 296 Lives and $38 Billion Lost (*Apple Daily*: A4)

Tung's Public Appearance Now: Too Late (*Oriental Daily*: A6)

Together, these headlines and *Memories of Spring 2003* stage a public criticism,[17] the implicit focus of which is the traumatic effect of urban risks associated directly or indirectly with the diminished state of Hong Kong's city center as a result of the evolving urban compression in the region. Yet a diminished state for a city space may be an enlargement for another city space, especially a neighbor. (I shall return to the question about the relative marginalization of Hong Kong in the conclusion.) Less implicit both in some of the headlines seen above and in the film is the reference to the disarrayed local public health system.

### *Spatial disparity of public health*

Indeed, throughout and after the SARS crisis, commentators and political pundits criticized how the runaway outbreak revealed massive mismanagement and "warlordism" among public health service providers (Lee, 2003b), how it pointed to a political "mood swing" in Hong Kong over its love–hate relationship with the mainland (Ching, 2003), how it produced a "stunning outbreak of dissent" (DeGolyer, 2004), and even how it signaled the political death of the Tung administration brought on by a severe crisis of public confidence that has risked being "politically regressing, socially disintegrating, and economically hollowing out" (Cheung, 2003). As a public health failure, SARS reveals the problem of un- or under-coordinated spatial governance, both within the city's public health system and along the Hong Kong–Guangdong border.

In *Memories of Spring 2003*, there is a sudden appearance of doctors and nurses in the agonizing throes of trying to save the lives of SARS patients. Strangely, this takes place in the open public space of Central. Has the whole of Central-as-city become an open-air hospital, perhaps allegorizing the Prince of Wales Hospital as the most unbelievable germinating ground of SARS for the whole community at large? The implication of course is that the whole city was sick. Medics are seen running and falling down. In three or four directions, caught by the camera in close and far range, straight and tipped angles, fast and slow motion, the medics perhaps appear in the film to perform and expose the various levels of chaos and disorientation seen in the city's public health system. In real life, pandemonium broke out:[18] between

public and private hospitals, between bodies of health authorities (such as the confusion of role arising between the Department of Health and the Health Authority), and between health officials and practicing doctors (such as the conflicting views about the epidemic's urgency between the then Secretary for Health, Welfare, and Food, Dr. Yeoh Eng-kiong, and Dr. Sidney Chung, the Dean of Medicine at Chinese University of Hong Kong at the time[19]). This disjuncture—not only of policies, but of spaces of authority and care—is visualized in the film as the only activity taking place in the deserted city. Whether we take these visual cues either as imaginings of the city-space-as-hospital or hospital-space-as-city, it is difficult not to see them as proffering a form of political indictment of the government at large, a government known for operating in the throes of chaos, disorientation, and ill coordination.[20]

One year before SARS, on the fifth anniversary of HKSAR, P.C. Leung, the chairman of the Ethics Committee of the Medical Council, warned of the failure of the Hospital Authority to link primary healthcare with hospital service:

> The hospital care in Hong Kong became so expensive because there was no "interface," i.e. connection and coordination between the hospital and family practice clinics . . . Never in the history of Hong Kong had the government attempted to organize their own GPs to attend their patients, from mild ailment to hospitalization. Neither had the government engaged itself on trying to convince the GPs in private practice to start holistic, comprehensive practice.
>
> (Leung, 2002: 333)

"A huge castle built on sand" was how Lo Wing-lok, former legislator for the medical sector and an infectious disease specialist, described the disjointed healthcare system in Hong Kong (Editorial, 2003). With a sudden and new viral infection that spread from the hospital to the community, Hong Kong's healthcare system, which had not considered the coupling of health services with hospital service and had not mobilized the private sector, essentially collapsed. In the face of this rapidly moving epidemic, internal communication across different public health institutions failed to be exercised. As the Hospital Authority's own internal review report admits, "there appears to have been a lapse as the Amoy Gardens index case was discharged home from a ward [used for] housing confirmed and highly suspected SARS patients with neither a period in step-down ward, nor any follow-up" (Hospital Authority, 2003: para. 2.18). In 1999, the Harvard Report commissioned by the government had pointed out that for 1996–7, only 2.3 percent of the total health expenditure was targeted at disease prevention and health promotional activities. Gabriel Leung *et al* (2004: 77) call it "the minimalist approach to disease prevention" and state that it "remained unchanged for years before 1996–7 and has not changed appreciably since then".

The segregation of administrative and service bodies, the disconnection between public and private health service providers, and the discontinuous flow of health informatics in the system on the ground have contributed to a spatial disparity in the health sector of Hong Kong, thereby transmitting spatial risks. As a result, public health in Hong Kong *prior to* the SARS outbreak had already been variously spatialized around uncoordinated regimes. This spatial reading internal to Hong Kong also reflects the challenges faced by the city's awkward transition into postcoloniality, especially in the areas of health financing and the transparency or public accountability of health information (Leung, 1998). Yet the key to understanding the disjunctures in Hong Kong's public policy-making bodies lies in another more potent set of spatial considerations taken at the Hong Kong–mainland border. Spatial risk has significantly escalated as cross-border activities have increased since the handover.

When urban spaces on both sides of the Hong Kong–mainland border are not conceptualized as independent sovereign entities in legal terms, border surveillance becomes a haphazard affair (with the exception of the surveillance over drug trafficking and illegal immigration) (see Huang and Qian, 1995). "Soft" goods (e.g., cigarettes, pirated electronics, and digital products) and invisible microbes therefore routinely bypass border control. In addition, the 1997 outbreak of avian flu in Hong Kong apparently did not lead to an overhaul cross-border practices or alert policies over the traffic of microbe-carrying humans and non-humans. Spatial governance in the border space, in other words, is disjointed. Ironically, this takes place in the context of a zealous development of an interdependent culture characteristic of Hong Kong's hyphenated existence: whether as "local-global," "national-local," "Central-Special," "national-translocal," "global-regional," or myriad other forms of compression. With one foot placed in "the national," a second in the spaces of "the global," wherever they are, and a third in a local society that is increasingly difficult to define in geopolitical terms, post-1997 Hong Kong can be said to have experienced a formation that can be termed *atypical postcoloniality*, where the conventional model of leadership, governance, and citizenship rights does not apply, given the installation of a double sovereignty of centralized power on the one hand and a local jurisdiction of power on the other. This atypical postcolonial space is also where everyday economic and affective aspirations of ordinary people from both sides of the border are ambiguated by divided attention, if not divided loyalties. But this is no ordinary form of divided belongings, because an interpretive structure of a double-take in the space of convergence has presented a more complicated picture than the hyphenated forms of existence. In this double-take, a much more focused and hegemonic form of urbanity is currently couched in the language and political economy of "delta-fication."

### *"Delta-fication"*

Urban policies in the mainland since the Mao years have not only codified all elements of production through a fundamental divide between urban manufacturing and rural agriculture but have given rise to specifically chosen "special" urban regions which received favorable policies from the central government. In the post-Mao years, Deng Xiaoping effectively lifted Shenzhen from poverty through a constellation of urban policies that allowed the flow of massive foreign capital into the Shenzhen Economic Zone (SEZ) (see O'Donnell, 2001). But the most significant factor for urban development and growth in the SEZ has to be the city's close proximity to Hong Kong: the model-object for Shenzhen's modernization. When Hong Kong reverted to China, the Hong Kong–Shenzhen border went through an important mutation: from a paradigm of contrasts to a codified system of bi-directional interdependency. The qualitative changes are visible through an important shift in nomenclature. The term "ShenKong" that was used in the 1970s and 1980s (see O'Donnell, 2001: 422) for the economic and spatial compression between Shenzhen and Hong Kong has seen a gradual resignification, resulting most recently in a new pan-alliance of major urban nodes in the PRD. Both Shenzhen and Hong Kong would be newly "delta-fied," as it were (see Terry, 2003). The previous urban compression of the twin cities through building on their historically geographic and ancestral bonds has been rapidly transformed and expanded largely as multi-city agglomerated economies, involving up to ten cities in the pan-PRD region.[21] On the website of the Hong Kong Trade Development Council there is a map of the PRD with three concentric circles emanating from the region, looking like a radar screen or an earthquake zone. The map therefore shows more than a view of geographical convergence. The concentric circles present us with a double-take: a development zone doubles as an area hit by an earthquake, or an epidemic.[22]

As a result, the condition of this atypical postcoloniality calls for a reevaluation of the validity of two common ideological descriptions operating today—"fragmentation" and "integration." Clearly, the category of fragmentation for describing the position of Hong Kong in post-handover times (a position held, for instance, by the pro-democracy forces), has proven to be not so useful. The SARS outbreak has pointed to the inseparability of neighbors. But if fragmentation was still considered a useful category for imagining today's Hong Kong, the agreement struck shortly after the SARS episode in Hong Kong to build a bridge linking Hong Kong, Macau, and Zhuhai, as well as the newly signed Closer Economic Partnership Agreement (CEPA),[23] finally put that idea to rest. Fragmentation is simply no longer a viable concept with which to understand Hong Kong today.

The more popular category has been integration. A "northbound imaginary," to use Law Wing-sung's (1998) phrase, speaks of an orientation

toward reunification, however troubled the process has been. But "integration" cannot accurately describe Hong Kong's bearings; the term lacks precision, especially when integration is perceived by many Hong Kong residents as being forced. The truth is that even while Hong Kong has realigned itself spatially and economically with the nearby delta and inland regions, it has had a difficult time connecting itself ideologically with Beijing. The error of a severe underreporting of SARS in the mainland has been alarming, to say the least. For many in Hong Kong, the embarrassment of the great SARS cover-up in the mainland has meant, among other things, that integration is a dream we hesitate to have, even while it is a destiny too costly to ignore.

Even when the discourse of cross-border interdependency is adopted, we must realize that the nature of this interdependency has changed in the ensuing years between the "nationalization moment" of 1997 and the "SARS moment" of 2003. The rapidity of the decline of British influence almost immediately after the handover has effectively rendered Rey Chow's (1998) formulation of Hong Kong as being "between colonizers" obsolete. In the years since 1997, a general northbound imaginary has coexisted with the pragmatics of mutuality and interdependency necessary for the exchange of a broad range of financial, legal, and cultural influences between Hong Kong and the mainland. SARS occurred at a critical moment of tension in this permeable space; at the crux of the epidemic and other related political events is that the people of Hong Kong have risen up to demand more self-determination. In fact, the SARS outbreak came immediately on the heels of considerable political tension brought about the debate over the HKSAR government's "Article 23."[24] Thus, it is not surprising that there was a particularly charged political pitch to the whole epidemic experience.

Facing a situation of neither division nor straightforward assimilation, Hong Kong had no choice but to consign itself to become a part of a new urban compression involving multi-city agglomerated economies. Table 3.2 summarizes the shifts between an older and a revised formulation of the shared urban space as a whole.

The current urban landscape at the border is qualitatively different from an earlier epoch of close ties between Hong Kong and Shenzhen. Whereas the earlier relationship between the sister cities was mainly cultural and familial in nature, the current relationship is much more formal administratively, politically, and of course economically. Newly codified in legal and economic terms, this zone has given rise to a new "urban imaginary."

In various degrees of intensity, the restructuring of the border space is bound to produce a series of cross-conversions both in socioeconomic and spatio-discursive terms. Real estate as a practice of capital flow is an exemplary case of cross-conversions taking place in the delta-fying Hong Kong since 1997. Dealt a hard blow by the collapse of the property bubble

*Table 3.2* Shifting signs of urbanism

| *Signs of urbanism* | *Older formulation: 'ShenKong'* | *New formulation: 'delta-ification' of HK* |
|---|---|---|
| 1 Density – people in contact | • Kinship and emotional ties<br>• Labor supply from Shenzhen for HK-financed enterprises | • Market-driven contact (new labor maps in the PRD)<br>• Liberalization of individual travel |
| 2 Density – buildings and zones in contact | Copying of architecture and other urban forms (and associated discourses of modern/backward comparison) | Autocorrelated property markets and capital flow across the border (giving rise to interlocking capital values and lifestyles) |
| 3 Service economy | Hierarchy of professional standards and technologies | Mutual transfer of professionals and technologies (especially under CEPA of 2004 and beyond) |
| 4 Administrative culture | Separate jurisdictions of administrative zones (e.g., healthcare and media industry) | Administration predicated on sharing of information, mutual alert, and increased transparency |
| 5 "Aspirations" | • From the north to the south: aspirations for the modern<br>• From the south to the north: entrepreneurial, enterprising, despite reluctant integration | Bi-directional aspirations |

in 1997 (when property prices fell by as much as 65 percent), and turning attention to the differential market values of real estate properties between Hong Kong and Shenzhen, middle-class speculators and finance managers from Hong Kong have flocked to purchase properties in the key urban sites of the mainland. Metropolitanizing Shenzhen and Guangzhou are their favorite picks, unless they prefer to invest in more distant properties in key blue-chip neighborhoods in Shanghai and Beijing. Advertisements promoting spacious townhouses in lush, suburban environments at more affordable prices than cramped flats in Hong Kong are featured every night on local television. Active scenes of the sporting and social lives of twenty-something

friends, sketches of idyllic family life for young, newly married couples, and warm portraits of retirement life for senior citizens present stark contrasts to a declining standard of living in economically depressed Hong Kong. In 2001 alone, Hong Kongers bought 19,500 flats in the mainland, half of which were in Shenzhen, at a total worth of $8.7 billion. Middle-class investment flow northward into the mainland was evident from the fact that more than half of these buyers were under forty years old and possessed undergraduate degrees (Sito, 2004; "Free trade . . .," 2003). In 2002, spending on mainland homes by Hong Kong people rose by 16 percent (Zhu, 2002). By 2003, a third of Hong Kong buyers had bought flats in Shenzhen for work reasons, compared with just 5 percent in 2000 (Sito, 2004). Significantly, this reflected a shift in the mode of urban compression from a speculative, wait-and-see approach to one of interdependent working and transborder living. Meanwhile, moving from a reverse direction, investment interest in Hong Kong properties among new-wealth professionals, junior and middle managers, technicians and entrepreneurs from the mainland has continued to rise. A relaxation of capital controls by the central government, a drive toward "informatization" that provides the market with a higher level of transparency than before, and the introduction of macroeconomic measures that tightened lending for properties in the mainland have driven demand for properties in Hong Kong. A survey in 2004 found 52.6 percent of the potential buyers from the mainland were interested in buying Hong Kong properties as an investment, while 30.1 percent would use their purchase as their residence (Chung, 2004). As a result, the emerging pan-delta space has seen a new configuration of social and economic hierarchies, which are no longer one-directional or operating according to a single, local scale of action. In the current moment of delta-fication, a bi-directional and interactive set of hierarchical movements is involved in the remaking of these cross-border spaces. To echo Doreen Massey (1994), a "time-space envelope" exists today in the delta-fying space, whose stretching of investment/power networks, modes of correlated traffic, and strategies of spatial governance has rendered cross-border dislocations an increasingly prominent mode of living (and/or working) for many in the region. Where tourists and speculative financiers make their moves through short-term dislocations, home buyers, job seekers, and entrepreneurs formulate their sense of future in this converging zone through mid- to long-term (self)- displacements.

A visible consequence of this newly configured capital structure and body flow emerging in the PRD is the marginalization of Hong Kong in various degrees. To take the most obvious instance, the supply of labor has been increasingly mixed, with workers from Hong Kong having trouble competing for jobs with their mainland counterparts on both sides of the border, generally because of the former's higher salary expectations.[25] But one person's marginalization is another's encroachment. Yet, since it is too sensitive politically

for the current system to assign a definite value to either side, this relativized space of convergence has not produced Hong Kong as a definitely or permanently marginalized space.

For instance, during SARS, a story was told about a family from Amoy Gardens in the period before the government enacted the quarantine law in April. Fearing for their health, the family moved out of their flat and returned to their native town in Guangdong. But after they fell sick there, they returned to seek treatment in Hong Kong (Yeung, 2003). The case is indicative of the differential fears, risks, as well as choices imagined in the border space between Hong Kong and Guangdong, where no one side holds a necessarily privileged discursive value. Long before SARS hit, the discourse about the choice of residence for the people of Hong Kong and those of Guangdong painted a picture of reverse fortune as a result of cross-border integration. In times of economic depression, Hong Kong residents needed to find a less expensive way of living, hence the northbound movement facilitated by integrationist ideologies. Meanwhile, as was outlined earlier, their "nouveau riche" neighbors from the mainland have flocked to Hong Kong to expand their own choice of residence as well as their taste of modernity. But the story of the mobile family from Amoy Gardens points to a more complicated picture. For them, the practical question of well-being, such as the need for metropolitan experiences and ostensibly reliable health services, would force them to opt for a return to Hong Kong. Once again, the SARS crisis is indicative of this critical juncture of a neck-to-neck competitive horizon, where privilege and marginality appear to be mutually embedded terms for Hong Kong and the mainland alike.

## Conclusion: SARS, the x-urban imaginary, and the specter of an avian flu pandemic

In Hong Kong, urban planning and restructuring over the past decade can be characterized by three important facts: the construction of new satellite residential towns closer and closer to the border to the mainland, leading to the creation of the edge city around the border; the forming of new transportation nodes to support heavy cross-border traffic; and the creation of a differentiated competitive real estate market between Hong Kong and Shenzhen and the metropolitan Guangdong area. The rise of a new multi-use suburban sprawl developed in the outer and northern and northeastern edges of Hong Kong, where not only new large residential towns (such as those in Tseung Kwan O and Tiu Keng Ling, and, in an earlier epoch, those in "new towns" such as Shatin and Tai Po) but new shopping malls, entertainment centers, and offices have increasingly taken city life away from the core centre. What was seen as rural land and hard-to-reach edges of land in the older imaginary of the city from the 1950s to early 1980s

has been replaced by what Mario Gandelsonas (2005) calls the "x-urban city." Speaking about urban development in the U.S., Gandelsonas (2005: 651) conceptualizes an "x-urban city" as "a new urbanity not organized anymore in oppositional terms such as center versus periphery but as a multicenter city, not as a dominant totality versus subordinated parts but as a nonhierarchical fragmented urbanized territory." He argues that the urban, the suburban, and the x-urban form a contiguity with one another; more interestingly, he uses a viral metaphor of "mutation" to describe the supplementary cross-conversions that take place to deliver to urban planners an expanded, albeit fragmented, territorial imagination.

The relevance of the idea of x-urbanism to Hong Kong is that we are witnessing exactly this kind of mutation. This is mutation in an osmotic sense, because the movements between different zones of urbanity are regulated by unequal diffusion through semi-porous borders. Capital mobility, it is clear, would encounter increasingly permeable borders. In contrast labor mobility would be controlled by a relatively impermeable separation of markets. Ironically, governance in the x-urban zone keeps an important commodity—information flow—as a highly restricted administrative item. The reluctance to share health-related information, we now know, crucially set the stage for the disaster to come.

Meanwhile, the transportation of some animals would also be regulated. Here, it must be noted that wild animal markets which exist throughout Guangdong, and have been recognized by the WHO as a zoonartic source of SARS (such as the Chau Tau market in Guangzhou, about a ninety-minute train ride from Hong Kong), represent by-products of x-urbanism (see Garrett, 2003b; Leu, 2003). These markets, and other "backward" sections of new towns in the x-urban sprawl, are similar in nature to the ghetto formation found in inner cities in advanced economies. In the x-urban imaginary, the "front door" of growth has spurred "backdoor" communities and underground markets. Many illegal forms of mobility of materials and people thus operate according to an alternative logic and along peripheral routes in the cross-border space. Nonetheless, it is the rapidity of the liquidization of the border between Hong Kong and mainland cities that is of significance in relationship to SARS and other cross-border microbes. Caught in the fervor of economic governance, governments and health officials on either side of the border were not prepared to deal with the contested spaces developed through the x-urban mode of movement. Thus, when the news came in February 2003 of panic over a mysterious flu hitting Guangdong, Shenzhen, and Foshan, and when the sixty-five-year-old Guangdong doctor Liu Jianlun was said to have brought the virus across the border in March 2003 (Benitez, 2003), it was revealed that the channeling of the mobility of money and goods by cooperative local governments on both sides of the border had failed to consider the consequence of the mobility

and density of other items, such as people, certain consumer goods, and of course bio-hazard microbes. In other words, a serious disjuncture was exposed between two different forms of economic governance. On the one hand, an administrative form of economic governance champions system-wide economic assimilation and coordination. But on the other hand, a spatio-liberal form of economic governance tends to favor flexible multi-scalar movements of capital and mobile humans and non-humans.

SARS, a viral mutation across species and territories, can be seen as organic footprints of x-urban mutations taking place in the Hong Kong–Shenzhen–Guangdong nexus. Given the expanded x-urban imaginary, it is entirely possible today to read the mixed urban space in that nexus as a singularity: the delta region as one "mutation city." The validity of thinking about this singularity and SARS together is that the language, metaphor, representation, and narrative of a virus could provide an interpretive basis for the present and future imaginings of urban reality in the delta. More specifically, learning from the outbreak experience of 2003 in Hong Kong, SARS points to the material formation of "correlated urbanities." I use this phrase to refer to an interdependent urban reality that has been opened up to strong trans-border activities, especially those activities that occur in close proximity. This openness tends to bring comparative advantages in market and administrative terms, facilitate innovative forms of cooperation, and, at a theoretical level, allows for a mutual transfer of metropolitanisms formed through different stages and experiences in modernization and marketization. Gandelsonas's idea of x-urbia has hinted at the existence of such a concept of correlated urbanities, which, through pointing out the spatial convergence among the urban, the suburban, and the x-urban, posits a quiet mutation that can take place among closely proximate zones and transform them into hybridized units. But what we have here is no ordinary form of hybridization, because it is not, as one normally expects, the hybridization of difference, but rather hybridization of *sameness*. Whether we witness the growing trend of joint policy decision-making in delta-wide tourism, the demand for comparable, transferable, and even standardized professional and semi-professional labor forces across the delta region to help push the country's WTO agenda, or the mirroring styles of urban architecture in nearby territories, a hybridization of sameness is both the cause and the result of multiple resemblances in economic and cultural development.

At the time of writing (spring 2006), the question of the hybridization of sameness is acutely felt at the Hong Kong–mainland border that is under serious threat of an avian flu outbreak. I refer to the many border areas with shared modes of living, comparable small businesses, and synchronized cultural ways of life: the x-urban touch points for both sides of the restricted zone. The same areas, it was recently discovered, may also share a sizable sub-economy of poultry smuggling, and the Agriculture, Fisheries, and

Conservation Department of Hong Kong (AFCD) has deemed them to be major risk zones for the transmission of the H1N5 pathogen (see Benitez and Chow, 2006). One such touching point area at the border is Shataukok (on the Hong Kong side)/Shatoujiao (on the mainland side), where the AFCD discovered at least one case of an H1N5-infected chicken in February 2006 during the high chicken-consumption period of the Lunar New Year ("Editorial," 2006a). Residents from Shataukok purchase lower-priced poultry from those in Shatoujiao, both communities sharing a similar dietary preference for live chicken, geese, and ducks, especially during Chinese festivals. Let us not forget that these same villagers reside in areas with a significant x-urban growth. In other words, a seemingly rural and "backward" practice of poultry smuggling is taking place in a rapidly developing integration space. As pointed out above, an important dimension of the correlated urbanities is that relative benefits coexist with associated risks, the latter being equally encumbered upon comparative and converging characters found in closely proximate sites, such as Shataukok/Shatoujiao. Thus, the geographical risk of the current threat of an avian flu outbreak occurs under the same spatial rubric that underpinned SARS three years earlier (see "Editorial," 2006b).

As public health and associated political activities extend over x-urban border zones that are growing by the day, it gets harder to demarcate a relatively autonomous urbanity at less than a global scale. Thus, it has been a contention of this chapter that political and public health constituencies that are working on coordination strategies must direct attention to the role of the spatial imaginary in demarcating a complex redoubling, correlated urban nexus from seeming monoliths such as the idea of an integrated economy, convergent travel zone, or global trading outpost. What SARS revealed to us was that various forms of maneuver, be it economic, technological, human, or spatial, in the correlated urbanities do not always cohere.[26] This incoherence may be proffering a new reality of biosecurity risk to cities experiencing rapid integration due to globalization. The current risk of a terrifying global pandemic of avian flu affecting humans points to the same conjuncture of risk found in ever-proximate spatial networks of human–bird– microbe interactions. The real terror lies in the realization that an expansive microbial world of infectious agents—HIV, SARS, H5N1, and various mutating flu strains—is arising from *all* scales of spatial economies and governance networks, whether they are rural–urban integration zones, multicentric or polynucleated metropolitan cities, interlocal or interregional contiguous regions, or global cities proper.

## Postscript

On March 5, 2006, the first case of H5N1 human fatality in a Chinese mainland urban setting—Guangzhou—was announced on both sides of the border (Cheung *et al.*, 2006). (The previous eight fatalities in the mainland were from various rural parts of the country.) Immediately, mainland authorities suspended the supply of live chickens and pet birds to Hong Kong for three weeks, in order to allow a comprehensive investigation to be conducted into the case. The thirty-two-year-old victim was believed to have had contact with live chickens in a wet market. He was reported to have frequented Guangzhou wet markets to conduct market research for setting up a business.

## Notes

1 The Individual Visit Scheme (IVS) was first implemented on July 28, 2003. Residents in Dongguan, Zhongshan, Jiangmen, and Foshan in Guangdong Province were allowed to visit Hong Kong twice within a period of three months and stay in Hong Kong for up to seven days each time. The scheme was later extended to cover the whole of Guangdong Province, Beijing, Shanghai, Tianjin, Chongqing and nine cities in Jiangsu, Zhejiang, and Fujian.
2 At the peak of the outbreak in April 2003, retail sales fell by 15.2 percent from the year-earlier period. But by December, five months after Beijing allowed citizens to travel to Hong Kong and Macau under the Individual Visit Scheme, retail sales rose by 6.8 percent.
3 See the postscript at the end of this chapter for a new fatality reported in China on March 5, 2006.
4 David Fidler (2004) uses an alternative phrase of "germ governance" in his analysis of pre-SARS trends in the global governance of infectious diseases and the impact of SARS on those trends. See also Fidler, 2003.
5 Many cross-border, cooperative initiatives hosted by various bodies abound, all steeped in celebratory rhetoric. For instance, the website hosted by the Guangdong, Hong Kong, Macau Tourism Marketing Organization promotes a happy integration of these cities. It uses the following tag line: "Three destinations. Enthralling contrasts. A unique past. A dynamic future. Cosmopolitan sophisticated Hong Kong. Romantic Macau. Memorable China in Guangdong Province." See <http:// www.pearlriverdelta.org/ Eng/intro.html> (accessed December 20, 2004).
6 I thank my research assistant Melody Tang for her valuable help in charting the SARS crisis.
7 For analyses of the impact of SARS in China, Singapore, Taiwan, Toronto, and Hong Kong, see Tommy Koh *et al.*, 2003.
8 Many years ago, tuberculosis used to be called "consumption" because without effective treatment, patients often would waste away.
9 Pertinently, these imaginations also often give rise to a social calculus of risk differentiated along communities and identities that are notoriously diverse in the city. The idea of "urban exotics," as they are sometimes called, therefore powerfully turns on our imagination about the relationship between urban groups and diseases.
10 A conjunctural analysis within critical discourse analysis conceptualizes a highly condensed social, cultural, or political phenomenon or event—such as SARS—as

an intersection point of many cross-currents of forces. Conjunctural theory, thus, suggests that the phenomenon or event is highly structured by both material and signifying practices. In this way, the "empirical" nature of the event must be a part of a theorization of more abstract forces coming together to give shape to the event's meaning "on the ground." This form of analysis has been closely identified with Antonio Gramsci and his followers in cultural studies. See, for instance, Grossberg, 1997.

11 The use of this subsection heading, which originates from Mark Roberti's *The Fall of Hong Kong* (1996), deliberately intends to recall the intense moment of anxiety precipitated by the handover in 1997, a moment saturated with the creation of the mythology of a "new" Hong Kong at the postcolonial turn. SARS, among other things, has had the power to remythologize the city-in-demise and push it toward a "new" public cultural imaginary.

12 Other entries in the collection contributed by big-name directors include Fruit Chan's *My Piglet Is Not Feeling Well*; Andrew Lau and Alan Mak's *A Glorious Future*; Tsui Hark's *Believe It or Not*; and Stephen Chow's *Hong Kong—A Winner*.

13 Peter Chan speaks of the initial plan: "The meeting was not really about this [SARS] project, it was about whether or not the [film] industry needed help . . . Did we need loans? It was a time when people weren't going to the theatres." See Scott, 2003.

14 The phrases "sick building" and "throw-away building" were used in Michael and Cheung (2003: C1) and Leung (2003: A13). As the epidemic progressed, "buildings" became the unit for epidemiological reporting of SARS cases (confirmed or suspected). See www.sosick.org. There was thus the idea of "infected buildings" as a standing unit alongside the number of people infected. The difference was that the former could be named, while Hong Kong's Privacy Codes prevented the naming of infected individuals. In this way, the Prince of Wales Hospital and Amoy Gardens Block E could be viewed as "index buildings" of the epidemic outbreak. See also Heike, 2003.

15 Extra footage of *Memories in Spring 2003, 1:99 Shorts*, DVD; translation by the author.

16 Plans for this spending were made in April, and were activated after the WHO lifted its advisory.

17 For an analysis of the Hong Kong media's handling of the SARS crisis, see Erni, 2003.

18 The revelation of the deadly chaos in the public health system is not based entirely on hindsight. Former lawmaker and infectious disease specialist Lo Wing Lok argued that to put new patients into a hospital ward where an outbreak of an undetermined infectious disease was going on and thus expose them to the risk of contracting the disease was "less than prudent."

19 Both individuals have since the 2003 outbreak left their respective posts. Dr. Yeoh resigned after a critical third SARS investigative report released in Hong Kong in July 2004, while Dr. Chung left his deanship at the medical school of the Chinese University of Hong Kong and relocated his practice to Fiji. No blame was assigned to any officials in the previous two investigative reports commissioned by the government and the Health Authority in October 2003.

20 In the short film, an additional visual association is made of the medics with the War Veteran Memorial Stone adjacent to the Statue Square in Central. This does more than inaugurate them as war heroes; it also links SARS to Hong Kong's history of struggling through periods of hardship. In this way, a certain affective continuity exists between *Memories of Spring 2003* and two other shorts in the *1:99* film collection, namely *My Flying Family and A Glorious Future*. I am

particularly struck by the common ambience of all three films: a mood of remembrance of war, occupation, natural disasters, riot, and of course other epidemics.

21 For information about the pan-PRD, see <http://panprd.tdctrade.com>.

22 See Hong Kong Trade Development Council Website: <http://www.hktrader.net/200401/prd/> (assessed March 6, 2006).

23 Effective from January 1, 2004, CEPA is a free trade agreement under WTO rules that gives preferential access to mainland markets for Hong Kong companies. For more information, visit <http://www.tdctrade.com/cepa>.

24 From 2002, many citizens of Hong Kong were intensively engaged in a struggle against the government's effort to legislate an anti-treason law, called Article 23, which is a stipulation in Hong Kong's Basic Law. Spearheaded by the then security chief, Regina Ip, the drafts of Article 23 were widely criticized by the community, especially by the legal profession, as being draconian in their blatant restriction of freedom of expression. Seen as a major encroachment on basic civil and political rights, citizens in Hong Kong grew increasingly worried and disillusioned over the legal and political framework of "One Country, Two Systems." Chief Executive Tung Chee-hwa was to see his popular support plummet further because the community viewed the whole of Tung government as unable to protect the interests of Hong Kong people.

25 In another instance, the supply of intimate relations has also seen some new configurations, with more and more Hong Kong men working on one side of the border and living on the other. Meanwhile, some men have gone even further, having wives and even families on both sides of the border. Sociologists have begun to speculate on the impact that such border-induced affective bonds would have on the notion of the "family" in Hong Kong, not to mention gender relations within the family. In the case of SARS, both forms of reorganization—economic and affective—have been seen as potential factors in cross-border viral transmission.

26 Ngai-ling Sum's (2001a: 41) reminder is useful here: "[C]ross-border people-to-people networks-strategies may not be matched by official networks-strategies and collaborative mechanisms. Moreover, given the socially embedded character of such networks, they are also articulated to other time-space envelopes, and the specific identities/interests related to the geometrics of powers".

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# 4 Eulogy and practice

## Public professionals and private lives

*Helen Siu and Jane Chan*

### Public eulogy

An elderly man with a cane walked slowly into the hospital lobby where Dr. Joanna Tse's memorial picture was situated. Amid the flowers and candles, he silently kowtowed three times. Tearfully, he asked why Heaven had been so unfair, that good people were let go. The man was one of Dr. Tse's ordinary patients in the Tuen Mun district of Hong Kong. Like others, he came to pay his last respects for a young doctor in Tuen Mun Hospital who had tirelessly cared for him but whose life was cut short by a SARS virus that she had caught while on duty.[1]

For the fallen healthcare professionals during the SARS epidemic in Hong Kong in 2003, there has been an extraordinary public outpouring of emotion. Of the 1,755 SARS patients, 386 were healthcare professionals (22 percent). Eight of them were among the 299 who succumbed to the epidemic. (Tam 2004; Tsoi 2004) Hospitals where they worked set up memorial services on site, and their funerals were given official honors. Dr. Tse's life-story essentially seemed to touch the heart of Hong Kong. She had volunteered to work in the high- risk ward at Tuen Mun Hospital. At thirty-five she was in the prime of life. But more importantly, her devotion to her late husband, whom she cared for and married after he had been diagnosed with leukemia, has become a symbol of unconditional giving, courage, and resilience.[2]

The reporter who covered Dr. Tse's story, Vivian Tam, was surprised by the public reaction to her piece in the local newspaper, the *Ming Pao Daily*, but she had an explanation (Tam 2004):

> An atmosphere of hopelessness and fear permeated society and media. Hong Kong people were desperate for a spiritual figure that seemed trustworthy and willing to serve the public selflessly. Such a person could not be found. Joanna Tse emerged at the opportune time to fill the vacuum. With her low-key but conscientious work ethic, she seemed to have assured the public that if they ever fell ill, they could rely on someone

> like her. This is obviously my reflection in hindsight. But the disproportionate response to very rushed news reporting makes me realize that in my profession, capturing public sentiment is so important.

What was behind the public sentiment as captured by the eulogies for the fallen medical professionals? Were there complex hidden transcripts behind the outpouring of emotion for the individuals? As suggested in John Erni's chapter in the volume (Chapter 3), did public sentiment unveil a particular moment of Hong Kong's positioning with the world and with China, a process that is interwoven with connectivity and disjuncture? Moreover, in the analytical spirit of other chapters in this volume that explore the media and the nature of the public sphere in time of crisis, we focus on individual dilemmas that are shaped by and contribute to a collective dialogue. Through which institutional means, governmental and civic, have individual citizens been able to forge a dialogue at this historical juncture? If a public sphere has been vibrant in Hong Kong, how have individuals engaged with their own private renditions?

Hong Kong has been an open, encompassing place, with immigration and emigration as an almost natural order of things. (Siu, Wong, and Faure 2005) Every generation who came and went contributed to and sought protection from layers of civic institutions, professionalism as well as ritual energies, and cultural resourcefulness.[3] Since the 1970s the Hong Kong government, in preparation for decolonization, invested a great deal to nurture a home-grown identity. Public discourse on "the Hong Kong spirit" has often been associated with the rule of law, institutional transparency and integrity, professional devotion to public service, and a shared compassion for the less fortunate.[4] An upwardly mobile generation of post-war baby-boomers in particular had firmly linked their identity, livelihood, and emotions to institutional experiences and local career trajectories. (Faure 2003; Siu 1996) Colonial product or not, many embrace these experiences as the moral bases for an affluent, urbane, civil society.

When sovereignty for Hong Kong was returned to China in 1997, these historically evolved experiences were highlighted among educated middle-class families. They used these "core values" to draw a line that is at once spatial, institutional, cultural, and political.[5] One may see it as their positioning device. The line made Hong Kongers feel that they had been connected to a global community. More importantly, for some who acutely felt the encroaching presence of China, it was used to distinguish Hong Kong from other Chinese societies in the region, in particular the mainland.

Although a distinct Hong Kong identity is spatially bounded with a native-born population, Hong Kong's borders with China and the world have never been hard. Elizabeth Sinn argues that Hong Kong thrived on being porous from the initial moment of its existence, as "a space of flow." It has been a

node in the crossroads of empires, trading communities, industrial assembly lines, and now global finance, consumption, and media. Sinn's figures show that since the late nineteenth century, Hong Kong was a major embarkation and disembarkation port. From 1868 to1939, 6.38 million people travelled from China through Hong Kong to foreign destinations. Another 7.78 million returned to China through the colony. (Siu, Wong, and Faure 2005) Even when China turned inward during the Mao decades of the mid-twentieth century, Hong Kong was projected to the world almost by default as the world's assembly line. In the recent two decades of China's economic liberalization, Hong Kongers were among the first to cross the physical and political border for opportunities, bringing with them factories, capital, consumption habits, media images, and worldly horizons (Enright *et al.* 2003; Richard Wong *et al.* 2002) In the process of enhancing Hong Kong's footprint, they have restored social ties and reinvented traditions.

The Asian Crisis hit Hong Kong in October 1997. First, the property market collapsed. Although factories in Hong Kong had largely moved across the border into southern China in the 1980s and 1990s, the unprecedented development of the Pearl River Delta continued to produce clerical and professional jobs in Hong Kong that serviced the manufacturing sector. But the 1997 financial crisis hit the middle-class professionals directly. Even the government, in efforts to balance the budget, began to shed jobs from the privileged and protected ranks of the civil service. The unemployment rate soared from a mere 2 percent in the pre-1997 decade to nearly 8 percent in 2002 and 2003.[6] Bankruptcies rose sharply, from 780 in 1996 to a high of 26,922 in 2002. Families with negative assets (mostly middle-class property owners) reached 76,686 in 2002, and many took to the streets. Sociologist Lui Ta Lok (Lui and Wong 2003) asserted that the era enjoyed by a prosperous managerial class in Hong Kong vanished, leaving only anxiety and ambivalence about the future.[7]

As Hong Kong followed the rest of the developed world to face painful post-industrial restructuring, a march to the north seemed both strategic and inevitable. As a world factory with a feverish post-reform economy, China has become the lifeline for many. Drawing a hard line across both sides of the blurring border was politically, socially, and economically difficult. But spring 2003 saw a city shaken by an unknown virus from across the border that turned globally deadly. Could the respect and sadness in the public eulogies highlight not only collective trauma, but also how Hong Kong citizens were galvanized to rethink their city and its positioning in a world marked by global connectivity and disjuncture—its physical and cultural borders, civic core values, institutions, and practices on which their livelihoods and moral well-being depended? Moreover, how did the mindsets and actions of these Hong Kongers produce a social ethos vastly different from those in Taiwan and China, two regions also deeply affected by the SARS epidemic?

If comparisons are to be made, what conceptual tools can be used to appreciate divergent regional responses to a disease that has captured global attention?

## Human agency in differentiated terrains

To treat the public eulogies and private sentiments in Hong Kong as reflecting an agentive moment of repositioning through affirming civic practices, this chapter draws on three analytical works. Anthropologist Charles Briggs (2004) focused on the political economy of public discourse in the wake of a cholera epidemic in Venezuela that claimed over five hundred lives. He highlighted the dichotomous scales used by the government and indigenous communities. Positioned differently in the process through which public discourse circulated, they provided several explanations for the outbreak. State agents attributed the spread to the indigenous cultural practices of the victims, mostly in a poor, rural region. The affected communities, however, contested official accounts by linking the state with global capitalism and international politics in a genocidal plot. The government and the victims probably talked past one another, sidestepping the structure of state institutions, inequality, and stigma that might have provoked the dichotomous posturing. Both sides seemed to have turned their backs on agentive possibilities that could link local knowledge to global resources in the delivery of emergency care. In Hong Kong, as in Taiwan or China, there was no lack of mutual blame and anger. Understanding how these emotions intersected with the paths of the virus in real and imaginary terms helps us appreciate the differentiated terrains in the three places.

Anna Tsing (2001: 107–8) added to the critical rethinking of the global/local divide by stressing the institutional, social, and political terrains along the scales where contesting voices were located, where diverse strategies were formulated, and imaginaries highlighted or silenced:

> Globalization draws our enthusiasm because it helps us imagine interconnection, travel, and sudden transformation. Yet it also draws us inside its rhetoric until we take its claims for true descriptions . . . flow is valorized but not the carving of the channel; national and regional units are mapped as the baseline of change without attention to their shifting and contested ability to define the landscape. We lose sight of the coalitions of claimants as well as their partial and shifting claims. We lose touch with the material and institutional components through which powerful and central sites are constructed.

Tsing's analytical caution is useful for appreciating how global spread of people, commodities, capital, images, and deadly viruses takes place on differ-

entiated social, political, and cultural landscapes. The spread is simultaneously a structuring process.[8] The perspective is also useful for understanding the challenges posed by SARS to various parts of the world. Regions and localities with their institutional configurations, and the human agents positioned along the scales, are components and facilitators of the global flows, circulations as well as blockages. The SARS virus, incubated in a seriously sick traveler from south China, silently defined its paths through the dense cityscape of Hong Kong, and circulated in unsuspecting global tracks that turned deadly. Hong Kong, which had flaunted an identity as Asia's world city, suddenly found its taken-for-granted institutions imploding. Its global connectivity became a liability. For months, it suffered traumatic closure at every level of activity in the city, self- and other-imposed. As in 1997 when its sovereignty was returned to China, Hong Kong was the center of world attention. But unlike 1997, no enthusiastic spectator jostled to come near her. The disjuncture was abrupt and painful.

How should human agency be gauged along this global–local scale, when collective trauma was quickly translated into personal moral crises in everyday life? Could one analytically connect individual acts of courage or panic, the meaningful interpretations these acts provoked, the wider social ethos they crystallized, and the institutional structures that they transformed? William Kelly (1993) explored an agentive moment in post-war Japan by focusing on the social, historical contexts of public discourse and the multiple scales employed. Although the substance of his study, on "becoming middle class in Japan," seemed unrelated to the moral and physical battles with the SARS epidemic in Hong Kong, it provided a useful analytical framework to understand how individuals, as human agents pursuing meaningful everyday lives, engaged society's dominant values through institutional processes in family, work, and politics. Individual engagements allowed the spread of public discourses to be both incorporating and diversifying. The institutions produced, in Kelly's words, both standardized opportunities and variable outcomes. The personal stories of courage, resilience, public outrage, and private ambivalence, when put in the context of Hong Kong's trying moments in 2003, would hopefully illuminate a structuring process—of human agency and the social, political terrains such agency substantiated and redefined.

As professionals supported by public funds in their training and employment, medical workers in Hong Kong had been part of a massive public health system that delivered regular services to a city of seven million. Administrative and professional procedures had long been standardized along the lines of a civil service bureaucracy. They formed the basis of identity and work ethics for generations of doctors, nurses, and medical helpers. While emergencies and other unexpected diseases that hit the territory over the decades had caused public frustrations and strained the resources of the healthcare delivery system, none in recent years created as much institutional collapse and public

panic, in moral and material terms, as the SARS epidemic. This chapter will use the analytical frameworks introduced above to highlight the incredible energies of individual medical workers who asserted their professionalism over and beyond established channels in order to deliver in times of personal and societal crisis. From the public reactions to their sacrifice, one might detect that their human agency helped crystallize a new social ethos for the territory that appreciated global connectivity and assured local protection.

The chapter will initially focus on media images and public dialogue surrounding the fallen healthcare professionals. It will then highlight the institutional channels in the health services system through which the meanings of the "Hong Kong spirit" were being presented and framed. Next it will address the observations by sociologist Kinman Chan (2004), who stressed that civic processes were being activated. These processes were diverse in background, non-government initiated, communal in nature, with a degree of effective monitoring. The last part of the chapter will look at individual frontline doctors, nurses, and medical reporters, whose daily experiences, professional and personal, illuminated their diverse, courageous but ambivalent engagements with global and local expectations.[9]

## At the epicenter

In her historical study of the Tung Wah Hospital in nineteenth-century Hong Kong, Elizabeth Sinn (1989) demonstrated the institutional and cultural means created by mobile populations in the colony to confront deadly diseases (such as the plague) and public health issues. Cholera epidemics broke out numerous times, as did tuberculosis and other infectious diseases. Over time, these diseases were controlled by public education and hygiene, enforced school programs for inoculations, improved housing and working conditions, and more recently, by massive investments in medical services by the government.[10] Religious rituals of cleansing and prayers for recovery, invoked by various faiths, also demonstrated intense cultural creativity.[11]

What were the general features of Hong Kong's medical services at the time of the SARS outbreak? Hong Kong's nearly seven million population was served by a range of healthcare facilities in the public and private sectors. Recent massive government investment to equip public hospitals and clinics, to train and hire medical personnel had resulted in a relatively decent and cheap system of healthcare delivery. The Department of Health advised the government and had regulatory authority. It worked closely with the eight universities in the territory to allocate resources for the training of doctors, nurses, and other medical staff. The Hospital Authority, set up in 1992, was an independent body responsible for the management of all forty-one public hospitals. Together, the Department of Health and the Hospital Authority also ran 170 specialist clinics, maternity and child-health centers,

and outreach services. The private sector of healthcare was small, and increasingly marginalized. In December 2002, the public hospitals provided 29,243 beds, compared to just 2,853 provided by the twelve private hospitals. Doctors registered with the Hong Kong Medical Council numbered 10,731. Compared to other developed economies, Hong Kong was in the middle of the range for healthcare provision.[12] Princess Margaret Hospital, a major public hospital in the densely population area of Kowloon, had special wards for communicable diseases.

This health delivery system was the front line when SARS hit.[13] If Hong Kong as a territory was to remain open to the world, the professionalism and integrity of the system would have been the citizen's best advocate and protection. The fact that some medical workers went out of their way to fulfill professional responsibilities and bore the brunt of the casualties was both frightening and reassuring. In the middle of the crisis, a three-storey-high billboard stood alone on the main highway along the waterfront in downtown Hong Kong. On it was the masked face of Professor Sidney Chung, dean of one of the two medical schools in Hong Kong. From his tired and anxious gaze, one could imagine what he was going through. At the bottom was a statement from those who had erected the billboard, saying, "We are moved; our sincere thank you to the medical professionals at the front line."[14]

The imposed closure devastated a city already shaken by seven years of economic recession and an acute loss of confidence in the government's leadership. Images of the ghostly airport, the empty subway, deserted downtown shopping districts and restaurants were frightening to a population used to jostling their way through crowds with multicultural resourcefulness and global luxury. Most of the besieged citizens probably agreed with community advocate Christine Loh: after years of economic setbacks, social strife, and self-doubt, Hong Kongers at this moment were standing together, facing their vulnerabilities with a renewed sense of common destiny.

Glimpses of the impending epidemic were detected as early as November 2002, when cases of a deadly, mysterious "flu" were reported by Guangdong health officials to Beijing. Fear spread to the more prosperous parts of the Pearl River Delta, and panic buying of indigenous herbal substances believed to be powerful disinfectants spilled over to Macao and Hong Kong. However, there were few public statements of caution coming from the government or the media, and few precautions were taken. In the public mind, it was as if the administrative boundary that separated Hong Kong from China continued to offer an imaginary fire-wall. After all, it was "one country, two systems." The problem seemed to be across the border in China, relatively out of sight.[15]

One of the authors of this chapter, Helen Siu, arrived in Hong Kong on March 12, 2003 with the intention of conducting some field research in Guangzhou's village enclaves. Some colleagues in Guangzhou advised

avoidance of crowded places, while some professional friends in Hong Kong questioned the wisdom of heading north. But Siu did not sense any danger or enough urgency to change her plans. However, she was surprised to find that the train she took on the morning of March 16 was unusually empty. As a precaution, she put on a mask, although no one else did. Her few days in Guangzhou were uneventful. A woman she interviewed joked about a hospital visit with her son who seemed to have flu, but assured her that his symptoms were not the abnormal type. By the time Siu boarded the plane to New York on March 25, the outbreak in Hong Kong was already widely known. The city had turned ghostly. In the eighteen-hour trip, she shared the Boeing 747 with fewer than twenty passengers.

At the same time, Dr. Jane Chan, as head of the intensive-care unit at Queen Mary Hospital, one of Hong Kong's largest public hospitals, was beginning to find herself in the epicenter, facing the crisis with her colleagues at every level of the public hospital system. Her chronology of events may be useful to appreciate how intensely the entire community was drawn into the epidemic, and through which institutional channels.

Chan first learned of the outbreak of an unknown pneumonia from both the newspaper and via a Hospital Authority press release on March 12, 2003. A total of twenty-three hospital staff at another major public hospital across the Victoria Harbor, the Prince of Wales Hospital (PWH), had been admitted. These were the first patients of the Ward 8A outbreak at PWH, where a nebulizer had been used on an unsuspected patient who had contracted SARS during a visit to a local hotel. On the same day, the WHO issued a global alert about cases of acute respiratory syndrome in Vietnam, Hong Kong, and Guangdong Province in China. Urgent collaborative measures were quickly implemented at Chan's hospital, including droplet precautions to be taken by healthcare workers caring for patients with pneumonia, close monitoring of staff sick leave, designation of pneumonia wards, and restriction of visiting hours.

On March 15, the disease was named "Severe Acute Respiratory Syndrome" by the WHO. A total of forty-seven healthcare workers, mostly PWH staff, had by now been admitted into public hospitals with "respiratory tract infection." On the same day, Chan's hospital's first SARS patient was diagnosed one week after his transfer from a private hospital. Chan and her colleagues soon learned that a cluster of SARS patients hospitalized at three different hospitals could be directly linked to this SARS patient, who contracted SARS at the local hotel (Tsang *et al.* 2003).

By March 19, the full epidemiological picture emerged. The findings of the Hong Kong Department of Health on the local hotel cluster showed that a professor from Guangdong had stayed in that hotel on February 21, 2003. During his one-day stay, he had infected a number of hotel guests, who in turn brought the disease to healthcare workers in two hospitals in Hong Kong,

and to Vietnam, Singapore, the Philippines, and Canada (SARS Expert Committee 2003). Local media reported that before the professor died of the disease, he had told the healthcare workers in the hospital that his illness could be dangerously infectious.

Very fortunately for Chan's hospital, despite having housed the unsuspected hotel guest for a week under totally unprotected circumstances, none of the hospital workers contracted SARS from him. To Chan, it became "a tale of two hospitals." Both received an unsuspected SARS patient from the local hotel cluster. Both patients received potentially "super-spreading" treatment (nebulization and non-invasive ventilation). Yet one hospital was stricken with a secondary infection cluster of 143 patients (SARS Expert Committee 2003), while the other escaped unscathed. Be it sheer luck, environmental circumstances, or otherwise, the unpredictability of the outcome added to everyone's anxiety.

For Chan, the heightened need for protecting herself and her staff from catching the bad bug at work was addressed by the very reassuring words of the hospital's infection control experts. They suggested that surgical masks and compulsive hand-washing would be adequate to protect oneself from droplet transmission during routine bedside work, and that one should resort to the N95 mask only when performing bedside procedures. Personally, Chan found the N95 mask uncomfortable to wear for the entire working day. She also disliked the idea of recycling used N95 masks after short breaks from the ward. Rather than going along with increasingly loud voices which demanded maximum protective gear, she chose to take what seemed at the time reasonable and practical precautions.

At the hospital level, to address staff fears and anxieties over contracting SARS at work, not only were existing institutional procedures pursued with vigor by the management, but staff education was enhanced in the form of courses in infection control and a daily newsletter from the infection control officer. The hospital management also quickly assumed a command position to coordinate services and resources in the fight against the epidemic. A working group and subsequently a task force were formed. Members met daily to review updated information from all relevant authorities, to design protocols regarding patient flow and infection-control procedures, to reengineer clinical services, and to take stock of drugs, personal protective equipment, etc. In a combat mode, heads of different specialties were able to map out collaborative strategies efficiently. Prior political maneuvers and personal interests seemed to be pushed aside. Professional procedures were adhered to in a transparent and rational manner. To Chan, it was a high point in solidarity.

On March 23, Chan experienced her first taste of defeat. She admitted the chief executive of the Hospital Authority, the commanding officer of the Hospital Authority-wide effort against SARS. He was not a frontline medical

worker. The fact that he had contracted SARS from an unknown source sent a chilling message—that the SARS virus could be lurking in less obvious places in the hospital system. Fear for personal safety among frontline healthcare workers deepened. Chan and her colleagues decided to escalate measures to ensure work safety. She upgraded the personal protective gear for her unit staff, including the routine use of cover-all surgical gowns, goggles, disposable hats, and shoe-covers. "Gown-up" zones were clearly delineated from "gown-down" zones to minimize cross-infection. Shower facilities for staff were enhanced. Internal unit meetings were held for information sharing, for formulation of unit guidelines on infection control and for addressing staff concerns. With the support of the hospital's engineering units, Chan and her colleagues were maximizing all the measures on which they could professionally rely.

Worse was to come. On March 26, the media reported a probable outbreak at Amoy Gardens, a residential complex consisting of nineteen closely packed blocks with over thirty floors each having eight apartment units. In the subsequent six days, a total of 213 patients were admitted with SARS. The symptoms of these patients seemed more severe, leading to the opinion that the virus was rapidly changing its constitution and thus making its infectiousness even less predictable. At the community level, the Department of Health frantically introduced measures to contain the outbreak. At first, hospitals adjacent to Amoy Gardens became pressure points into which SARS patients flooded. On March 29, Princess Margaret Hospital (PMH) was turned into a designated infection hospital for SARS admission. This unfortunately coincided with the unexpected rising tide of the Amoy outbreak. The influx of 555 patients into PMH over the ensuing week overwhelmed the hospital. By early April, Chan learned that her counterpart, the director of intensive-care unit (ICU) at PMH, had come down with SARS, together with twenty-four other medical staff in the unit. According to one staff member, the image of intensive-care doctors and nurses caring for their own colleagues was nightmarish.

As more and more SARS patients were admitted into PMH, there were urgent calls for volunteers from other hospitals. Chan's hospital gathered volunteers and provided crash courses on infection control and on SARS before sending them to PMH. Among the volunteers was a senior university professor, an orthopedic surgeon in his fifties. Godfather to her children, he was a compassionate person who had participated in charity events in Hong Kong, including the Trailwalkers' Hike, a very challenging hike through the hilly parts of Hong Kong that could take up to twenty-four hours. At a family dinner with him and his wife, Chan learned that he had volunteered. As it was increasingly clear that age and high mortality rates correlated, he was vulnerable. He had kept the decision from his wife, worried that she would not let him take on such a risky task. Moved by such altruism, Chan herself

began to consider helping out at PMH. She spent the subsequent week explaining to her children why she should volunteer. The opportunity arrived one evening when her hospital chief called her at home to discuss the desperate situation at PMH. She packed her things and moved to the hospital quarters, preparing herself for the challenge ahead and removing the health threat she could pose to her family while working in a high-risk unit.

On arrival to PMH, Chan found the hospital atmosphere thick with solemnity. Grave personnel in uniforms guarded every entrance to the hospital. The feeling was no less intimidating at the entrance area to the ICU for SARS patients. Vigorously disciplined, the unit was like a besieged military camp on full alert, with soldiers tightly supervised to put on layer after layer of protective armor. On her first day, Chan spent the first half-hour wandering in the ICU wards, trying to find the medical team. It was difficult because there were more than forty SARS patients spread over three medical wards. All staff members were dressed in similar protective gear, covered from head to toe by visors, hats, goggles, and gowns. Some of them were recent recruits from other hospitals and therefore not able to give Chan directions. When she eventually found the medical team, they were about halfway through their bedside rounds. Chan began to appreciate the immense task faced by the team in going through forty-odd patients during one bedside round. The pace had to be fast and focused. Care plans were formulated in terse terms, leaving the precise details to be worked out by respective doctors assigned to the patients. The entire unit was considered one dirty zone in order to move efficiently from one patient to the next. The fighting spirit among the doctors and nurses was visibly high. However, Chan saw fatigue on the faces of some staff. That was clearly from the overwhelming workload and stress. She also saw a pale-looking staff member who developed full-blown SARS a few days afterwards.

After meeting up with the medical team, Chan realized that PMH needed not only one ICU doctor (herself) but a team of them, so she determined to import one from her own hospital. However, after a series of phone calls and emails with hospital officers, she realized that convincing and mobilizing a team of doctors was much more difficult than she had envisaged. Admitting defeat, she finally returned to her own hospital to resume her duties there.

Back in her own hospital unit, some patients, be they infected by SARS or not, were doing poorly. They felt isolated and lonely because access to their families was barred by the no-visiting policy. Elderly patients "sundowned" more easily as they lost contact with the outside world. What started as one SARS ward turned into a whole floor of SARS wards as more suspected and confirmed SARS patients arrived. For the frontline worker, a day's work routinely included a few rounds of showers following high-risk procedures and at the end of the working day. The staff's hair was falling out from too much washing (or possibly too much stress). Their skin was dehydrated from

too much soap. Normal doctors' attire was replaced by drab-colored hospital gowns. Doctors and nurses walked down the empty hospital corridors like a team of identical working ants busying about their destined jobs.

Chan and her colleagues practiced self-quarantine as much as was practicable outside their work. While social activities for her and her family stopped, warm-hearted email messages and phone calls poured in from friends and associates. Chan wrote in one of her emails to an associate in a pharmaceutical company who had written to support her "dangerous" frontline work, saying, "This is a moment for healthcare professionals to be particularly useful to the society, plunging in without fear or regret." Unfortunately, despite the valiant efforts by the "dirty" teams, several SARS patients succumbed to the disease. Among them was one of Chan's patients, a senior doctor in the private sector well loved by his family, the medical community, and his church. Chan was devastated.

The media respectfully reported a steady flow of funerals for the public professionals who were lost. Local filmmakers got together to produce a series of experimental pieces. Peter Chan's *Memories of Spring 2003* (see Chapter 3) showed a surreal downtown Hong Kong in ghostly black and white, with the pavement frozen. A lone character walked in a daze, as a stream of funeral hearses moved noiselessly in the distance. Hong Kong was in mourning.

## Public sentiments

True to the character of Hong Kong's media, public debates surfaced. As was outlined in Chapter 2, many of the discussions focused on the government's ability to handle the situation. Statements from Dr. E. K. Yeoh, Minister of the Health and Food Bureau, and Mrs. Margaret Chan, Director of Health, were constantly scrutinized. Unlike the cynicism and jokes that surfaced in China due to the government's news blackout on SARS, public opinion in Hong Kong was dead serious. It was understandable that the government officials tried to play down the severity of the crisis in order to avoid public panic. As the source of the virus had been in mainland China, where information on epidemics can be considered as "state secrets," there were also political sensitivities. Margaret Chan subsequently took what the public viewed as a rather passive approach to request information and cooperation from her Chinese counterparts. By the time she activated emergency procedures at the end of March, the epidemic had already reached explosive levels. Dr. Yeoh also downplayed the problem, as he insisted that the virus had not spread to the community when dozens of staff members at the Prince of Wales Hospital were coming down with SARS every day.

Frontline professionals publicly contradicted the health authorities. Professor Sidney Chung, dean of the Chinese University of Hong Kong Medical Faculty, whose teaching hospital was PWH, tearfully announced in

the media that the situation in the community was far worse than the officials had admitted. To calm fears, Chief Executive Tung Chee-hwa visited PWH. He remained healthy, but the chief executive of the Hospital Authority, who accompanied him on the hospital visit, came down with the illness. In hindsight, although the highly provocative media coverage might have triggered some panic, the debates alerted the public to take precautions early on.

When the epidemic broke out in Amoy Gardens and over two hundred residents in the same apartment block contracted the virus and came down with a more severe form of the illness, the media cooperated with the government to report the step-by-step measures for quarantine and isolation. World experts and the WHO were invited to work alongside locals to investigate how the virus spread in this concrete jungle of apartments. The public watched closely, well aware that without full knowledge, everyone in the congested urban neighborhoods would feel vulnerable. Gradually all schools were closed. In an effort to calm the community, Mrs. Betty Tung marched through the neighborhood with health officials. However, her image, in full protective gear, only alarmed the public further. Educated opinion contrasted her visit with a later one by the Chinese Premier Wen Jiabao, who, with great personal warmth, held the child of a SARS victim in his lap.

To raise public awareness, the government started to give regular press conferences on old and new cases and on various emergency procedures. This, however, triggered debates on the balance between privacy, media transparency, and the public's right to know. In the name of public interest, the government tried to be as transparent as possible. Mainstream media professionals went out of their way to provide instant information. A fearful public watched as the numbers of patients and deaths rose, taking an emotional roller-coaster ride about the personal safety of friends and family. As businesses ground to a halt, house prices and the stock market plunged. The territory's proud airline, Cathay Pacific, cancelled flights and counted the days it could keep its fleet in the air. Everyday, Hong Kongers gauged the numbers of new patients and the deaths that ensued, wondering when the nightmare would ever end.

## Private choices

While government officials, with all good intentions and professionalism, were trying to offer leadership, the frontline healthcare workers found themselves facing an unfamiliar test on the ground. Could they hold on to existing administrative procedures? Could they count on a professional work ethic, or, in more abstract terms, a "Hong Kong spirit" that highlighted public service? With a sudden influx of seriously ill patients requiring special intensive care, the epidemic necessitated unprecedented reorganization of clinical services. The mobilization of frontline manpower and supporting

resources was critical. Both professionals and the public were anxious about the delivery system being stretched to breaking point. Their fears were compounded by the fact that the nature of infection was unknown and there was no clear pattern for the cause of its 10–20 percent fatality rate. This threw the frontline healthcare professionals into a difficult ethical dilemma between duty to patients and the need to protect their own health and that of their families.

This dilemma was probably on the mind of every frontline medical worker, but the Hong Kong community at large hardly noticed it, because throughout the four months of frenzied activity, the frontline workers consistently demonstrated their professional commitment to patient care. Had their inner struggle been manifested more overtly in the form of significant absenteeism from work or major walk-outs, as occurred in Taiwan, the Hong Kong community at large, which was already shrouded in a state of panic, might have degenerated into paralysis or, worse still, mass hysteria.[16] Given the larger scope of the outbreak in Hong Kong, one could have imagined the following scenario: infection control within the hospital might have been more difficult to enforce; the public hospital machinery would have collapsed owing to inadequate manpower or to overwhelming number of patients; the socioeconomic damage might have been much more profound. The collective efforts of the Hong Kong frontline healthcare professionals, however instinctive, meant that the worst-case scenario did not happen.

A month into the crisis, the legislator for health services (Michael Mak) conducted a survey of 634 medical workers. Sixty-eight percent feared that the outbreak would affect more of them, and 82 percent felt that protective devices were inadequate. Yet 86 percent said that they could cope with the present work pressure, and many stayed at their posts (Ng 2003). Global efforts to support these workers was evident. Donors from Paris, Bangkok, Japan, and China raised a fund of HK$8.4 million in five days.[17] Even the widow of a male nurse (who died in the same hospital as Dr. Tse) went on air, thanking the staff for the care and support she and her late husband were given. Herself a nurse, she urged fellow health workers to stay committed to their cause.[18]

Why did the healthcare professionals in Hong Kong act differently from their counterparts in Taiwan, and to an extent those in mainland China? The difference in the overall political and healthcare structures in different regions of China might have played a role in explaining the difference in how healthcare workers reacted to their call to duty during the SARS outbreak. After all, human agency could not be dissociated from the institutional structures it helped sustain. In mainland China, where the political and socioeconomic structures are highly regimented, the healthcare workers did not have a choice between to fight or not to fight the SARS battle. In Taiwan, where healthcare is delivered on a fee-for-service basis, doctors could choose not to fight, the penalty being loss of job or reduction in income.

Skeptics might argue that the Hong Kong healthcare workers were embracing their well-paying (albeit "high-risk") job rather than displaying a selfless professionalism. SARS caught Hong Kong at a time when its economy had already suffered four years of deflation. Unemployment was high, and there was no end in sight. The private healthcare sector had been shrinking after a decade- long expansion and enhancement of public clinical services by the Hospital Authority of Hong Kong. An enemy of its own success, the Hospital Authority faced increasing budgetary deficits and low staff attrition. Corporate plans had just been set in motion to downsize its staff figure with various incentive schemes. Medical workers in general were disinclined to leave their reasonably well-paying jobs for the underperforming private sector, and certainly not abruptly without taking advantage of the incentive schemes. When SARS arrived, the skeptics would argue, most staff would not consider "walk-offs" a well-meditated way to end their careers in public hospitals.

Arguments about the monetary considerations being a reason for the absence of "walk-offs" in the Hong Kong public hospitals could be applied to the situation in Taiwan, where a similar economic downturn might have been an incentive for healthcare workers to remain in their jobs. However, in Taiwan, there were violent reactions from healthcare workers, with many refusing to be confined to hospitals with SARS patients. This suggested fundamental differences in the attitudes of healthcare workers in the two societies towards challenging professional and public duties.

Because of financial considerations, as skeptics would propose, or through genuine commitment to professional duty, as we would argue, most of the healthcare workers in Hong Kong stayed in their posts diligently and faithfully. Given that they had chosen, for whatever reason, to fight like good soldiers, what established channels did they have to protect themselves from the unpredictable health threats at work? Teamwork depended on shared assumptions about procedures as well as personal integrity. To many of the doctors and nurses we interviewed, these shared values sustained them and bonded them to the patients and their own families. However, where they were positioned in the medical care process made a difference in their perception of options and their consequent agency. In all the public hospitals receiving SARS patients, those working in high-risk areas encountered much greater inner struggles than those working in low-risk areas. In other words, the closer the healthcare worker was to an infected SARS patient, the higher the perceived danger and more likely the personal dilemma between duty and self-preservation. Moreover, such dilemmas intensified among those in hospitals where major outbreaks occurred.

Fully to appreciate the hearts and minds of the Hong Kong frontline workers, one must look carefully at three groups of medical staff. The first group consisted of volunteers who left their low-risk posts to work in high-risk wards. The second group found themselves at the epicenter of the

outbreak, such as working in the SARS wards of Princess Margaret Hospital, which was designated to take the bulk of the patients. The third group consisted of those in the low-risk areas who stayed in their normal routines and were not engaged with the emergency measures.

### *Volunteers: Dr. Joanna Tse Yuen Man and unsung heroes*

Rough estimates of volunteerism at the peak of the outbreak show rather modest figures. When the intensive-care unit nurses of one hospital, which was caring for between one and three SARS patients, were invited to volunteer to provide urgent manpower assistance to the Princess Margaret Hospital ICU, where up to forty-five SARS patients were being nursed, there was only one volunteer. For unclear reasons, the volunteer response in the same hospital from doctors of different specialties and ranks was significantly higher. Genuine volunteers were precious few during those days. They were truly the most laudable heroes as they chose to take health risks when they could have stayed put in low-risk areas.

The first medical doctor who died from the virus during active duty was Dr. Joanna Tse. She graduated from medical school in 1992, and joined Tuen Mun Hospital as an internist. A young widow, she was known for her gentle, meticulous care to every patient who came through the door. When SARS broke out in major hospitals, Tuen Mun was not spared. By then a respiratory specialist, she volunteered early to work in the SARS ward. It was typical of Joanna, her medical dean recalled, that at the time when others retreated, she stepped forward.[19] According to an ongoing court review of the deaths due to SARS, the hospital at the time had not provided the necessary protective masks, so Joanna ordered her own through private channels. However, before the masks arrived in the mail, a seriously ill patient was admitted to the A5 Ward in the hospital in early April. Joanna and her colleague rushed to perform the necessary procedures while using less protective masks. Both caught the virus from the patient and subsequently died. As described earlier, her death galvanized others around her amid a tremendous public outpouring of emotion.

### *No exit: doctors and nurses at Princess Margaret Hospital*

As volunteers were far too few to cope with the crisis at Princess Margaret Hospital, some hospital leaders decided to assign manpower arbitrarily, by drawing lot, rotation, or otherwise, to the high-risk hospitals or wards. Amazingly, those who received assignments in this way faithfully delivered their duty to care. This demonstrated a rather unique characteristic of the healthcare profession in Hong Kong: it is a highly disciplined profession at all times, even during crisis. There was hardly any refusal or absenteeism, only scattered excuses.

As described earlier, PMH became the designated infection hospital on March 29 and in the subsequent week, 555 patients arrived, 46 of them in the ICU wards. On April 1 alone, the ICU took in ten patients. By the first week of April, twenty-five of its own staff had come down with the virus, including three senior doctors, five core nursing staff, and twelve experienced helpers. A major reason for this was that these staff had shouldered the most high-risk tasks at a time when workload was overwhelming.

"Absolute compliance and discipline" were the terms Dr. Chow used when he recalled the weeks of combating the epidemic at Princess Margaret Hospital. His few hundred colleagues were obviously fearful when they participated in a staff forum during which the hospital chief announced the higher-level decision to make their hospital the SARS hospital. However, no one questioned the decision. The staff accepted the decision as a matter of fact, and started emergency planning.

At the peak of the crisis, when ICU casualties were very high, Dr. Chow, as part of the senior management, knew that they had to calm the volatile situation at the ICU and streamline procedural safety precautions before others on the front line would feel secure enough to venture into the unit. They were all fearful because the transmission dynamics of the disease had not yet been well defined. While ignorance bred fear, the media unintentionally created an extra degree of panic among the public. In the hospital, there was no system to provide real-time data analysis and feedback, compounding the difficulties for medical decisions. To Chow, the most anxious moments came when watching dozens of colleagues falling victim to the illness, and waiting to see if they would turn for the better or worse. He admitted that there was an overwhelming feeling of helplessness. After witnessing the casualties, he and his colleagues were momentarily shaken and their fighting spirit faltered. They soon pulled themselves together, though, reorganized available resources, calmed others, and plunged again into the daily battles.

To make sense out of a largely ill-understood disease, the Hospital Authority quickly had to create a SARS clinical database for the whole of Hong Kong. All hospitals had to mobilize manpower to collect and enter patient data. At PMH, daily data for the hundreds of cases were to be recorded in three days. Non-SARS ward nurses and doctors were mobilized to take up this task and all responded dutifully to the call. To protect themselves from the possibly contaminated medical records, they cautiously put on protective gear. Weeding through the massive SARS clinical records, these displaced doctors and nurses learned very quickly and became SARS experts overnight. At every turn of administrative directives, PMH workers adjusted accordingly and delivered faithfully.

One of the most moving episodes was the decision to save the unborn baby of a seriously ill pregnant patient. The procedure could put the obstetric,

anesthetic, and neonatal teams in a high-risk environment, but once the medical decision was reached, teams of doctors from several hospitals and relevant specialties came together in a matter of hours. They borrowed six protective headgear systems called Airmates, the only ones available in the entire Hospital Authority system at that time, and with the help of the technical support team bravely performed the Caesarian surgery. They had to improvise in a situation where time and resources were limited. It was a valiant attempt to optimize their chances of avoiding infection while performing a procedure which was highly risky to themselves but potentially life-saving for their patients. The baby was indeed saved, although the mother eventually died from the atypical pneumonia. The teams selflessly subsequently saved six more premature babies using similarly ingenious techniques.

Dr. Chow attributed his colleagues' perseverance to an acute sense of duty and discipline. "Caring for the injured and supporting the vulnerable" were professional principles generally taken for granted among his ranks. "People say that we were too compliant," he said. "No one would want to claim heroism. Were we scared? Of course we were. But we knew we must stick to our professional duties. That heightened sense of discipline held us together."

Long before the SARS virus became publicly known, nurses at PMH had already sensed that trouble was brewing. There had been news reports of the pneumonia scare in the Guangdong Province of mainland China. When SARS struck Hong Kong, some hospital workers with children were particularly fearful that they would carry the unknown disease home so took self-quarantine measures. At the height of the epidemic, many stayed in quarters provided by the hospital. One admitted that she did not see her mother for an entire month. All nurses stressed a sense of duty and discipline. Patient care remained their top priority despite increasing threats to their own safety. One recalled that at the beginning, she was not fearful, as her unit had dealt with infectious diseases before. She just took extra precautions, and followed whatever institutional procedures she knew. However, without adequate knowledge of SARS, and unaware of the worst-case scenario that had been envisioned by the hospital managers, she was not prepared for what was to come. As a result, coordinated contingency support was absent when it was most needed.

When patients started to pour in at the end of March, and the mandatory rotation policy was activated, the nurses knew that they had no alternative but to keep close as a team. The most traumatic moments were when twenty-five of their colleagues from the ICU came down with the virus. "PMH was living hell," one nurse recalled. "Our uniforms indicated that we were from the ICU, and people avoided us as if we were lepers. Our families were anxious about our safety but would not dare to add pressure to our already stressed

emotional state." Those who remained healthy admitted to a deep sense of despair and helplessness, as the doctors whom they relied on for expert knowledge broke down in tears during meetings, or, worse still, became their patients. However, there was a tremendous sense of comradeship amid isolation. At the ward, sick colleagues watched out for one another by staying awake at different times, so that the seriously ill ones could be closely monitored. They took such precautions well knowing that newly assigned nurses from other hospitals might not be immediately familiar with their cases or procedures. In his sick bed, one of the doctors gave nursing orders to improve on infection-control measures in the ward.

Those who remained working stuck closer together to provide mutual support. A nurse manager did not take any leave until a month after SARS had become inactive, worried that no substitute could provide proper coordination in chaotic moments. She and other nurse managers worked until late in the evening. They often walked down the deserted driveway from the hospital to the main road because no taxi drivers dared to make pick-ups from the hospital, and shared a snack before catching a cab home. "The crisis brought tremendous difficulties," one said, "but it also provided opportunities to better equip ourselves. If SARS returns and we cannot deliver our services, we as Hong Kongers would be terribly ashamed."

Not all were ready for combat. For those who worked in low-risk hospitals or wards, "watching the fire across the river" was stressful enough. Minding one's own shop, watching out for in-house SARS spreaders, and getting prepared for in-house fire were prevailing concerns. Many healthcare workers were thankful that they were not drafted to PMH or to other high-risk wards. Supervisors had enough autonomy for maneuver in order to keep their own staff for normal routines.

### *Behind the front line*

The engineers and supply staff in the most acutely affected hospitals emerged as two groups of unsung heroes. "When the dam broke," one nurse manager recalled, "the engineers improvised on their professional expertise to provide as safe a working environment as possible for the frontline workers." When visits were blocked at PMH, many elderly non-SARS patients dared not seek hospital help. To allay such public fears, the engineers worked with donations from the business community to devise video towers to facilitate safe patient access. Once the doctors decided to operate on the sick pregnant mother, the Engineering and Mechanical Service Department of the hospital, in just a few hours, designed and set up a special surgery environment to minimize possible contamination. "No one had second thoughts," recalled a senior doctor involved with the surgical operations, "we all headed right into the fire, collectively."

The Supplies Department was also appreciated. At the beginning of the outbreak, the nurses were quite frustrated over the lack of coordinated support. Masks and other protective gear were not forthcoming.[20] As hundreds of patients from Amoy Gardens were admitted into the PMH ICU, the wards grew from one to four. Beds, pumps, resuscitation equipment, and even electric extension cords were in acute short supply. This was due to a lack of anticipatory awareness, not goodwill. As soon as the shortages were known, the Central Supply Department worked overtime to ensure delivery. Every night its staff went directly to the container ports to check on the deliveries. Nurses on the front line remembered that diapers for the SARS patients were stacked up to the ceiling. When extra extension cords were ordered, dozens came in the morning, and the rest were promptly delivered by the afternoon. One clerical staff member was particularly pleased with the response. As she said, "We used to have to plead with the Supply Department. Now we feel empowered."

### *What family meant*

While the frontline health workers were facing challenges at work, life was not easy for their families. One nurse manager told of her mother, who went out of her way to prepare nutritious meals. Meanwhile, her own daughter slept in the living room with the sole purpose of greeting her when she returned after midnight and to let her know that the soup was ready in the kitchen. "We cried together and supported one another as a family. At work, the nurses also acted like family members to one another," the nurse manager said.

Jane Chan felt family warmth as well, when her husband, an academic, took up "single-parenting". "There was just too much on her mind when she returned home from her hospital," Chan's spouse recalled. "For entire evenings, she would watch SARS news broadcasts repeatedly on the television channels without saying a word. The children and I tried innovative ways to distract her from work stress when she was home. We even organized a few homemade concerts for her." He gave wholehearted support to Chan and cared for the children. Moreover, he sheltered the family from various forms of stigma. The community at large was schizophrenic about healthcare workers during the SARS outbreak. While they were publicly appreciated in the media, there were subtle forms of social avoidance. One English tutor refused to take a child into her class because of requests from other parents who were worried that the child's mother was a healthcare worker.[21] On the other hand, a piano teacher insisted on regular lessons with the son of a healthcare worker despite protests from other parents. A blessing in disguise, the social isolation experienced by Chan's children brought the family closer together, which in turn became a great support mechanism during Chan's professional encounter with SARS.

## A new social ethos

On June 23, one hundred days after the virus outbreak, the WHO declared Hong Kong SARS-free. The community could finally return to a life of normalcy. However, in the hospitals, many frontline workers found it difficult to put the trauma behind them. For months, they continued to dress in full protective gear for bedside activities. There was a genuine fear that SARS was still lurking and ready to strike. At PMH, the hospital administration initiated drastic changes in the ICU. The unit was assigned more medical and nursing staff. New procedures were implemented and layers of administration added. While recognizing that more personnel and better supplies might be useful, the nurses felt disoriented. The closely knit teamwork, the trust, and the solidarity that supported them through the traumatic times seemed to have been lost in the reshuffling.

Emotional recovery from the SARS episode varied among hospitals. While the memory of SARS began to fade in the public (except at times when investigative reports put the outbreak back in the limelight), the disease has left the frontline workers deeply shaken. The experience has not only tested their faith in the medical delivery system but has forced every individual healthcare worker to make hard moral choices.

Commemorating the anniversary of the end of SARS in Hong Kong, the Minister for the Health and Food Bureau, Dr. Yeoh, expressed his sadness and regret that so many lives were lost. During and after the crisis, there were public demands for his resignation. He testified extensively at the special investigations conducted by the Legislative Council.[22] "When the epidemic began in Hong Kong in March last year," he said,

> little was known about the disease; it did not even have a name. We, and indeed the whole world, underwent a steep learning curve. Despite the severe challenges and difficulties, the outbreak brought out the best in our community. Many people contributed to the SARS battle through their extraordinary service, hard work, professionalism and attention to duty. Overall, our effort to control its spread in Hong Kong, and beyond our borders, was recognized by health experts and the international community. The WHO has commended Hong Kong's efforts to stem the spread of SARS as nothing less than heroic.[23]

While admitting that the chaos and delays were largely due to inexperience, he urged citizens not to apportion blame based on hindsight. He argued that to respect the dead and those who survived the ordeal, the best way forward was to learn from past mistakes, recognize the inadequacies, improve on procedures, and raise the knowledge of public health and disease control. The institutions that Hong Kong was proud of, and the civic spirit embedded in them, would prevail at the end.

A visiting academic, Professor Roy Anderson from Imperial College, University of London, echoed this view. In a luncheon lecture organized by Civic Exchange on June 18, 2004, he told the audience that Hong Kong should consider itself fortunate to have achieved what it did during the SARS outbreak. It was a relatively unknown virus and the professionals demonstrated impressive collective effort to understand and combat it. One should learn from the experience and not blame particular individuals for failings.

However, the general public, already distrustful of the government, pushed for accountability.[24] They did not accept a report released in October 2003 by the government-appointed external Expert Committee reviewing the SARS outbreak, and pressed for an independent investigation by the Legislative Council. Unlike the investigation by the Expert Committee, which was largely conducted behind closed doors, hearings of the Select Committee of the Legislative Council were broadcast directly by the media. Public emotion was again heightened, and the media indulged in its share of sensationalism. Hospital managers and frontline workers went through the unpleasant process of being "cross-examined" by a politicized and still traumatized public. Even if the investigations were meant to gain insight in order to build better institutional procedures, the exercise left a bitter taste for many. The real motivations behind the energies of the front line—a commitment to their professional calling, their faith in teamwork, their intuitive and unquestioning concern for patients—were somewhat lost in a witch-hunt to discredit an already unpopular government. Institutional processes that these medical staff had faith in suddenly seemed to have turned against them in a politically charged environment. The feelings evoked were complex, but one senior doctor put it bluntly: if and when a similar medical crisis arises, frontline workers, anticipating the cross-examinations they might eventually be subjected to, would not face the difficult challenges with the kind of resolute energy that they demonstrated during the SARS crisis.[25]

The Legislative Council Select Committee released its report in early July 2004. The report tactfully tried to present a fair and balanced assessment. However, although its tone was mild, it held certain officials responsible for crucial decisions during the crisis. A week later, amid emotional media coverage of the victims, Dr. E.K. Yeoh resigned.[26] Holding back tears, he once again expressed sadness and regret that he had not done a better job of protecting Hong Kong's citizens. As a senior official, he would take responsibility. Despite a campaign in the Hospital Authority to generate support for its chairman, Dr. Leung Che-hung also resigned. Public responses were mixed. Many wondered if this was an indication that the official accountability system continued to work for the public interest.[27]

This chapter has intertwined public eulogies with the social turmoil and private ambivalences of frontline healthcare professionals in Hong Kong in

order to understand the complicated layers of sentiments and actions in the citizens' pursuit of a safe and secure environment. Ultimately, one must ask the question: would the Hong Kong spirit, as something precious for the citizens to share with a global community, run the risk of being damaged by a local politicized investigative exercise? What could be learned from hindsight?[28] Through what channels could individual professionals engage with public expectations to produce values and practices that nurtured flexibility and civic understanding? A year on from the crisis, most Hong Kong residents had put the nightmarish experience behind them. But for the families of victims, repeated public hearings and investigations continued their trauma.[29] For many officials, there was bitter medicine to swallow. As for the healthcare professionals, they hoped that Hong Kong as a society would gain sophistication from the crisis so that public energies could be strategically galvanized, and individuals would have more room to pursue civic goals in a globally connected world.

If the core of the postmodern condition is the time–space compression that has accentuated the volitality and ephemerality of everything around us (Harvey 1990), tracking globally elusive epidemics like SARS and avian flu is just the beginning of public health nightmares in the twenty-first century. All societies in their path need transparent information, coordinated institutions, and committed efforts. Analytically, one would hope that the experiences of Hong Kongers have illuminated a structuring process that blurred the global/local divide, presenting complicated institutional terrains in the making. Human agency, in its unsuspecting and contingent guises, was at the heart of this process.

## Notes

1 The episode was initially reported in *Ming Pao Daily*. Dr. Chung Sheung-chi mentions it on television, in his eulogy for Dr. Tse. See Wong and Yuen (2003: 10–11).
2 A group made a film centering on the relationship, and members of the church she attended have started a website in her memory. The theme song "Vows under the Rainbow" has a message that after a downpour, one finds brilliant colors.
3 For a solid documentary history of Hong Kong, see Faure (1997). The following provide a range of interpretations on Hong Kong's recent development: see Leung and Wong (1994); Lau and Kuan (1988); on the crystalizing of a localized popular culture, see Sinn (1995); Wang (1997); for critical perspectives on institutional development in Hong Kong, see various annual volumes of *The Other Hong Kong Report*; for reflections on Hong Kong on the eve of 1997, see Wang and Wong (1997, 1999). See also recent volumes by Loh and Civic Exchange (2002, 2003).
4 In fact, within medical and social work circles, a new meaning for SARS began to circulate—Sacrifice, Appreciation, Reflection, and Support. This meaning was used by two doctors to organize an edited volume describing the experiences of hospital staff fighting the epidemic. See "Forward" by Wong and Yuen (2003).

5 See Ku (2001); see also Abbas and Wu (1997), Ma (2001) on identity politics and nostalgia around 1997.
6 <http://www.infor.gov.hk/cesntatd/eng/hkstat/fas/labour/ghs/unemp>.
7 For the general predicaments of Hong Kong's "middle classes," see Lui and Wong (2003). Negative asset means that the value of one's mortgaged property falls below the bank loan, and families are often forced by banks and creditors to pay the difference. When many of the household heads have also become unemployed, families are quite desperate. Lui also compared the government estimates to the much higher estimates by Centerline Real Estate, which quoted a number of 158,940 for March 2002 (p. 105). In the protected sector of civil servants and schoolteachers, a comprehensive review of salaries prompted emotional charges by the unions. The tertiary sector has turned many junior positions into contract work, and has cut salaries. Entire primary schools with inadequate enrollment have been forced to close, inciting sit-ins and tense negotiations between the school administration and the government.
8 For the analytical use of the term "structuring," see Abrams (1982).
9 A senior doctor on the front line affirmed the need to mobilize core values in every individual citizen to confront the physical and moral panic.
10 See *Hong Kong Yearbook*, compiled by the HKSAR government every year, for a description of basic statistics and institutional developments. In the report for 2001, for example, the chapter on health gives detailed descriptions of the organizational framework for healthcare delivery in the public sector, the proposed healthcare reform introduced as a consultation document in 2000, and general data on infectious diseases, hospital and development programs, health education, food and environment hygiene, etc.
11 Daoist "Jiao" rituals are regularly performed by both village and urban communities for annual cleansing of unclean spirits. During epidemics, it is quite common for families and religious and civic associations, with the support of the government, to donate large amounts for Daoist priests and Buddhist monks to perform large-scale cleansing rituals and prayers for the victims. During SARS, one such ritual was performed at the Hong Kong Stadium, accommodating tens of thousands of participants. See Yau (2003) and Chan (2003) on the practice of these rituals in history.
12 See *Hong Kong Yearbook* (2003), section on public health. The beds to population ratio was 5.2 beds per thousand population, compared to 12.98 (2000) for Japan, 4.14 for Britain (2000), 3.5 for the U.S. (2000), and 3.58 for Singapore (2001). The daily charge for a hospital bed is HK$100 (about U.S. $13) which includes diet, medicine, lab tests, x-rays and any required surgery and specialist treatment. The ratio of doctors to population in Hong Kong is 1.6 per thousand, compared to 1.89 for Britain (2001), 3.05 in the U.S. (2000), 2.02 in Japan (2000), and 1.78 in Singapore (2001). However, Western medicine is supplemented by common use of Chinese medicine practitioners. In December 2002, there were 2,385 practitioners registered with the Chinese Medicine Council.
13 Interviews were conducted from March to June 2004 with nurses and doctors in major public hospitals. The authors would particularly like to thank Dr. C. B. Chow and nurses at PMH for sharing their experiences with professionalism, compassion, and candor.
14 The same image was used by Christine Loh and Civic Exchange (2002) in their edited volume which chronicles the extraordinary weeks of drama and tragedy that gripped local, regional, and global attention. The authors in the volume recognize that there are critical lessons to be learned, because, as the editors say, SARS is just the first global epidemic of the new century.

15 Dr. Huang Yanzhong, in his statement to the Congressional Executive Commission on China, May 12, 2003, focusing on the SARS epidemic, asserted that initial information blackout in Guangdong about the disease (it was considered a state secret) did not help Hong Kong officials to gain a realistic assessment of the situation. (<http://www. cecc.gov>)
16 There was a delicate situation on April 1, when a secondary-school student hacked into the website of the major Hong Kong newspaper *Ming Pao Daily* to declare Hong Kong as an epidemic port, to announce the resignation of the Chief Executive, etc. This triggered panic buying in Hong Kong's supermarkets.
17 In contrast to the unity and commitment shown in Hong Kong, there were wildcat protests in Taiwan. As described in Chapter 7, at Jen Chi Hospital in Taipei, medical workers were caught fleeing the hospital. The government also threatened harsh jail terms for any hospital president who refused to take in SARS patients.
18 On a radio phone-in program she said, "Although my husband has died, I would still like to encourage other colleagues [to continue working]. I understand their morale may be undermined by the death of my husband . . . I would like to thank them. Doctors and nurses in the hospital may feel very upset but I know they have done their best." (quoted in Wu and Moy 2003)
19 See Chung, in Wong and Yuen (2003: 10–11).
20 The nurses were so desperate that at one time, they went to ordinary shops and bought raincoats and hats for themselves. These were of course useless as protection.
21 In her talk at Yale University during a SARS conference, Anna Wu, former chair of the Equal Opportunities Commission, mentioned that her organisation received over 500 cases of discrimination due to SARS.
22 There was political pressure for Tung Chee-hwa to testify. He did not, but instead held a behind-closed-doors meeting with the Select Committee. When asked by the media, the chair of the Committee described the meeting as very productive.
23 See his speech, "The Lessons of SARS," *South China Morning Post*, June 23, 2004.
24 Since 1997, the Hong Kong government has encountered one setback after another over its policies. The community felt hurt and frustrated over apparent indecision and incompetence on top of fierce power play among various political factions. The protest march on July 1, 2003 brought half a million citizens onto the streets, and public anger has not subsided despite improvements in the economy. July 1, 2004 brought another 300,000 onto the streets.
25 One medical worker who survived SARS and was then grilled by the Select Committee said their investigation was nearly as bad as the illness itself.
26 The husband of one victim called Dr. Yeoh "shameless" and demanded his resignation on television.
27 In the most recent election of the Legislative Council (September 12, 2004), the incumbents for functional constituencies representing health workers and medical professionals were replaced by new challengers. Whether this was a call for change in the politics of the system remains to be seen.
28 Some recent publications look towards improvements in institutional channels to combat future diseases. See the articles by Sze and Ting (2004) and Chan, Chan, and Chow (2004).
29 In the recent coroner's court hearings, the husbands of two healthcare workers testified on the last working days of their late wives and on their feeling of helplessness. Both broke down in tears during the public hearing. (*SCMP and Mingpao Daily*, October 24, 2004)

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# 5 Artistic responses to SARS

## Footprints in the local and global realms of cyberspace

*Abbey Newman*

As the global community anxiously monitored the progress to combat the spread of SARS during the spring of 2003, powerful images were being created, compiled, and transmitted in cyberspace. Whether the imagery was in the form of photojournalism or artistic responses to the outbreak, the virtual realm became increasingly important in the face of official quarantines and self-imposed restrictions on human movement and contact. In such uncertain times, when nations were grappling with the limitations of their own abilities to deal with the threat posed by the coronavirus, people hungered for accurate information to help them protect themselves and their local communities. Technology became a prosthetic force which supplemented bodily contact and the internet was an environment through which one could explore and connect to humanity. Virtual public spaces created on the internet became not only a surrogate realm for direct human physical contact (e.g., informational websites, instant messaging, chat groups, bulletin board systems, and online shrines for fallen healthcare workers (Chan 2003)) but an important outlet for creative expression. On May 21, 2003, a special online anti-SARS exhibition at the Shanghai Art Museum was posted on the internet (SAM)[1] at a time when large social and cultural gatherings were shunned in the People's Republic of China.

This chapter will explore how such a distinct website, created during the SARS outbreak and still accessible today, represents a unique "footprint" of the powerful emotions and creative energies that were projected into both the global and local realms of cyberspace at a time of crisis and trauma. The particular focus of the chapter is intentional, as SAM is the only online anti-SARS art exhibit that has been launched to date.[2] Such a focus is not intended to diminish the other artistic responses to SARS that have happened throughout the world and in the realm of cyberspace,[3] but it is this particular utilization of the internet, with its potential to circulate imagery to "the masses," that captures a unique moment in time differently from the information that is conveyed through the review of archived news and journal articles. This outlet for creative expression highlights the internet as a potent communicative

space. The very act of projecting these artistic images into an arena allowing immediate public access and sharing can also be viewed as a form of emotional catharsis. The reflective arena for action and display in the virtual realm, as embodied by SAM, while providing insights into the specificity of cultural repertoire and the transcendental emotive power of art work, also serves as a reminder that spaces created on the internet can project a locality that is instilled with the potential to be colored by political and nationalistic messages. These all represent layers of space within the complex realm of cyberspace. We are reminded in the work of Michel DeCerteau that culture itself can be considered a proliferation of inventions in limited spaces (DeCerteau 1997: viii).

Although the idealized "universality" of cyberspace can be considered a misnomer, as the majority of the world's population is still not "connected" to the global information highway, one cannot overlook the powerful potential of art presented on the internet to become an "aesthetic statement" and "metacommentary" on cyberculture and its tendency to transcend the material world and enter another realm of "non-space" (Morse 1998: 181). Such a powerful abstraction allows artistic images to be presented in enthralling digital realms which serve as nodes of connection for the disparate, transient, and anonymous mass of the internet-savvy public. The projection of artistic responses to SARS on the internet also provides viewers with an opportunity to experience the presented symbols and icons emotionally (Morse 1998: 181). By focusing on this website as an open space of interaction, one can draw from the hermeneutical tradition as set forth in the work of Paul Ricoeur, where meaningful action can be considered as text (Ricoeur 1971). It is from this "text" that one can discern culture as a structure composed of symbolic sets (Alexander and Smith 1993: 156). Powerful emotions are also contained within this "text" and the very act of artistically responding to SARS can be considered as a form of emotional release. It is important, though, to remember that these symbolic sets and narratives do not have just one meaning, but many potential and experientially determined ones. It is in this context that Margaret Morse has described empathy as the faculty to visualize and experience the world from the point of view of "the other" (Morse 1998: 209), and through this chapter I would also like to suggest that artistic responses to SARS on the internet can be viewed as an invitation to empathize.

## The on-line anti-SARS exhibition at the Shanghai Art Museum

The virtual gallery exhibition was brought to fruition through the collaborative efforts of the Shanghai Art Museum, the Chinese Arts website,[4] and local artists from the Shanghai Artists' Association, Shanghai Chinese

Painting Academy, and Shanghai Oil Painting and Sculpture Academy. The impetus for the creation of this online exhibit came during the spring of 2003 at a time when the fear of the spread of SARS had caused a decline in museum patronage and the gradual cancellation of all exhibits at the museum. Public spaces such as the Shanghai Art Museum were naturally avoided and the very act of physically gathering could have been seen as dangerous. It was in this time of fear and uncertainty that museum administrators decided to utilize the web technology and infrastructure that had been present on their website since 2000 to present a special anti-SARS exhibition.[5] Within days of the call for entries, artists responded and submitted work that was created specifically for the online exhibit. Sixty-five pieces were chosen to be displayed online when the website went live on May 21, 2003, comprising a mixture of traditional Chinese paintings, oil paintings, sculptures, cartoons, and propaganda posters. As a corollary activity related to the launch of the website, and in spite of the general public's fear of gathering, twenty-six local Shanghai artists met "maskless" in an act of solidarity on May 20, 2003 at the Shanghai Wenlian Conference Center and created 120 pieces of art on silk masks (Northeast News Network May 27, 2003). Some of this mask art was displayed on SAM and all 120 pieces were auctioned along with the other pieces of art on SAM by the Shanghai Charity Foundation. The proceeds from the sale of these works went to help research on SARS. The creation of SAM and the small gathering of Shanghai artists are two distinct forms of collective action, one of which occurs in a virtual realm and the other which encapsulates a physical space and time. Both of these virtual and physical manifestations can be viewed as an act of solidarity rising to the nation's call to fight SARS. And while the May 20 gathering of Shanghai artists has long since disbanded and the artwork has all gone to auction, SAM continues to exist in the virtual realm of cyberspace as a "footprint" of artistic responses from which one can decipher complex layers of universal emotions, culturally specific repertoire, and nationalistic fervor.

The artists' work as presented on SAM was produced from a wide range of traditional and modern techniques, some very distinct and others offering a unique blend.[6] The juxtaposition of modern and traditional images on SAM sets forth a complex set of local and global cultural lenses from which one can decipher visual culture. One particularly striking example is how traditional Chinese calligraphy of the powerful cultural adage "never-ending self-strengthening"[7] (Figure 5.1) was showcased along with a bleak and chilling abstract piece entitled *Angel and Devil* (Figure 5.2).[8]

These images can be viewed as a reflection of the dual-edged emotional spectrum present in SAM, which embodies both the spirit of determination along with the harsh reality of fear and horror that had been instilled by the outbreak of the SARS virus. While the calligraphy might elicit an emotional response from a viewer literate in Chinese language and culture, it is possible

*Figure 5.1* *Never-Ending Self-Strengthening* by Zhang Sen
*Source*: <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10177&page=1>

to view *Angel and Devil* as transcending cultural or language barriers which would allow a more global audience to form their own interpretation mixed within the lightness and darkness of the piece. The public space that is provided by SAM is therefore layered with local and global nuances that are apparent depending on who is viewing the work. Although the power lies in the fact that there was an open space for the creation and display of these images on SAM, the messages contained will vary from person to person as the symbolism contained will be interpreted through the lens of one's own provinciality. Despite the localized nature of some of the cultural tools utilized in the artistic responses on SAM, I would argue that it is also possible to interpret certain artistic responses as a transmission to the larger global public of the more universal themes of compassion, hope, determination, and reverence for the medical profession. Even with the inherent multiplicity of messages, the artwork can be seen as projecting an invitation for the viewing public to empathize and connect to a moment in time that was fraught with concern and uncertainty.

*Figure 5.2* *Angel and Devil* by Shi Dawei
*Source*: <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid+10194&page=3>

While pictures evoking traditional painting styles and calligraphy could be seen through a localized lens as an attempt to boost local morale, images were also created to pay homage to the modern-day heroes in the medical community. Drawing from a definite traditional Chinese cultural repertoire, one finds that icons, such as the warrior, ruling elite, or scholarly sage, who were commonly depicted in scroll paintings, are suddenly replaced by the new and honorific images of the doctor and nurse. The use of iconic figures reflects a deep-seated tradition which has its roots in Confucian role-modeling, where cultural icons become concrete embodiments of abstract moral principles and reflect the ideal models of desired behavior. This idea of role-modeling can be seen as one of the main precursors of visual propaganda in traditional China (Landsberger 1995: 18). It is later transformed by the leadership of the Chinese Communist Party to encapsulate a revolutionary spirit where

the use of ideal models is advocated as a means to bring about social or attitudinal changes so as to ensure that society develops through emulation (Landsberger 1995: 26). It is in the time of SARS that the model health worker is to be respected, honored, and acknowledged for his/her sacrifices. Although many artistic images on SAM are emulations from the dominant Chinese traditions in art and culture, it also contains modern and stylized pieces that can be viewed to exude an outpouring of compassion for the nurses and doctors risking their lives to help save others.

In one sculpture by Tang Shichu entitled *Remember This Pair of Beautiful Eyes*,[9] (Figure 5.3) the viewer is drawn into the piece by the steady but haunting gaze of an extremely detailed three-dimensional monochrome depiction of a masked health worker. In another striking reminder of the impact of SARS, a painting of a woman is split down the middle with the left side depicting a modern bride dressed in a white wedding dress and carrying a bouquet while the right side, contrasting the beautiful and hopeful imagery of the left, has the same woman covered head-to-toe in white protective medical gear.[10] Such images can be viewed as a reminder that behind each surgical mask there is someone's loved one and a private life that has been put on hold by professional duties. These images present the possibility of transcendence of localized culture and expression of universal human compassion and empathy in the global realm of the internet.

While I have focused so far on juxtaposing the localized cultural specificity with the possibility of universally emotive messaging presented in the artistic images on SAM, I would be remiss if I did not also address the description of the exhibit provided by the Shanghai Art Museum itself and the nationalistic messages contained within this text. The text brings our discussion of empathy and emotive potential into the realm of political rhetoric and propaganda, which is another important dimension of the artistic images provided on SAM.

The foreword to the online exhibition prepared by the Shanghai Art Museum is filled with emotionally charged vocabulary speaking of the fervor with which the artists responded to the collaborative initiative.[11] Its very title describes the "true sentiments" or "genuine feelings" of the online artistic contributions from Shanghai as the whole population fought SARS.[12] The website details how the artists viewed their work as a mission to inspire and unite the population at a time when large public gatherings were not allowed. Contributing art to the website was a way to express a sense of responsibility to society. The very process of creating these artistic works and articulating their potential for emotional messaging became an important "emotional achievement" (Yang 2000) which was linked to the greater initiative of mobilizing the public to fight SARS. Such an endeavor not only became an emotional catharsis for the artists themselves, but their emotions transcended and can be viewed as a reflection of those of the greater Chinese society. These

*Figure 5.3* *Remember This Pair of Beautiful Eyes* by Tang Shichu
*Source*: <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid10206&page=4>

local artists were articulating the emotions from the local collective and transferring them into the national sphere. I would argue that the artists could be viewed as acting collectively for the citizens of the People's Republic of China, and that the space provided on the internet became an expanded public channel for the emotional catharsis of a nation.

The very language utilized in the foreword to SAM was dramatic but also nationalistic and militaristic in tone. The harsh reality of SARS not only instilled fear throughout China but elicited a strong and immediate emotional outpouring to all those doing "battle" on the front lines against the virus. It was as if the very creation of SAM was viewed as a national battle cry. The artistic endeavors were providing "a strong voice for the population to cheer the troops in the combat against SARS."[13] The fight was depicted in terms of a "great gunpowderless battlefield." These military allusions also send a powerful message of a nation uniting in strength. Unity itself is seen as the path to victory.[14] The language evokes a strong nationalistic narrative that politically charges the online art exhibit with the party-state's desire to mobilize the masses to battle the SARS epidemic in China. These nationalistic tones reflect a long tradition of Chinese Communist Party scriptures stating that the arts were to play an important role in the political socialization of the population. Art had to serve the masses (i.e., peasants, workers, and soldiers) and artists had to serve politics first by following the demands made by the Chinese Community Party, which, of course, represented the masses (Landsberger 1995: 34–5). The rhetoric as presented on SAM can be viewed as an echo of a powerful and pervasive ideology that has been transported to the present-day battle against SARS. Lest one forget, it was back in 1942 at the Yan'an Conference on Literature and Arts when Mao Zedong exclaimed that literature and art must become a key part of the entire revolutionary machinery. In this way, they could act as powerful weapons in uniting and educating the people while attacking and annihilating the enemy. Literature and art could therefore help the people achieve solidarity (McDougall 1980: 58). SARS had become the modern enemy of the state and the entire nation was called to battle.[15]

The Shanghai Art Museum, as a "state-sanctioned institution" under the authoritarian regime of the Chinese Community Party, is reflecting a political consciousness that has arisen during a time of national distress. Such political consciousness becomes a cultural code utilized in messages delivered to the general population. SAM, therefore, contains examples of propaganda posters and nationalistic pieces designed by local Shanghai artists. The general theme presented in the propaganda pieces can be viewed as a united population mobilized and fighting as a "Great Wall" against SARS.[16] The Chinese flag is also used as a rallying symbol for the nation in a piece by Yin Jia where towering doctors and nurses are depicted working on a SARS patient in the middle of a Chinese flag containing the faces of the Chinese

population fixated on their hard work.[17] Powerful imagery drawing from the collective revolutionary socialist tradition is also utilized in the work of Wang Shensheng entitled *Entering the Party Battle Line* (Figure 5.4).[18]

In this acrylic painting, the state strictures of socialist realism that once dominated artistic production in the depiction of beaming model workers and peasants have been modified to show images of masked health workers standing resolutely in complete protective gear with fists raised in unison. The Chinese Communist Party flag is also depicted and can be viewed as sending the powerful political message that these "model workers" are entering the fight against SARS under the strong leadership of the party. This type of symbolism is a reminder that the revolutionary legacy is deeply ingrained in

*Figure 5.4 Entering the Party Battle Line* by Wang Shensheng
*Source*: <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10202&page=4>

the Chinese cultural memory and still constitutes a significant dimension where nationalism has the power to reactivate and transform traditional cultural values into the service of a new political and ideological hegemony (Kang 2004: 19–20). These health workers standing resolute represent a new revolutionary icon which reinforces the national spirit and valorizes the collective.

Although the medical community can be seen as being raised to an honorific and iconic status, the leadership of the party-state retains its prominence in certain pieces of art presented on SAM. The "compassion of the father–mother state" is depicted in a piece by Shi Jiren entitled *Limitless Concern*,[19] which portrays President Hu Jintao dressed in a stately black suit and red tie as he speaks with a group of doctors and nurses clad in white medical gear who are all smiling and gathering around to hear the reassuring words from the highest echelons of the Chinese leadership.[20] Such an artistic depiction of a Communist Party leader is another form of propaganda that was derived from Soviet practice and has been utilized since 1943 as a means to reflect revolutionary idealism with the hopes of inspiring the masses (Landsberger 1995: 34). The appropriation of political icons was a main component of the socialist-realist template that presented model heroes and strong leaders to the nation.

While nationalistic political consciousness can be considered as one component of SAM, it would be incorrect simply to state that the Shanghai Art Museum or its online anti-SARS exhibition is simply a party mouthpiece and that the art produced is nothing more than propaganda. It is important though to recognize that at a time when both the global community and the local Chinese population scrutinized the Chinese leadership's handling of the outbreak, certain artistic responses on SAM can be viewed as being imbued with a "public relations" flavor as an attempt to instill confidence in Chinese society and portray the state as capable, determined, and caring. The strong state symbolism and the political narratives contained within the imagery on SAM reflect the dual nature of the virtual gallery as a space containing both global and local lenses of culture and politics.

I would argue that the virtual realm that SAM presents has been partially co-opted by the political interests of the Chinese state, as is demonstrated by the strong nationalistic rhetoric in the foreword and the propaganda pieces presented as part of the artistic response on SAM. There was no place on SAM for critical debate or pointed criticism of the government's handling of the SARS epidemic. The artistic responses reflect the potential for art to become an agent of the state where imagery created taps into the collective memory of a population mobilizing as part of a revolutionary socialist state.

Despite the political overtones, SAM should also be viewed as a site of creative collaboration and as a limited outlet for collective action. The space that is created by SAM provides a portal through which lies the potential for

one to experience an interesting mix of genuine emotions and a specific Chinese cultural repertoire. It is a virtual realm that is layered with the potential for imagery to project an emergent state of Chinese artistic and cultural nuance that is mixed with compassion and nationalistic fervor. On one end of the spectrum, these artistic images can be viewed as contributing to the wider process of national mobilization against SARS with the creation of imagery reminiscent of previous political strategies of the propaganda machinery of the Chinese Communist Party. The other end of the spectrum encapsulates a realm of visual culture which can be viewed as eliciting an emotional release from the dominant local and global cultures. It is through this portal that one finds the limits of locality on the internet as SAM becomes a space that is partially co-opted by the state. It is a reminder that even the creation of an online anti-SARS art exhibition can be viewed within the legacy of an ideological framework for reform in China where science and technology are conceived as the universal functional knowledge that should be used to preserve the Chinese nation (Hughes 2002: 211). The internet as embodied in SAM, therefore, presents the possibility of an emotive power that also serves the needs of the motherland embattled by SARS. Artistic expression itself is an important means through which humans can respond to traumatic events and it is this footprint that has left its mark in the complex global and local realms of cyberspace.

## Notes

1 The web images referenced in this chapter are from the anti-SARS exhibition on the Shanghai Art Museum website located at <http://www.cnarts.net/cweb/exhibit/show/antisars/>.

2 As preparation for the September 19–21, 2003 interdisciplinary conference "SARS: Globalization's Newest Challenge," which was conducted at Yale University under the sponsorship of the Council on East Asian Studies at Yale University and the Hong Kong Institute for the Humanities and Social Sciences of the University of Hong Kong (<http://www.yale.edu/ycias/ceas/sars.html>), the author began to gather images and conduct online queries regarding the various artistic responses to SARS which were taking place throughout the world. The author came across SAM during extensive searches on the internet which started in June 2003. At that time, SAM appeared as one of the major portals providing an interesting array of artistic responses. The author was struck at that time by how one so far removed from the "hot zones" of SARS infections could connect to the outpouring of mixed emotions during a time of crisis. The artistic responses gathered from the internet, along with an exhibition of photographs by Leong Ka Tai (Hong Kong) and special screenings of *Alltagsmutationen—Mutations*, a video installation by Lu Yen Roloff (Hamburg) and Nicole Schadewitz (Hong Kong), *1:99 Shorts* prepared by the Federation of Hong Kong Film Workers, and *Blue Sky Exposure* (a film about an outdoor artistic gathering on the outskirts of Beijing which took place on May 24, 2003), were shared as audio-visual presentations during the September 2003 conference at Yale University. The author then proceeded to conduct regular searches in English and Chinese on a variety of search engines in both US and Chinese domains to monitor the status

of SAM and to see if additional sites were created to present online artistic responses to SARS. The searches consisted of terms such as "SARS art," "SARS digital art," "Anti-SARS Exhibit," "Anti-SARS art," "SARS online art," and "SARS art images." While it is important to recognize that the very infrastructure and design of search engines creates disparate points of departure and can be considered deliberate in the ways in which information is matched and rated, there is the potential for the internet to move beyond its distracting and emergent qualities to present a moment where a transient public is able to connect to a larger emotional outpouring on both a global and a local level during a time of fear and isolation.

3 The SARS Art Project (SAP) appeared during the author's preliminary internet searches in June 2003 and exists even today as another main clearing house on the internet of artistic responses to SARS which began as a series of posts by Xeni Jardin on BoingBoing, a collaborative weblog co-edited by Cory Doctorow, David Pescovitz, and founder Mark Frauenfelder. The SAP website was set up as a "directory of sarsful things" at <http://www.sarsart.org>. The collection of images on it was enhanced by a "call for entries" to readers and artists inviting more examples of "found" and original digital folk art that demonstrated the epidemic's social impact across the globe (<http://www. sarsart.org/about.php>). The contents of the site then expanded to include original works from illustrators and artists who had created pieces exclusively for SAP. This website can be considered an example of a virtual realm which allowed for the gathering, exchange, and articulation of artistic ideas and opinions. Weblogs have become a relatively new kind of publishing platform and communications tool on the internet and can be described as hybrid websites that are mixtures of personal websites, forums, news groups, and chat groups that provide virtual gathering places in which words, pictures, and sounds can be freely exchanged. Readers can directly comment on weblogs and the very structure of the site usually encourages the exchange of ideas. The fact that SAP was created from a weblog immediately sets it apart from the online space provided on SAM. While the Shanghai Art Museum provided a creative outlet for artists to express themselves, it will be argued in this chapter that it was also a space utilized for state propaganda. This is not to say that weblogs cannot be used for state propaganda, but SAM did not provide a real interactive realm for feedback and exchange. This highlights the limitations of the locality that is encapsulated on SAM. In comparison, the relatively open space that is provided on SAP allowed for the representation of a wider variety of voices and information relating to SARS, social critique of racism and xenophobic tendencies, and critical debate. The original postings of SARS "folk art" were met with a mixture of positive and negative responses on BoingBoing. People expressed a wide range of opinions from full-fledged support for the initiative to frustrated boredom with the mundane, uninspired, and repetitive imagery. Others were offended by some of the lighthearted portrayals of such a serious and deadly virus. Participants were able to express their feelings and opinions in their postings to the weblog which provided for a heated debate revolving around the ideas of what constitutes "folk art" and the general merits of posting and sharing artistic responses to SARS. Such commentary and debate, in addition to the digital imagery itself, can be viewed as an additional legacy of SARS that has left an important "footprint" in the more global realm of cyberspace.

4 The Chinese Arts website is located at <http://www.cnarts.net> and was created by a local Shanghai company, Jibaozhai Arts & Crafts. The site is a clearing house of information on Chinese arts, including art dealership. It strives to be the largest traditional market network collaborating with artists, galleries, museums, and other companies to promote Chinese arts across the globe.

5 The author received background information regarding the online exhibit directly from Ms Mao Aimin of the press office of the Shanghai Art Museum. On-line exhibits have been a regular part of the museum's program planning since 2000.
6 The blending of cultural and artistic traditions on SAM also included the utilization of new artistic medium. The most striking addition was the use of the surgical mask as both palate and canvas. The mask became one of the most powerful visual icons of the SARS epidemic and naturally was the focal point in many artistic pieces on SAM. The website also includes photos of the twenty-six local artists gathering at the Shanghai Wenlian Conference Center on May 20, 2003, and diligently creating artistic pieces on silk surgical masks, some of which had a very cartoon-like or storybook quality. In these more lighthearted images humor can be seen on a more universal level as an integral part of the human spirit and a powerful form of release. Humor is just one layer of emotion that is depicted on SAM.
7 All images cited in this chapter can be viewed in the online exhibit of the Shanghai Art Museum, <http://www.cnarts.net/cweb/exhibit/show/antisars/>. The calligraphy *Never-ending Self-Strengthening* by Zhang Sen measures 74 × 70 cm and can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10177 &page=1>.
8 The "traditional Chinese painting or *guo hua*" *Angel and Devil* by Shi Dawei measures 136 × 130 cm and can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/ antisars/zuopin.asp?nid=10194&page=3>.
9 The sculpture *Remember This Pair of Beautiful Eyes* by Tang Shichu can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10206&page=4>.
10 The "traditional Chinese painting or *guo hua*" *Hope/Looking Forward to* by Ding Xiaofang measures 71 × 186 cm and can be viewed online at <http://www.cnarts.net/ cweb/exhibit/show/antisars/ zuopin.asp?nid=10180&page=4>.
11 The foreword is located online at <http://www.cnarts.net/cweb/exhibit/show/antisars/ qiany.asp>.
12 The complete title of the forward is "The entire people fight atypical pneumonia, art presents the true feelings—a special online art exhibit by Shanghai artists" (<http:// www.cnarts.net/cweb/exhibit/show/antisars/qiany.asp>).
13 The foreword states, "bolstering the morale of the nation [people] in the combat against atypical pneumonia" (<http://www.cnarts.net/cweb/exhibit/show/antisars/qiany.asp>).
14 <http://www.cnarts.net/cweb/exhibit/show/antisars/qiany.asp>.
15 The Chinese press was replete with stories meant to boost national morale in the fight against SARS. The government attempted to reassure the masses by printing quotes such as "With the solicitude of the leaders, we'll certainly be able to defeat the virus!"; "Science can beat back the serious disease, while unity is the strongest force that thoroughly defeats the disease"; and "A responsible government must always put the interests of the people in the first place." Cited from the April 25, 2003 *People's Daily* online article "True Love Knot—Most Effective Weapon for Fighting SARS" (<http://english.peopledaily.com.cn/200304/25>).
16 The poster by Ke Hegen and Sun Tonghui entitled *Constructing a Great Wall to Fight SARS* can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/ zuopin.asp?nid=11063&page=8>.
17 The gouache painting by Yin Jia *Uniting to Fight SARS Casts a Monument* can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/ zuopin.asp?nid=11066 &page=8>.
18 *Entering the Party Battle Line* can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10202&page=4>.

19 Shi Jiren's acrylic painting entitled *Limitless Concern* can be viewed online at <http://www.cnarts.net/cweb/exhibit/show/antisars/zuopin.asp?nid=10199&page=3>.
20 As an interesting aside, this is one of the few images on SAM that depicts medical workers without their masks.

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# 6 SARS humor for the virtual community

## Between the Chinese emerging public sphere and the authoritarian state

*Hong Zhang*

I wrote your name in the sky, but the wind blew it away.
I wrote your name in the sand, but a wave washed it away.
I was just worried about you and let out a few dry coughs, and damn it, the SARS-prevention group took me away.

(Chen 2003)

*What the Party Has Failed to Do, SARS Has Succeeded*

The Party failed to control dining extravagantly, SARS succeeded.
The Party failed to control touring on public funds, SARS succeeded.
The Party failed to control having a sea of meetings, SARS succeeded.
The Party failed to control deceiving one's superiors and deluding one's subordinates, SARS succeeded.
The Party failed to control prostitution and whoring, SARS succeeded.

(Green Web 2003)[1]

Between April and May 2003, Beijing residents lived under intense fear and anxiety. For almost two months, schools and libraries were closed, public entertainment places were shut down, and shopping centers and restaurants were deserted. Although people in Beijing retreated from public life and minimized every non-essential social contact, they were not isolated from one another. Rather, under the threat of "atypical pneumonia" they developed lively interaction through the new forms of communication provided by internet and mobile phone use.[2] Not living in Beijing at that time, I could not fully participate in the social exchange of that spring; however, through a careful reading of internet postings, I found a vital window into the virtual community of humor that demonstrated the vitality of China's emerging public sphere. Diverse public sentiments disseminated through SARS jokes in the cyberspace community not only conveyed unorthodox attitudes and opinions but subjected the Chinese party-state to public scrutiny, albeit through irony and humor.

In this chapter, I focus on these jokes and puns circulating in cyberspace to assess the utility of Jurgen Habermas's notion of the public sphere for understanding tensions in state–society relations in contemporary China. Habermas traced the emergence of a bourgeois public sphere in eighteenth-century Western Europe to a long-term process of social transformation from feudalism to capitalism. (Habermas 1989) The bourgeois public sphere mediated between the private concerns of individuals and the demands and concerns of social and public life. In this public sphere, autonomous individuals and groups could assemble freely to engage in open debate and discussion of all issues of general concern to discover common interests and reach societal consensus. Thus the "public sphere" as conceptualized by Habermas consisted of social spaces where individuals and groups could shape public opinion and give direct expression to their needs and interests, thus forming a cultural force that could influence political practice and state policy.

In contemporary China, where public debate is highly constrained and the government is not required to consult citizens, the public sphere has a culturally specific form and the internet rather than coffee-houses provides the location where public discourse multiplies. Cyberspace critics used the SARS outbreak as an opportunity to offer moral judgment on a wide range of social, economic, and political conditions in China. Some of these deride the hypocrisy and contradictions in the party's claim to high moral ground while in indulges in rampant corruption and official graft. Others focus on the new ambivalences and disturbing forces unleashed by the large-scale marketization and social transformation that China is currently undergoing toward more capitalist forms of economic organization. Virtual communities created online and via mobile phone messages provided both a medium and a public space which allowed ordinary citizens across social and geographic boundaries to congregate and exchange their opinions. Through internet chat rooms, bulletin board sites (BBS), emails, the worldwide web, and mobile phone short messaging services (SMS), individuals spread and exchanged SARS jokes in a manner akin to Habermas's public sphere in the sense that this communicative activity took place outside the dominant institutions of government control.

Among the most interesting aspects of these developments is the government's response to SARS jokes. Despite the fact that the party remained intolerant of virtually all forms of political dissent, the government took an unprecedented attitude toward SARS jokes. Not only did the party permit the jokes and the communicative networks that produced and circulated them, but it went so far as to use its own official media outlets to publicize and disseminate politically sanitized SARS jokes. On the one hand, this willingness to tolerate (but also control) dissent can be seen as part of a broader effort of the Chinese Communist Party to attempt to oversee the

development of, and ultimately diffuse the potential threat posed by, China's rapidly expanding, consumer-oriented population. On the other hand, the impact of communications technologies, coupled with an increasingly decentralized market economy and the rise of a more pluralist society, has also forced the Chinese government to become more sensitive toward, and even accommodating to, public sentiment and criticism.

Between May and June 2003, I conducted a "virtual ethnography" of China's electronically mediated public sphere.[3] This entailed looking through hundreds of Chinese internet websites and amassing a total of 150 SARS jokes in various genres and covering a broad range of content.[4] Two features characterized the circulation of SARS jokes in cyberspace. One is that the jokes were compiled in anthology formats under various titles, such as "A Complete Anthology of SARS Humor," "Smart SARS Quotations," and "The Top SMS Messages of SARS," and these anthologies were cross-posted and reproduced from one website to another. The other feature is that during the SARS crisis, various websites and BBS forums[5] created special SMS messaging centers where netizens could post their own SARS short messages or import them from other websites. The list of SMS messages in these websites was updated and expanded daily as long as new ones were created and collected. What is most remarkable about the circulation of SARS jokes in cyberspace, however, is how the same sets of SARS jokes or SMS messages were replicated in different websites and BBS forums throughout China. For example, while the list of "The Top SMS Messages of SARS" was found in the popular websites of China's major cities such as Beijing and Shanghai, it was also cross-posted in the regional websites of many remote provinces, such as Guangxi, Gansu, Hunan, Hubei, Jiangxi, and Sichuan. Some have claimed that 90 percent of SARS jokes and SMS messages originated in Beijing (Jiang 2003); however via the internet and mobile phone messaging, they spread far and wide to an electronic community of users throughout China's cities.

This chapter explores popular sentiments as reflected in SARS jokes to theorize the role of the virtual public sphere and new interactions between state and society. I will first describe five thematic clusters of SARS jokes and then discuss the general function of political humor in post-Mao China as well as the new forms of sociality among cyberspace publics. Finally, I will focus on the new strategies and means of control that the government has adopted in responding to cyberspace SARS jokes. I conclude that although the new technology fosters a virtual public sphere in China, state control ultimately shapes its scope and viability.

## What are they joking about?

On April 3, 2003, China's central government held its first press conference on SARS. The conference was televised live, and government officials claimed confidently that there was no SARS problem in Beijing, and that it was safe to live, work, and travel in China. However, under increasing pressure from the international community to allow WHO investigators to visit Guangdong and the dramatic announcement by Dr. Jiang Yanyong that the government was covering up the real impact of the disease, the Chinese government admitted on April 20 that the SARS figures were ten times higher than previously claimed and declared "a people's war" against SARS.

Stunned by the government's abrupt about-face from open denial to candor and rigorous action, and confined to their homes, initially bewildered Beijing residents reached out to friends, colleagues, and family members via SMS messages over their mobile phones or emails. In this virtual, digital world, they quickly began to circulate SARS jokes to lift morale. Rapidly, a multitude of SARS jokes circulated online.[6] Although the SARS jokes were varied, five major themes are clearly discernible.[7]

The first type of SARS humor offers comfort and advice in dealing with the crisis. Occurring in the form of rhymed ditties, these humorous poems had the effect of being both entertaining and comforting. Equally importantly, by drawing on a popular traditional form of folk poetry, they invoked a "general, shared wisdom" and conveyed a sense of togetherness. Here are two examples:

> The sky is blue, the grass is green.
> The SARS epidemic is really terrifying.
> Don't be scared. Don't worry.
> As long as you are happy, you will not get sick.
> Exercise more and wash more.
> A happy life for your family young and old.
> (Renminwang 2003)

> SARS is really scary.
> Some people are already infected.
> To avoid getting SARS,
> Make sure you wear a face mask.
> Keep your spirits high, you will do just fine.
> Wish you a happy life for ever and ever.
> (Renminwang 2003)

During the SARS crisis in Beijing, when the citizens were scared of leaving their homes, sending humorous and encouraging messages such as these was

a good way for people to show their concern for each other and feel connected even as they were physically isolated. The almost childlike naivete and lighthearted tone not only relieved the tension, fear, and anxiety that gripped the capital city but nurtured a domain of trust. Thus, in these jokes, family, the home, and high spirits all figure prominently.

A second type of joke ridiculed overreaction. Due to the disinformation of the government during the first months of the outbreak in Guangdong and then the direct lies to the WHO on the number of cases in Beijing, people began to take extreme measures for self-protection. Panicked Beijing residents cleaned out shop shelves of food and medicine and there were reports that people became sick by taking too much of the medicine that was supposed to boost their immune system for SARS prevention. Fires broke out when people put their mobile phones and currency in microwaves for sterilization. Suspicion, mistrust, and fear led to irrational behavior. In response, SARS jokes mocked the overvigilant and scrupulous. One SARS joke culminated in a top-ten list of ways to die from SARS:

1 Poisoned to death from overdose of Chinese herbal medicines.
2 Burned to death from fire caused by boiling vinegar [a folk remedy].
3 Smothered to death by wearing face masks all the time.
4 Scared to death after learning that one's co-workers have SARS.
5 Chopped to death by friends and relatives when one came back from a SARS-infected area.
6 Cursed to death for spreading rumors through the internet.
7 Trampled to death for sneezing in a public place.
8 Exhausted to death by going to work on foot for fear of taking public transportation.
9 Depressed to death for being taken to a mental hospital (losing one's mind as a result of worrying too much).
10 Finally, dying as a result of actually contracting the SARS virus.

(Zhongguo Zhihuicheng 2003)

Beijing had over 2,500 SARS cases. However, one SARS poem, packaged as a news flash, warned the public that "a new disease" called "SARS Phobia Syndrome" was affecting "2.5 million people in the capital city" and described its "symptoms" as follows:

Takes medicines indiscriminately, and wears face masks,
Eyebrows are narrowed (due to worry), and unable to laugh,
Rushes to buy cooking oil, rice, and herbal medicine,
Disinfects day and night without any sleep.

(Renminwang 2003)

Before the 1980s, both Confucian traditional morality and Maoist puritanical fervor censored themes of love, romance, and sex in the public media. However, simultaneous with its newfound tolerance for capitalism as the road to prosperity and growth, the party has also allowed freedom in non-economic realms of life. The government has reduced its monopoly over public discourse and no longer closely polices the private lives of its citizens. The third type of SARS joke grows out of this new tolerance of private pleasures. Here we find jokes focused on romance and sex, reflecting the current openness on matters of intimacy. The following are some examples:

> Gently brush your hair behind your ears.
> Tenderly caress your face.
> Sweetly kiss your lips.
> Aha! Got you! I am a facemask. Remember to wear me!
> (Renminwang 2003)

In another SARS ditty, wearing a face mask was turned into an adoring love message between sweethearts:

> When you have no face mask, the beauty of your face is accentuated;
> When you wear a face mask, the beauty of your eyebrow is highlighted;
> With or without a face mask, in my mind you are the most beautiful.
> (Renminwang 2003)

Dreadful SARS symptoms could also be charged with an implicit sexual reference: "Last night I had a dream and encountered a beautiful woman. Consequently, I developed preliminary SARS symptoms: high fever, difficulty in breathing, and dry coughs with blood (well, it is nose-bleeding)." (Renminwang 2003) In a feigned solemn tone, another SARS verse read:

> "Let us wash our hands clean so that we can shake hands as firmly as we please!/Let us look behind the 18-layered face mask to see each other's gentle smile!"
> (*Complete Anthology* 2003)

A fourth theme plays on the excesses of the new commercial economy. By 2003, China had abandoned its centrally planned command economy and millions of people were engaged in tertiary, technical, and managerial work in the emerging private sector. Commercial activities dominated many everyday exchanges, and following Deng Xiaoping's exhortation that "To Get Rich is Glorious," it often seems as if the whole nation has been caught in a frenzied craze for finding new and innovative ways to make as much money

as quickly as possible. The following joke vividly captured the dark side of the extreme manifestations of blindly chasing after money:

> According to the latest expert opinion, the major transmission channel of SARS is the circulation of currency. In order to protect yourself and your family's health, please put all your cash in a sealed plastic bag. I will personally come to your place to pick it up. I charge only a small fee for the service. Good health to your whole family.
>
> (Renminwang 2003)

SARS jokes also mock the bogus and deceitful commercials that have become a fixture of China's new social and economic reality. The following is a joke in the guise of a travel agency's advertisement:

> Dear friends, want a vacation? Please act soon and dial this toll-free number—120 [the equivalent 999]— to enjoy a super-value, complimentary seven-day stay in a hospital with room and board included! If you call now, you will also get a free face mask, a stylish, disinfected suit, and a free pick-up by the ambulance. The first ten callers will also get free private-room service [i.e., quarantine treatment]. Call now, and mention the secret password: "I have a fever."
>
> (Renminwang 2003)

This joke mocks both the excessive commercialism of ordinary citizens and the state's withdrawal of social services in the name of developing a competitive economy. Since the acceleration of market reforms in the 1990s, China's once-vaunted public health system has dramatically deteriorated. State-subsidized healthcare has been privatized, medical costs have skyrocketed, and rural residents are particularly vulnerable. Faced with the possibility that the urban-based SARS outbreak might rapidly spread to the countryside, the Chinese government ordered free medical treatment for all SARS patients who could not pay. In circulating the joke above urging the "consumers" to take advantage of "a free vacation package," citizens thus belittled a rare case of a "free-ride" from the state under contemporary conditions of privatization.

New commercial activities have redefined public places and interpersonal relations. Restaurants and karaoke bars have mushroomed throughout urban China and provided new sites for socializing as well as locales where deals are sealed and friendships and partnerships between clients and businesspeople are celebrated. Here is a SARS joke reflecting on the increased sociality of commercial life:

> I took my client to dinner. That damned guy insisted on ordering a crab dish [an expensive meal]. I advised him not to do so as it was not the

> season. He would not listen to me. Picking his teeth while flipping through the menu, he shouted at me: "I have never eaten that dish before. You are not going to stop me. *Wo feidian! Wo feidian!* [I must order that]" All of a sudden, three face-masked men sprang out from the soup bowl and took him away.
>
> (Renminwang 2003)

This joke is a pun. The Chinese term for SARS is "*feidian xing feiyan*" (i.e., atypical pneumonia), or "*feidian*" for short. Thus, "*wo feidian*" could suggest the dreadful revelation "I have SARS." However, "*wo feidian*" is a homophone which can almost mean "I insist on ordering that" (as in the narrative above) or "I insist on counting [the money or names]," or "I insist on setting off [firecrackers or fire]." The Chinese lends itself well to punning because it is a monosyllabic language and has many homophones. While in this narrative "*wo feidian*" should really mean "I insist on ordering that," in the context of SARS phobia, it could mean "I have SARS." The joke lies in the fact that the wrong interpretation of the utterance takes precedence over the true meaning. Indirectly, this joke also pokes fun at the government's massive quarantine measures, suggesting that they were excessive and arbitrary.

Puns like this one were extremely popular and as many as fifteen different versions circulated, including one that drew on an exhange between Saddam Hussein and George W. Bush: "Saddam was found. Bush warned him not to set Iraq's oil wells on fire. Defying Bush's order, Saddam shouted: '*Wo feidian! Wo feidian!*' Saddam was immediately taken into Beijing's Xiaotangshan Hospital." (SMS 2003)

A fifth type of joke was explicitly political. Since the post-Mao thaw in the late 1970s, political humor has resurfaced with a vengeance. Political jokes poking fun at Chinese leaders, satirical ditties jeering at the political system and official corruption, and ironic commentaries parodying the party's slogans and stock phrases have flourished in China.(Link and Zhou 2002) In the SARS crisis, the government's initial secrecy and subsequent recourse to Maoist-style mass mobilization sparked another round of political jokes using SARS as the topic. One SARS political barb made a mockery of former party chief Jiang Zemin's "Three Represents" theory that claims that while still the vanguard of the working class, the party expands its membership to include intellectuals, individual businesspeople, private entrepreneurs, and other social strata. In this capacity, the party reconciles its traditional doctrine with changing social fabric as a result of the two decades of the state-led market reforms.(Lin 2003) But to a general public weary of decades of Maoist propaganda, the touted "Three Represents" theory was nothing more than empty political jargon, easily replaced by a SARS "Three Represents" (the substituted words are in bold):

SARS represents:

- the development trend of **viruses of a special kind**.
- the orientation of a **terror** culture.
- the fundamental interests of the overwhelming majority of **wildlife animals**.[8]

The subversive punch of this SARS joke is quite explicit and daring. By echoing high-sounding party phrases and making some clever substitutions appropriate to the changed context, this SARS version of "Three Represents" ridicules official party ideology.

The SARS verse quoted at the beginning of this chapter, "What the Party Has Failed to Do, SARS Has Succeeded," delivers another sharp criticism of the Communist Party. It not only blames the party for failing to cure social ills but implies that the party produced those social ills. The SARS virus struck China at a time when political leadership in China had just devolved to a new and younger generation. President Hu Jintao and Premier Wen Jiaobao made promises about broad reform initiatives and improvement in people's lives. But the onslaught of the SARS epidemic precipitated by the government's initial cover-up left the Chinese public more skeptical on the legacy of each of China's paramount leaders, past and present:

*Follow Our Masters*

Following Old Mao, we mastered slogan-shouting.
Following Old Deng, we mastered cash-counting.
Following Old Jiang, we mastered stock-speculating.
Following Little Hu, we mastered facemask-wearing.
(Green Web 2003)

The government's declaration of war on SARS and its revamping of Maoist mass mobilization also inspired SARS jokes that appeared to resonate with the same Maoist warlike rhetoric used by the government. In the government's new anti-SARS drive, it was not the political system but rather personal hygienic habits that needed to be changed. In government media outlets, from TV to radio to the press, the public was constantly reminded to wash their hands as a preventive measure against the spread of infection. Resurrecting a long-abandoned Cultural Revolution phrase "the highest directive" (a term used to refer to Chairman Mao's many commands and directives), a new anti-SARS command directly mocks Mao:

*The Highest Directive*

Before meals and after shitting, wash your hands.
Going out and coming home, wash your hands.

After riding in a vehicle, wash your hands.
After touching here and there, wash your hands.
(Renminwang 2003)

In the official media, such words as "warriors," "brave person," and "martyr" were repeatedly invoked to extol people who were on the front line fighting against SARS. Medical workers who died or were infected with SARS when treating patients were eulogized as martyrs and heroes. The traditional party ideology emphasizing self-sacrifice for a revolutionary cause was brought back, but SARS jokes added a new twist:

If you still go to work, you are a warrior.
If you still dare to roam around on the streets, you are a brave person.
If you still have not replied to the message I just sent you, you are a martyr.
If you still insisted on treating me to a dinner, well then, I say you are a gentleman.
(Green Web 2003)

In order to inspire patriotism and mobilize the masses to fight SARS, the government media created SARS campaign slogans using lines from the national anthem: "Millions of hearts with one mind, battle against SARS," and "The will of the masses will form a Great Wall for SARS prevention." Compare these with the original national anthem:

Arise,
Ye who refuse to be slaves!
With our very flesh and blood,
Let us build our new Great Wall!
The People of China are in a most critical time,
Everybody must roar his defiance.
Arise! Arise! Arise!
Millions of hearts with one mind,
Brave the enemy's gunfire,
March on!
Brave the enemy's gunfire,
March on! March on! March on!

Soon alternative SARS versions of the Chinese national anthem began to circulate through cyberspace. Here not "the masses" but "money" and "massive quarantine" are said to be new weapons against SARS (changes are in bold):

Arise,
Ye who refuse to **be infected**,
With our **money**,
Let us build our **Great Wall against SARS**
The People of China are in a most critical time,
Everybody must roar his defiance.
**Seal off the doors!**
**Seal off the buildings!**
**Seal off the city!**

(Green Web 2003)

Arise,
Ye who refuse to **be infected**,
With our **money**,
Let us build our **Great Wall against SARS**
The People of China are in a most critical time,
Everybody must roar his defiance.
**Give us money!**
**Give us medicine!**
**Give us face masks!**

(Xuwu 2003)

While some subversive SARS jokes offer explicit criticisms of the party and government, most rely on allusion or metaphor.

*Beijing's New Street Scenes—"Four More"*

More people are drinking herbal medicine than morning tea.
More people are quarantined for having a fever than having complaints.
More people are breaking out in a cold sweat at the sound of a cough or sneeze than when they are robbed.
More people are wearing face masks than breast masks [bras].

(Green Web 2003)

During SARS, people's daily routines were interrupted and here the first line of the poem highlights such daily routines as drinking morning tea. In the second line, however, there is a hidden message about political detention—it is routine that people can get arrested for political criticism and complaints. The Chinese word for "quarantine" (*geli*) is also the word for "isolation" or "under detention for interrogation." During the Cultural Revolution (1966–76), "*geli*" (isolation/ separation) was often used with "*shencha*," which

means "under investigation." Together, "*geli shencha*" referred to isolating somebody in detention for political inspection, and it was used to force confessions from political suspects. The link between being quarantined for having a fever for SARS and being detained for making a political statement is thus covertly established in this message.

Another SARS joke also uses multiple meanings to provide a subtle critique of the communist regime:

> It is through encountering SARS that we learn the true value of being able to breathe freely.
> It is through wearing a face mask that we realize the importance of seeing a person's true face.
> It is through experiencing the times of great calamity that we find our friendship is truly valuable.
>
> (*Complete Anthology* 2003)

Literally, this SARS verse refers to the nuisances related to SARS—people could not breathe freely and had to wear a mask. However, here pompous, lofty-sounding expressions and formulaic structures evoke slogans of the Cultural Revolution and contemporary propaganda to mimic and parody the official discourse of the party. Having gone through five decades of political upheaval and campaigns, the Chinese public has become skilled at reading between the lines. Such expressions as "to breathe freely," "true face," and "times of great calamity" take on political overtones. Thus, this verse also implies that until being confronted with the SARS crisis, the Chinese people lived under a regime of lies and deception; only as a result of the disease did the truth triumph and bring about real enlightenment.

## Political humor: navigating new social spaces for public participation

By spring 2003 China's social fabric and economic structure had fundamentally changed from the 1970s. At the end of the Maoist era, workers, peasants, soldiers, and revolutionary cadres were the four pillars of Chinese society. As a market economy developed over the 1990s, society became more complex and an educated professional class of state officials, lawyers, college professors and schoolteachers, technicians, white-collar workers, private entrepreneurs, and managers of foreign and domestic corporations dominated the upper strata of urban life. By 2001, some estimated China had a new "middle class" of eighty million. (Lu 2002) Long Yongtu, Chinese Vice-Minister of Trade and China's chief representative in WTO negotiations, boldly predicted that the country's middle class would reach 400 million

by 2010. (Fu 2004) Whether or not Long's prediction is accurate, it is already the case that urban college graduates and professionals have created new public spaces for the articulation of the interests and concerns of new social strata and interest groups.

Even for the less affluent, the party-state has loosened surveillance of everyday living and expanded the scope for unofficial socializing. Consequently, people are now more willing to express their opinions and grievances. One prominent new social phenomenon in the post-Maoist reform era is a resurgence of political satire and jokes in China. Commenting on the widespread popularity of satirical sayings among the Chinese public, Link and Zhou (2002: 89) noted, "With the possible exception of Chinese Central Television and Radio, no medium in China in the 1990s was as widespread as the oral network that carries the rhythmical satirical sayings known as *shunkouliu* (slippery jingles) or *minyao* (folk rhymes)." Diverse and wide ranging, Chinese satirical sayings of the reform era are predominantly concerned with major social and political themes. They take aim at such issues as party corruption, bureaucratic inefficiency, police incompetence and brutality, frenzied pursuit of money and material comfort, new forms of social injustice, polarization, newly surfacing social ills such as prostitution and gambling, and a blind embrace of individualism and personal happiness.

In Habermas's vision of the public sphere, rational debate and discursive argument play key roles in shaping public opinion and social consensus. (Habermas 1989) But in contemporary China, while allowing economic liberalization, the state has kept a tight lid on political dissent by enforcing strong state regulations over the public's freedom to organize and associate.[9] Although the intellectual climate is more open than in the pre-reform era, the range of topics deemed acceptable for political debate is still strictly restricted. Any explicit calls for political reform or challenge to the party's legitimacy to rule are therefore likely to meet with immediate suppression. Political jokes may not rally political action, but they circulate political critique that would otherwise be suppressed or silenced.

When the initial cover-up backfired and the government adopted strong counter-measures against SARS, it encouraged the domestic media, which had previously been prevented from covering the disease, to offer frequent updates—but only in the way the party deemed permissible and conducive to the new fight against SARS. The government story was how the nation rallied behind the party to wage "a people's war" against SARS. Front-page stories in the official press called for the masses to "enhance our great national spirit" and "act in unity" under the leadership of the party. Its propaganda machine was quick to turn the anti-SARS campaign into "a triumph for its leaders, the party and the nation."[10]

In contrast, popular jokes were skeptical of the party's leadership and even could go so far as to laud the positive consequences of the outbreak:

> Everyone pays attention to personal hygiene now, the habit of washing hands has finally been fostered.
>
> The status of traditional Chinese medicine has been enhanced, as overstocked herbal medicines have all sold out.
>
> Wildlife can finally get protected, as nobody dares to eat exotic foods any more.
>
> People have begun to respect each other's privacy now, as they dare not go out.
>
> Street scenes of lovers holding hands and kissing in public have been reduced, and thus good social mores are facilitated.
>
> There are no more traffic jams.
>
> The elderly and the disabled can have seats when riding the public buses now, as the buses are empty.
>
> "Three-accompaniment girls"[11] have no work now, and thus the moral standard of society is improved.
>
> (*Complete Anthology* 2003)

In these jokes, sarcasm offers a new perspective with which to look at the SARS crisis, and reveals public sentiments about a wide range of social issues of common concern in people's daily lives. Through focusing on SARS's "beneficial" impacts, the public was able to vent their frustration concerning these social issues. While some commented on the problems of the Chinese character, others highlighted the ills of the new commercial economy and the culture of consumption. Thus, circulating and sharing SARS jokes both asserted and reflected points of common concern, and helped generate public opinion. In this regard, China's reform-era cyberspace network of communication comes close to Habermas's conception of the public sphere, in which people can reach some common end through communicative action. In Habermas's view, the public opinion thus generated acts as a check or counterforce on the arbitrary exercise of state power. (Habermas 1989)

Writing on the limitations of political humor, Gregor Benton (1988: 41) argues that:

> political jokes are revolutions only metaphorically. They are moral victories, not material ones . . . The political joke is not a form of resistance. Revolutionaries and freedom-fighters are engaged in a serious and even deadly business, and are reluctant to make light of the enemy or to fritter away hatred through laughter.

However, political participation and civic engagement can take different forms. In a recent article on Habermas's notion of the public sphere, Geoff Eley (2002: 230) emphasizes the concept's usefulness in connecting everyday life with political agency and action, and critiques the tendency among "workaday historians" to "present politics as located in the political process narrowly understood—parties, legislatures, government." He argues that the Habermasian "'public sphere' becomes an excellent starting point for reconsidering what politics is, where it takes place, and how it can function as a space available to ordinary people and not just to official or professional politicians." For Eley, this expanded notion of locating politics in everyday life and other social places is useful for "activating a sense of ordinary and efficacious citizenship," and over time, "such a renewed concept of citizenship may even infiltrate the political process more conventionally understood." From this perspective, the rise of political humor and the popularity of subversive SARS jokes offers us a new angle from which to consider what constitutes political action and social participation, and how a new sense of citizenship emerges within an authoritarian state that systematically restricts opportunities for collective action.

## Political humor in the virtual sphere: technology and new public speaking

If the emergence and widespread popularity of political humor in the post-Maoist era attests to the disappearance of a uniform all-China discourse and gives voice to unofficial thoughts and feelings, the "metatopical" spaces opened up by modern communications technology further accelerate and broaden the free flow and circulation of such mass opinion and popular sentiments. In the 1980s and early 1990s, political jokes and satirical sayings were mostly exchanged through face-to-face communication in private conversations. But since the late 1990s, the expansion of the internet has dramatically changed the reach and intensity of exchanges. In recent years, China has witnessed a phenomenal growth in the number of internet users. According to the China Internet Network Information Center (CINIC), 620,000 used the web in 1997, but by 2000 the total had risen to 8.9 million, and by the end of 2003, 79 million. (CINIC 1997, 2003) As the numbers increase, the demographic profile of Chinese internet users becomes more heterogeneous. In 1997, 78.5 percent of internet users were aged between 21 and 35, 87.7 percent were male, and most had a college education. (CINIC 1997) By 2003, the percentage of internet users in the same age group had declined to 63.4, and the gender gap had significantly narrowed, with 60.4 percent male and 39.6 percent female. (CINIC 2003) A recent survey conducted by the Chinese Academy of Social Sciences found that although internet penetration was highest in the metropolises, with 33 percent of all

residents online in Beijing, Shanghai, and Guangzhou, small cities with populations of around 100,000 were catching up, with 27 percent using the internet by 2003. (Guo 2003) In 1997, China had 4,700 registered domestic websites; by 2003 that number stood at 595,550. (CINIC 2003) Besides providing alternative sources of information and communication for the public, the proliferation of websites greatly increased and expanded the scope of public talk in the virtual realm via chat rooms, BBS forums, and listservs.

Adding to China's burgeoning internet community is the exponential growth of short messaging services (SMS), which allow mobile phone users to have access to and send information via text messaging. In 1999 China had 43 million mobile phone users; by 2001 there were 145 million; and by 2003, 234 million.[12] In 2000, China's two major mobile phone operators, China Mobile and China Unicom, began to offer SMS as a value-added service to subscribers. Since then, SMS has become the fastest and most widespread means of communication among China's mobile phone users. In 2000, a billion text messages flew through the air in China, but by the end of 2002 that figure had multiplied to ninety billion. (Kuang 2003)

While SMS offers stock quotes, weather forecasts, holiday greetings, advertisements, and job updates to cater to China's increasingly mobile, urban, and consumer-oriented populace, it also circulates fresh political jokes as well as the latest news censored by the government. In fact, during the SARS outbreak, SMS played a pivotal role in revealing the government's cover-up about the virus. As SARS was infecting several hundred people in Guangdong Province in January 2003, provincial officials banned media reports on the outbreak for fear that concerns about the virus might cause a panic and hurt spending during the Chinese New Year holiday. But on February 8, news of the disease reached the Chinese public through a short text message: "There is a fatal flu in Guangzhou." This message was forwarded 40 million times over mobile phones that day, 41 million times the next day and 45 million times on Februrary 10. (Pomfret 2003) On February 11 the official media silence was finally broken when the provincial government asked health officials in Guangdong to hold a press conference to inform the public about the disease, in part as an attempt to curb unofficial communications. (Saich 2006)

Modern communication technologies are breaking down the Chinese state's monopoly in the flow of information, and have opened up more social space for the Chinese public to gain access to multiple sources of news and ideas, as well as to engage with each other through exchanging unauthorized views and sharing political jokes. During the SARS crisis in Beijing, people abandoned the streets and shunned public meeting places. Exchanging and creating SARS jokes provided a way for them to share their anxieties and fears, and to bond together and continue to participate in public life in cyberspace. The proliferation of SARS jokes, their great number and variety, and the

rapidity with which they were circulated to the public pointed to a vibrant virtual sphere where the public used the jokes to communicate with each other and to comment on the crisis in addition to other interpersonal and social issues of common concern.

Internet and SMS also played a crucial role in facilitating the creation of SARS jokes. Creating a SARS joke became anyone's game as long as he or she had a cell phone or access to a computer. The jokes could be in any genre, rhymed or narrative, sophisticated or uncouth, original or reworked, and polished or foul-mouthed. They were often short and thus easy and quick to devise, and thanks to the electronic networks they reached millions instantly. According to a *Beijing Youth Daily* article, one SARS joke that played on the pun "*wo feidian*" was accessed 1.7 million times over the internet. (Jiang 2003) Referring to the SARS jingle "What the Party Has Failed to Do, SARS Has Succeeded," a *South Morning Post* article noted, "an incalculable number of SARS-weary people in Beijing found this poem on government corruption on their mobile phones . . . No one knows where the Chinese-language poem started, but thousands—perhaps millions—of people laughed and forwarded it anyway." (Jen-siu 2003) "SARS's Three Represents"—the SARS quip that parodied on former Party Chief Jiang's "Three Represents"—was once cross-posted on at least 156 different websites throughout China and beyond. A Google search of this quip performed in January 2004 showed that it could still be accessed through a realtor association website in Shangdong Province, an autoclub website in Guangdong, a college website in Shanghai, a stock analysis BBS forum, several semi-official websites in Jiangxi, Anhui, and Sichuan, on at least eight NGO websites, and on five websites located abroad.

The immediacy and accessibility of SARS jokes mediated through electronic communication networks in the virtual community became a force in itself that led to the creation and circulation of even more SARS jokes, bringing more people to join the ranks and add their personal voices and perspectives. As these jokes traveled in cyberspace, some also underwent mutation because anyone who encountered a joke could alter the text with his or her personal touch. In this way, new SARS jokes were created that would instantly find their way into public circulation. One notable example was the pun on "*wo feidian*." Perhaps one clever individual thought up this pun and soon a joke cycle of at least fifteen variants playing on the same pun followed suit. All these "*wo feidian*" jokes follow the same formula, with only minor shifts in different social settings, perhaps, to amuse different cyberspace readers. By facilitating the creation and wide circulation of SARS jokes, internet and mobile phone messaging enabled the masses to engage and participate in cultural discourse and cultural production on a major national event, as the SARS crisis became the dominant topic of the day. In the virtual public sphere, SARS jokers delivered their online deliberations on the crisis

and a host of other interpersonal, social, and political issues of contemporary Chinese life.

## Where is the state? Between control and accommodation

The government's initial cover-up and slow response to the SARS crisis was the latest evidence in a long history in which the Chinese authoritarian regime suppressed negative news and controlled the media and information. In Mao's era, reporting of epidemics was deemed to be exposure of state secrets. But in today's information age and global economy, the Chinese government has learned a hard lesson: it is no longer possible to close off flows of information, and an infectious disease knows no borders and can pose a major health crisis with serious global consequences. Indeed, in the face of mounting international pressure and the real danger of a runaway epidemic, the government was compelled to undertake sweeping measures to fight SARS widely and openly. The Minister of Public Health and Beijing's mayor were fired for mishandling the SARS problem. Thousands of Beijing residents were placed under mandatory quarantine. Roadblocks and checkpoints were set up on highways where traffic police in hospital gowns stopped every passing vehicle and sprayed it inside and out with disinfectant. Hundreds of medical workers were dispatched to airports and train stations to check every traveler's temperature. Neighborhood committees began to patrol the alleyways and residential buildings to keep an eye on strangers or sick-looking people. The entire nation was mobilized to wage a "people's war" against SARS and the masses were urged to be united in the government-led campaign against the disease.

Cracking jokes about SARS in this moment of heightened national crisis was obviously out of tune with the party's call for national unity and patriotic spirit in the battle against the epidemic. One would expect the state media to have suppressed or at the very least to have ignored the SARS jokes. However, it adopted an unprecedented attitude toward the jokes, not only reporting on them favorably but going so far as to collect and "disseminate" them. On April 26 an article in the *Chinese Youth Daily*—a popular newspaper published under the auspices of the Communist Youth League—commented on the wide circulation of SARS jokes among the populace, and praised the humor as "the spice of life," a "precious chicken soup" inspiring "the Chinese people to defeat SARS spiritually." (Chen 2003) On the same day, this article was cross-posted online on the New China News Agency's website—Xinhuanet, the government's news service website.[13] On May 9, Renminwang, the internet website of the party's flagship newspaper—the *People's Daily*—collected more than thirty SARS jokes and published them online.[14] On May 13, the state-run Chinese Central Television (CCTV) issued a call to the public to vote to determine "the ten most popular

short messages about SARS."[15] During the SARS outbreak, people were frightened and the whole nation was bracing itself for a crisis. Although belated, the government's determination to wage a "people's war" against the disease was vigorous and forceful. The battle against SARS was a serious, not a laughing, matter. So why did the government media go out of their way to respond positively to the upsurge of SARS jokes and even circulate some on their websites and media outlets? A number of factors may account for this move on the part of the official media.

First, the public's channels of information have been greatly expanded by modern communication technologies. SARS jokes were circulated through internet and mobile phones mostly outside government control. By acknowledging the existence of SARS jokes and allowing them to appear in official media, the state was able to make its presence felt and assert its authority in this newly developing and expanding realm of communication. This indicates that the Chinese government was quick not only to recognize the power of the new forms of communication technology but to reappropriate them for its own purposes. Through responding to SARS jokes, the government could find ways to engage in new forms of public discourse and to reinvent itself to adjust to the emergence of the electronically mediated public sphere. As China continues to shift to a market-led economy, the public use of the internet and other communication technologies will only further increase. The state must adapt to the new forms of public sociability that have come to define the technology's mode of operation.

Second, by taking note of the upsurge of jokes, the government media used the opportunity to reframe SARS humor in ways that it found useful to deal with the crisis. Although the themes of SARS jokes were quite broad, those included in the state media were more uniform. Unsurprisingly, subversive jokes unflattering to the party were absent from official media circles. For example, the jokes collected on the *People's Daily* website were mostly humorous ditties giving advice for SARS prevention or reminding the public to calm down and keep a positive attitude. While the website included a SARS poem punning on the name of acting Health Minister Wu Yi (her name is a homonym for "free of disease" and "free of doubt"), it excluded the SARS jingle making fun of Jiang's "Three Represents." Similarly, the short messages that made it on to the top-ten list at China Central Television (CCTV) were mainly those that urged the public to adopt new hygienic habits and remain rational and confident in the fight against SARS.[16] Most telling, though, were two entries included in the CCTV list: one was labeled "a rumor" and the other a personal message. Regarding the "rumor," CCTV had this to say, "During the SARS crisis, mobile phone messaging acted more like a double-edged sword, some used it to transmit human feelings of concern and affection and some used it to spread rumor . . . Delete those rumors. That is the right attitude of the wise." The author of the personal message

was a twenty-eight-year-old army doctor in Beijing who was infected with SARS while treating her patients, and she sent this message to her husband shortly before she died: "Dear Huizhao, to meet you and marry you was the best choice in my life. I have no complaints nor regrets. I firmly believe that China will eventually win the battle against SARS! Loving you for ever, your wife.—Xiaohong." Regarding this personal message, CCTV comments, "Although this was a message for one individual, it moved everybody."[17] CCTV did not provide information about how many people had sent in their entries nor what were the criteria for entry into the top-ten list. Clearly, this list was carefully choreographed. It allowed the party-controlled CCTV to send its intended messages to the public—criticizing the circulation of unofficial SARS information (labeled "rumors") and extolling the spirit of personal sacrifice.

While framing SARS humor mostly as a useful tension-release mechanism, the government media also injected positive nationalist traits in it. Cracking jokes was reinterpreted as demonstrating the Chinese people's wit and wisdom and showing that they had the confidence necessary to win the battle against SARS. For example, in the note accompanying the SARS jokes posted online on the *People's Daily* website, the editor asserted that telling SARS jokes "brings into full play the Chinese people's wit and humor and also demonstrates the Chinese people's optimistic view about life."[18] Similar statements were echoed in other mainstream media: "Behind their smiling faces when netizens surf through SARS jokes are their unyielding and optimistic hearts" (Zhu 2003); "It is true that during the SARS crisis, we don't have vaccine, or effective medicine. But we have humor and creativity, and have the courage and wisdom to face the crisis head-on and joke about the calamity." (Zhong 2003) In this way, the government sought to rechannel potentially subversive material into a new nationalist force in the fight against SARS.

Third, the state's retreat from regulating private life and the development of a capitalist economy in the past two decades has given rise to a growing urban middle class and a rapidly expanding culture of consumption. China's new urban elites and consumers have developed and defined new tastes, and have been drawn to new leisure activities and forms of sociability. The government media is anxious not to lose touch with this emerging middle class, and has been compelled to make important adjustments to avoid doing so. By making positive comments on SARS jokes, the government media projects an image of being in close touch with the populace and attentive to public sentiment. It appears that popular taste and public sentiment are becoming new forces that can influence what appears in the government media. This trend is clearly reflected in the fact that state media outlets are no longer just channels for promoting party ideology and government news and policies. They now also offer a wide array of services for the public, including information on the latest fashions, beauty pageants, auto shows,

real estate commercials, health tips, sports and entertainment. While still serving as the mouthpiece of the party, the government media cover diverse topics, many of interest to China's growing, consumer-oriented public.

## Conclusion: an emergent virtual public sphere with Chinese characteristics?

The proliferation and rapid dissemination of jokes in the virtual public space during the SARS crisis illustrate how new means of electronic communication largely independent of government control pressured the state into action. When official media were banned from reporting the outbreak in the early spring of 2003, SMS messages and the internet spread the information to the public. In disbelief that government officials would deny the extent of the health threat, an outraged army doctor faxed a letter to China's state-run CCTV and *Time* magazine calling for an end to the cover-up. While CCTV ignored his letter, *Time* posted it online and within days urban Chinese were reading critical articles in the foreign press on Chinese internet websites and BBS forums. (Saich 2006) Although the Chinese government did ultimately succeed in quelling the outbreak, and restoring some of its credibility,the initial failure to deal with the SARS outbreak in a forthright manner prompted heated debates in Chinese internet forums. Many such debates and discussions called for government transparency, accountability, political openness, and citizens' right to know and to have access to information. (Xiao 2003)

According to Yang (2003b: 471), one dynamic feature of internet use in China is that "China's internet users tend to perceive it as a space for exercising their right of free speech." A recent study by the Chinese Academy of Social Sciences also finds that more than 60 percent of the people surveyed agreed that by using the internet, "people will have more opportunities to criticize the government's policies"; over 77 percent agreed that "people can gain better knowledge on politics"; over 70 percent agreed that "people will have more opportunities to express their political views"; and over 72 percent agreed that "higher officials will learn the common people's views better." (Guo 2003: 61–3) Commenting on the explosion of internet activities in China, Yang (2003b: 454) remarks that there is "abundant evidence" that a "nascent public sphere" is emerging in China, then argues that the development of the internet has given rise to multiple communicative spaces and alternative sources of information, and has "fostered public debate and problem articulation and demonstrated the potential to play a supervisory role in Chinese politics."

Although there are encouraging signs that a robust Chinese public sphere is gathering momentum in effecting offline societal and political change, we must realize that the Chinese party-state still plays a dominant role in

containing public discourse in this emerging virtual sphere. Since 1996, the state has issued more than a dozen internet regulations to step up state surveillance and monitoring. Website providers and internet cafés are required to sign a "pledge of self-censorship" and must filter and promptly remove any "harmful information" posted on their websites. They must also promise to provide information to the Public Security Bureau about the organizations and individuals that use their network. (Chase and Mulvenon 2002; Harwit and Clarke 2001; Qiu 1999/2000) While the state's regulations, policing, and punitive actions hark back to the repressive control mechanisms of China's authoritarian state, it is important to note that the state is also taking some proactive measures to use the internet to improve government performance and enhance citizen interaction with and participation in government. In their comparative study on the impact of internet on such authoritarian states as China and Cuba, Kalathil and Boas (2004) found that the Chinese government took a far more proactive role in promoting information technology and internet use. In 1999, the Chinese government began to launch the "Government Online" project, recognizing that the successful use of internet technology could "strengthen state capacity through administrative streamlining and automation," and "increase citizen satisfaction with government by providing government services to the public online." (Kalathil and Boas 2003: 31) By 2003, national ministries, provincial governments, and municipal administrations had all gone online, providing the citizenry with access to government regulations and laws, as well as helpful links to opinion boxes where the Chinese people could send in their suggestions and complaints about the workings of the government.

But the efforts of the state to engage the populace electronically did not end here. As early as 1997, the government's flagship news media—the *People's Daily* and the New China News Agency—began to establish websites (Renminwang and Xinhuanet, respectively) and provide online news and other services. Faced with competition from commercial websites, these state media websites adopted an aggressive approach to attract audiences and began to juxtapose their traditional propaganda role as the mouthpiece of party ideology with a modern, pragmatic approach championing consumerism, marketization, and global capitalism. For example, on both Renminwang and Xinhuanet, while one can read the party's ideological campaign of Jiang's "Three Represents," one can also view images of swimsuit contests and the latest car models. Internet users can download foreign pop music as well as government white papers. While the government media websites provide a window publicizing the government's perspective on current affairs, they also offer forums where netizens can present their perspectives and engage in critical debate. In 1999, Renminwang launched China's first internet forum on current affairs—"Strong Nation Forum." By 2003, this had become one of China's most popular internet sites, with over

200,000 registered members and more than 10,000 users online daily participating in debates and discussions. (Xiao 2003: 74) According to Yang's study, the discussions in Strong Nation Forum "are more wide-ranging and elaborate than in conventional media or other Chinese language bulletin boards." This was true despite the fact that "Strong Nation Forum has a more strictly enforced censorship system than other BBS forums in China." (Yang 2003b: 462)

Public discourse in the virtual sphere takes many forms. While open debate and critique of Communist Party rule or other politically sensitive topics are banned, messages in the form of rhymed satirical sayings, succinct ironical statements, double entendres, and jokes are too elusive and discursive for effective state containment. As such, they constitute a strong current of public opinion formation in the virtual public sphere. Although the thrust of their criticism may be lessened by appearing in humorous form, political jokes, especially when they are openly and freely shared and exchanged, can erode public trust in the political system. As the volume and diversity of public talk in the virtual public sphere grows, even "frivolous" jokes can become a potential force subjecting the government to public scrutiny and generating pressure for better governance. Political humor, in and of itself, may not lead to profound changes in the way China's Communist Party rules. But it can contribute to fostering the growth of a critical mass that, over time, the party will be hard put to ignore—one that must be reckoned with. As rightly pointed out by Deborah Davis (2000: 21), we should not "underestimate the ability of increased sociability in nonofficial activities to incubate loyalties that ultimately generate the actions capable of weakening or toppling an authoritarian state."

## Notes

1 Green Web (2003).
2 According to an article in *Beijing Review*, internet use during SARS doubled in Beijing and Guangdong as hits on the SARS news site in Sina.com reached three million per day. (Feng 2003) In another article published in *Shaanxi Daily*, transmitting SARS news and jokes between April 20 and May 20 led to a 30–90 percent increase in mobile SMS use even in this interior province (Wang 2003).
3 As the internet has become an increasingly important part of daily life for millions of people around the globe who have made the net their "virtual home" and "virtual community," social scientists have also turned to the internet to conduct ethnography and investigate the ways in which internet use and communication become socially meaningful. "Virtual ethnography" is a form of ethnography that studies new social activities and the lived cultural and social experience as facilitated by the internet. For the literature on this new ethnographic methodology, see Castells (1996); Hine (2000); Miller and Slater (2001); Ruhleder (2000); Strathern (2000/1).
4 In this chapter, the term "jokes" is broadly defined and includes various genres from rhymed poems and freestyle verse to narratives, parody, punning, and metaphor.

5 BBS forums are online bulletin board sites where netizens can post their comments and opinions for discussion and debate. In China, they are usually organized around particular themes—sports, lifestyle, environment, politics, education, music, literature, and so on. Many such BBS forums are offered and maintained by commercial internet porters, official media websites, and citizen-run groups such as environmental NGOs, student clubs, literature clubs, auto fans, or other interest-group organizations (Yang 2003c). In many ways, China's BBS forums resemble what Jodi Dean (2001: 244) has called "cybersalons" when she describes discussion groups in cyberspace that debate and discuss current political and cultural events. By using the term "cybersalon," Dean emphasizes "the salon as a form of computer-mediated discussion, of communication among persons linked not by proximity, tradition, or ethnicity, but by an ability to use and an interest in networked interaction."

6 According to Allen Dundes (1987: 73), finding humor in calamities is one way of dealing with fear and anxiety. Sick jokes usually follow in the wake of a horrible and tragic event because "they constitute a kind of collective mental hygienic defense mechanism that allows people to cope with the most dire of disasters, natural or otherwise." While acknowledging that humor could be a useful coping mechanism in times of great uncertainty, in this chapter I emphasize that during the SARS crisis, the Chinese public used SARS jokes not only to deflect their fears and anxiety, but to provide moral commentary on various aspects of social life in contemporary China.

7 In another paper, I categorized and discussed six types of SARS jokes. See Zhang (2006).

8 The reference to "wildlife animals" comes from the speculation that SARS may have originated from a virus that mutated in a way that allowed it to jump from animals to humans. The reason for this plausible link was that a number of the earliest SARS cases appeared to have occurred among people involved in the culinary preparation of exotic animals in Guangdong Province of south China. (Green Web 2003)

9 In the aftermath of the 1989 Tiananmen crackdown, the Chinese government issued a number of regulations requiring every social organization to register and to append itself to a government body or an official association which served as its supervisor. In 1998, the Ministry of Civil Affairs issued even stricter regulations for registration, which permitted only one organization for each interest group, and "similar" organizations were not allowed to exist at the same administrative level. See Yang (2004); Howell and Pearce (2001); Saich (2000).

10 Eckholm (2006); Saich (2006).

11 "Three-accompaniment girls" ("*san pei xiaojie*") refers to those young women in the entertainment business hired to smooth and expedite business dealings by accompanying clients through singing, eating, and drinking (and more) in restaurants, karaoke bars, and hotels. Commercialization of feminine beauty and exploitation of the sexual appeal of young women has exploded into a highly profitable and booming business in China's reform era. This phenomenon has given rise to intense public debate about the role of women in an increasingly commoditized society.

12 See 1999 and 2001 "Communication Development Statistics Reports" and "The Economic Operation Status of the Communication Sector for the First Half of 2003," available online at the official website of the Ministry of Information Industry: <http://www.mii.gov.cn/mii/hyzw/tongji/gongbao1999.htm>; <http://www.mii.gov.cn/mii/hyzw/2001tongjigongbao.htm>; and <http://www.mii.gov.cn/mii/hyzw/tongji/tongji200301-06.htm>. Accessed June 20, 2004.

13 It is available online at <http://news.xinhuanet.com/weekend/2003-04/26/content_850499.htm>. Accessed May 26, 2003.

14 Its website is <http://www.people.com.cn/GB/news/9719/9720/20030509/987752.html>. Accessed May 26, 2003.
15 The announcement was published online at <hppt://news.sina.com.cn/c2003-05-13/18221055150.shtml>. Accessed June 16, 2004.
16 CCTV published the top-ten list of SARS short messages on its website on May 31, 2003, available at <http://cctv.com/program/zgzk/0005/02/index.shtml>. Accessed June 16, 2004.
17 While we may believe that this doctor contracted SARS when treating her patient and eventually died from SARS, the authenticity of this message is unclear. According to the note supplied by CCTV, the doctor died of SARS on April 16, 2003, four days before the government switched course and began to fight SARS openly. Such slogans as "win the battle against SARS" in her SMS message were not in use before the government formally declared "a people's war" against SARS on April 20.
18 Reminwang, <http://www.people.com.cn/GB/news/9719/9720/20030509/987752.html>. Accessed May 26, 2003.

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# 7 The weakness of a post-authoritarian democratic society

## Reflections upon Taiwan's societal crisis during the SARS outbreak

*Yun Fan and Ming-chi Chen*

### Introduction

Over the past twenty years Taiwan has completed the transition to democracy, but the SARS crisis of 2003 unleashed large-scale social turmoil and in-fighting among elected officials that severely undermined public trust in the government and the medical system. Politicians tried to turn the outbreak to their advantage, government offices issued contradictory directives, medical workers blatantly challenged quarantine orders, and panicked citizens acted to protect their lives at the expense of the common good. These chaotic responses seriously hampered effective disease control. However, perhaps the most disturbing implications of the events of that period were those regarding the strength of Taiwanese civil society. Would it endure or quickly unravel in the face of the new challenges of the global economy of the twenty-first century? And how does one make sense of the "uncivil" behavior of officials, medical professionals, and citizens during the crisis?

In comparison to Taiwan, how did China and Hong Kong react to the SARS outbreak of 2003? The three Chinese societies hardest hit by the deadly epidemic responded in three distinct ways. In China, the government was initially reluctant to disclose the gravity of the situation. However, after citizens broke through the official censorship, the authorities quickly mobilized extensive state resources and even dismissed some of the officials behind the earlier cover-up. The authoritarian central government played a forceful role in controlling the outbreak, including the use of what were at times draconian measures. For its neighbors, the initial cover-up led to the loss of many lives.

Hong Kong was hardest hit. As a globally connected city intimately tied to China, its economy and society were vulnerable to diseases and epidemics. Despite the fact that the civil society was seriously tested during the crisis, the professionalism and self-sacrifice of medical workers held the community

together and Hong Kong citizens proudly demonstrated a quintessential Hong Kong spirit. (For more on this, see Chapter 4.) In addition, as Eric Ma and Joseph Chan have argued (Chapter 2), Hong Kong media functioned as a democratic surrogate to consolidate public opinion and pressure an inexperienced government. Even in China, as Abbey Newman and Hong Zhang have illustrated (see Chapters 5 and 6), internet and mobile phone short message services provided venues for citizens to exchange information and political critique absent in the official media. In both China and Hong, therefore, even in the absence of formal democracy, one discerned that the public sphere, in the Habermasian sense, was shaping social events.

Unlike China or Hong Kong, where democracy is at best a surrogate of the mass media, which must still operate at the mercy of authoritarian rulers, Taiwan has a democratic polity with formal accountability to the citizens, and thus one would have expected Taiwanese civil society to be more robust than the other two societies and to have a stronger sense of civic citizenship. However, at least in the early stages of the outbreak, Taiwanese society seemed paralyzed and dysfunctional. Did the SARS turmoil in Taiwan therefore reveal glaring deficiencies of civil society in this post-authoritarian democratic society? To answer this question, this chapter examines the historical roots of democratization and the building of civil associations in Taiwan, and, more broadly, seeks to shed light on the nature of post-authoritarian societies.

## The Sars outbreak in Taiwan: a chronology

The outbreak of SARS lasted less than four months in Taiwan. The first case emerged on March 14; by July 7 the WHO had declared Taiwan SARS-free. However, local society saw the period as perhaps the most terrifying disaster in Taiwan's recent history, generating even more emotional turmoil than the major earthquake that hit the island in 1999. During the SARS outbreak, the public health system nearly collapsed, the state became ineffective, and the medical professionals were demoralized. Private concerns clashed with public interests and self-organizing social institutions—the hallmarks of civil society—were largely absent. In this section, we shall recount the chronology of the SARS outbreak in Taiwan in order to comment on how a post-authoritarian society responded to a crisis brought about by global connectivity.

### *The initial stage: politics as usual*

On March 14, 2003, the National Taiwan University Hospital broke the news that a Taiwanese businessman who had recently returned from China was infected with atypical pneumonia. Although news of the outbreak of an

unknown but highly contagious disease in Guangdong had widely circulated for months, the case in Taiwan triggered acute attention to the potential danger in the local society. Shortly after, sporadic cases continued to emerge in Taiwan. Public attention was drawn to several employees of a major engineering company who simultaneously developed symptoms of SARS after returning to Taipei from the company's Beijing office. However, this first wave of the disease was mild and all patients were quickly identified and cured. Although some frontline medical workers who had cared for the patients fell ill, the disease did not seem to have spread to the local community. The government reassured the public that the origins of all cases except for the medical professionals could be traced to China. Identified as a virus transmitted from outside Taiwan, officials vigilantly monitored cross-border activities.

However, debates about prioritizing disease-control measures soon devolved into a political battle. Like most public debates in Taiwan, it was fought along party lines, between the pro-independence and the anti-independence camps. (Gu and Wang 2004) The relatively mild SARS outbreak gave the ruling Democratic Progressive Party (DPP) an opportunity to cool down cross-strait business fever, which they regarded as a threat to their goal of national independence. The Minister of Health advised Taiwanese citizens in China to seek treatment there if they contracted the disease. He also argued that the spread of SARS was the cost that Taiwan would have to pay for cozying up to China. One newspaper advertisement published by the Department of Health went so far as to compare SARS cases to infiltrators from China (*fei-die*, bandit spies). The anti-independence camp countered by bringing up an issue that was highly provocative in the context of cross-strait relations. Ignoring the fact that China had concealed its outbreak and had caused the disease to spread rapidly, the Nationalist Party (KMT) urged the government to permit direct flights with China in order to avoid routing through Hong Kong, which was making headlines for its severe outbreak.[1] The chief of the Health Bureau of Taipei City, which was under KMT mayoral rule, also used the opportunity to question the government's competence openly. She urged the Minister of Health to categorize SARS as a serious infectious disease, which would obligate doctors to report cases to the public health authority and make it possible for the government to make available all necessary facilities. The Department of Health brushed aside this call, but in a few days, it changed its mind and complied.

Although politics prevented the leaders of the various camps from working together, Taiwan at this point had not suffered as much as China, Hong Kong, or Singapore, and this initial success bred complacency. The government packaged Taiwan's performance as the "three-zeros"—namely, zero deaths, zero cases of community-acquired infection, and zero exportation of SARS. A government-organized international symposium on SARS trumpeted the

government's overall effectiveness in dealing with the crisis and heralded Taiwan's active role as a responsible global citizen. Underlying these efforts was the government's agenda of strengthening Taiwan's prospects for earning a seat on the WHO, which, under pressure from China, had turned down its membership application for six consecutive years.

The political stalemate on the WHO membership came to have a genuine impact on public health in Taiwan as the disease spread. (Hickson 2003) The efforts of Taiwan's epidemiologists and officials to contain the disease were seriously compromised because they could not participate in meetings among the WHO's collaborating centers. They were also denied access to diagnostic reagents freely distributed to WHO members for the testing of probable SARS cases for presence of the coronavirus. (Cyranoski 2003)

At the time, local society did not mobilize. Although a few socially active organizations were critical of the general commercialism of the medical profession and institutions, they did not foresee the potential devastation the SARS outbreak would wreak on the medical delivery system. SARS was seen by the majority of Taiwanese as an issue external to Taiwanese society.

### *The peak stage: social paranoia, selfish actions, and public interest*

The chief of Taipei's Health Bureau was preoccupied with challenging national authority when SARS broke out in her jurisdiction, sending shockwaves across the island. The epicenter was the Municipal Hoping Hospital, a second-tier public hospital located in an old working-class neighborhood. As in other hospitals, private or public, Hoping had been under pressure to put profit at the center of its administration. Public health issues were given a low priority and few resources were targeted at in-hospital infection control. In order to maintain a clean and safe appearance, Hoping's administration readily diverted SARS cases to other large hospitals. Even if admitted patients developed symptoms of SARS, these symptoms were deliberately ignored.

Beneath the calm façade, cases of infection rapidly accumulated. Some workers in the hospital expressed their fears to colleagues in another hospital that the situation might get out of control. The message soon found its way to the highest political quarters, which intervened. Deeply disgraced, the municipal and central governments decided to seal off the hospital on April 24 and imposed a collective quarantine on the hospital's staff, patients, and visitors. The decision was ill planned, heavy handed, and implemented at the peak of the outbreak in Taiwan. One hospital after another was ordered to shut down due to in-hospital infections. Medical facilities that remained open suffered intense overload and, as the outbreak spread, public confidence in the government's ability to control SARS was shattered.

At this stage of the SARS outbreak, it became evident that there were many deep-rooted structural deficiencies in the Taiwanese state and society. First, it became apparent that the state's disease-control apparatus was ineffective. International isolation had prevented epidemic experts in Taiwan from accessing critical knowledge and resources that would have helped contain the disease. In addition, attributing the SARS epidemic to external threats from China fostered an attitude of denial and further impeded efforts in local prevention. Critical questions had been neglected. How should Taiwan handle massive in-hospital infections? What were effective ways to close off part or all of a hospital's operations once a cluster-infection situation developed? How should hospitals acquire and allocate critical materials, such as personal protection gear, special wards, or medicine, to ensure the safety of frontline medical workers? How was it possible to bolster the morale of medical professionals and minimize mass hysteria and what was the best means to align individual rights with public interests?

Although Taiwan's neighbors asked questions such as these during and in the aftermath of their own medical crises, Taiwan failed to grasp the opportunity to learn. Instead, the disease-control measures taken during this period were afterthoughts rather than well-planned strategies. The government would issue orders one day only to rescind them the next. At times, hasty decisions were made based on miscalculations; at other times, social pressure led to ill-advised actions. In the meantime, partisan politics aggravated the situation by diverting public attention from medical issues to entrenched ideological battles.

Second, in the midst of the crisis of confidence, some citizens defied official orders or acted against the public interest. Seldom were these actions mediated by civic principles or established social organizations. The information about Hoping Hospital's SARS outbreak and its request for assistance circulated not through the bureaucracy or institutional medical associations but through informal channels built upon personal trust. When the government placed Hoping's employees, patients, and visitors in collective quarantine, some doctors and nurses escaped from the hospital and were caught on camera as they climbed out of windows or jumped over fences. Others refused to comply with the order to return. One ear, nose, and throat specialist continued to see patients in his private clinic instead of returning to the hospital. One nurse later found to be infected with SARS escaped at the time of the shutdown and sought refuge in her home town. In an unfortunate turn, her escape spread SARS to southern Taiwan. Furthermore, ordinary citizens who should have been quarantined at home went out shopping or journeyed to school as usual, disregarding the fact that they might endanger public health. These people sought individual exits to escape from their obligations to stay at work or at home.

By contrast, others adopted a well-established strategy of collective action, namely compensation-seeking through forceful protest. On the second day of Hoping's shutdown, a group of frontline medical workers staged a protest. A few nurses broke through the police line to read a letter demanding their immediate release, claiming that their human rights had been seriously violated. They also refused to care for SARS patients.[2] According to one Taiwanese nurse who spoke at the time, she never regretted campaigning against their forced confinement because only after the protests did they receive face masks and medical gear.[3]

Other protests, falling into the category of "not-in-my-backyard" (NIMBY), followed. Local residents of a village in central Taiwan violently blocked the trucks carrying Hoping Hospital's medical waste, which was to be incinerated in a licensed factory in the residents' neighborhood. Similar to compensation-seeking protests during the period of democratic transition, local politicians with an eye on electoral advantage became deeply involved. Later, in negotiations with local politicians, the company that operated the incinerator expressed its willingness to pay a large sum of money to the community as compensation. The incident was brought to an end when the head of the National Environmental Protection Agency accompanied the trucks under the protection of numerous policemen to enter the incineration plant.[4]

Other residential areas in Taiwan witnessed similar events. When the national health authorities decided to transfer some of the SARS patients from Taipei to Hsinchu Hospital, the Hsinchu mayor and the governor of the county defied the order and, instead, led a team of city councilors, borough wardens, and city policemen to block ambulances from entering their district. Likewise, the government's decision to open a designated SARS treatment center in the southern city of Kaoshiung set off panic as protesting residents quarreled with city health officials. They argued over whether the center should be set up in a remote area.

Third, the mass media, an important institution for civic mediation and monitoring, did not enhance social solidarity during Taiwan's SARS crisis. Instead, the highly competitive media environment encouraged television channels and newspapers to spread rumors and unverified information that further deteriorated the situation. *Weekly One* magazine went so far as to have its reporters disguised as Hoping Hospital visitors in order to dig up rumors on the inside. Also, some newspapers were accused of politically motivated use of unverified information to attack public figures. This phenomenon further deepened existing ethnic and political party rivalries.

### *The final stage: state and civil society reorganized*

In late May and early June, roughly one month after Hoping Hospital shut down, the SARS outbreak began to show signs of retreat. The disease had run its natural course. Moreover, it seemed that the government and citizens had finally learned from their own failures and had begun to regroup and deal with the epidemic in a more effective way.

Top officers of the Department of Health and the Taipei Municipal Health Bureau were replaced by more competent personnel. A special crisis management team with former and current high-level administrators and epidemiologists took the lead in directing the operations dealing with the disease. The linkages between different government departments were strengthened to ensure that swift and correct information reached the crisis management team. Through trial and error, procedures to handle infections in hospitals were standardized.[5] In addition, with the belated acquiescence of China, the WHO sent two experts to join U.S. CDC officers in helping Taiwan install proper anti-SARS procedures.

Among Taiwan's citizens, trust in the government and the medical system were gradually restored. The self-interested behavior and wildcat protests that had surfaced during the peak stage of the epidemic gradually faded into the background. Instead, several activist organizations came together to form the "Social Security Anti-Epidemic Alliance" (SSAEA) in late April with the aim of distributing practical advice and information to the public. The SSAEA and one other community-action organization went to communities surrounding Hoping Hospital to provide local residents with basic knowledge on disease control.[6]

Civic-minded organizations continued to spring up. Medical students contributed their knowledge of science and hygiene on websites. Media scholars and students critically scrutinized newspaper and TV broadcasting to heighten public consciousness on practices unfair to disadvantaged groups. Psychologists and social workers provided materials for the general public about ways to strengthen mental health in times of chaos and paranoia. When the mainstream TV broadcasts and newspaper reports failed to shoulder their social responsibility, these voluntary actions initiated moves toward social solidarity and collective consciousness that partisan politics and mass hysteria had eroded. With a reorganized state apparatus and revitalized civil society, the SARS outbreak in Taiwan finally came to an end. The WHO officially declared that Taiwan was free of the disease in early July.

In hindsight, the SARS epidemic revealed some serious susceptibilities in Taiwan's state–society relationships. Isolation from the international health community (largely due to pressure from China), partisan politics within Taiwan's government, and commercialism in the medical delivery system at both the institutional and individual levels together contributed to the crisis.

A prevalent sense of distrust of officials combined with a weak culture for civic associations resulted in self-interested behavior that deeply hurt public interest in a time of crisis and aggravated systemic deficiencies. It was not until late into the crisis, when government departments began to act with a degree of coordination to regain public confidence, that civic-minded citizens, activist organizations, and medical professionals came together to pull Taiwan out of its downward spiral.

Taiwan's experience offered interesting comparisons to those of China and Hong Kong. In China, once galvanized into action, the central government decisively wielded its authoritarian state apparatus to control the spread of the disease in a firm and draconian manner. The Taiwanese government lacked such resolve and organizational power. In Hong Kong, a globally recognized professionalism among its medical workers formed the backbone of the citizens' faith and collective efforts. The Hong Kong media at times fanned mass hysteria, but it also prodded an initially unresponsive bureaucracy to keep public health issues transparent. Thus, the question remains: Can Taiwan learn from the SARS outbreak and move toward a civic-minded society that will deal more effectively with future risks brought about by global connectivity?

## The nature of a post-authoritarian democratic society

In contrast to Hong Kong's health workers' high degree of professionalism, which became a beacon for civil solidarity, Taiwan's health workers' reaction to the SARS crisis became a lightning rod of controversy. The Taiwanese public looked upon the medical profession with anxiety. However, nurses were not the only group to protest in Taiwan, and medical staff protested in other parts of the world as well. Nurses in Toronto went further by organizing a demonstration in the streets. Yet these two protests created contrasting social images in their respective societies. The protests by Toronto nurses not only won them support and further protection but successfully integrated their professional insights into subsequent policy agendas. By contrast, the protests by Taiwanese nurses prompted questions about their professional ethics and decreased people's trust in the medical profession as a whole. Among all the cities hit by SARS, only these two societies were fully democratic. Protests took place in both, but why did two similar collective behaviors have such opposing outcomes?

In Toronto, the nurses voiced their demands through demonstrations organized by health workers' unions.[7] Several hundred nurses demonstrated on June 4 outside Scarborough General Hospital in Toronto's east end to demand better protection for healthcare workers treating suspected SARS patients. Beside demanding double pay and better equipment for the frontline nurses in contact with SARS patients, they asked that Ontario's Tory

government order a public inquiry into the handling of the outbreak in the city.[8] The nurses' action successfully forced the state to carry out an investigation and later to implement reforms within the healthcare system. Their collective action persuaded the society at large and won its support, as well as the respect of the Canadian people. (Basrur, Yaffe, and Henry 2004)

Unlike their counterparts in Toronto, Taiwanese nurses' voices frustrated the society in its battle against SARS. When the nurses said that they were also human beings who had family members to care for, their role as professional caregivers was immediately challenged. Their rights were presented as being in conflict with public welfare, and the emphasis on nurses' self-interested behavior during the initial phase of the SARS outbreak in Taiwan stirred panic rather than solidarity.

Facing the similar situation of an unknown epidemic and workers without enough protective equipment, why did the protests of the medical health workers in Toronto win the support of its people while those in Taiwan were seen as mere self-interest? We argue that without unions or civic organizations serving to link private interests to public well-being, frontline health workers in Taiwan were unable to state their discontent and demands rationally in line with their professional moral ethos. Unlike the nurses in Toronto, who were able to align their rights with public welfare, Taiwanese frontline nurses could only stress their individual and personal concerns. As a result, nurses' self-interested collective actions became the center of controversy and then marked the beginning of social distrust.

Professional ethics and professionalism in general cannot be nurtured and enforced by authoritarian moral education; rather, the two objectives require self-discipline and self-organization over a long period of time. According to Wong (2004), in Taiwan, the education of professionalism has long been separated from its social application. The subject of rights has not been applied or encouraged in rational dialogues in the development of trust and authority. Health workers have been mandated to follow hierarchical rules in the field of medicine. Furthermore, as part of global phenomena, the medical system has gradually become market-oriented, with hospitals using short-term contracts to supplant permanent employees. (Chen 2003; Lin 2003) Nurses' workloads have increased dramatically, yet they have found it difficult to organize and air their complaints and grievances through any established channels. Without civic associations to provide organizational protection and mediation, professionalism is at best an imposed moral discipline from above.

The outbreak of SARS could not suddenly remake the institutional face of Taiwanese civil democracy. The nurses' collective disobedience did not come out of the blue. It stemmed from the legacy of Taiwan's history of authoritarianism and democratization. The clash between the private and the public during the SARS outbreak was not confined to the medical profession, but

extended to average citizens, and brought into sharp relief the deep-seated deficiencies of Taiwan's post-authoritarian democratic society. By "post-authoritarian democratic society" we mean a society that has recently experienced a transition from authoritarian rule, where democratic norms and institutions have gradually taken shape in the political society, but in which the civil society is still rather weak.[9] Because the society was under authoritarian rule for an extended period of time, behavioral patterns shaped in the past strongly influence the attitudes social actors take while negotiating with the state to redress their grievances or advance their welfare. Due to the long repression of freedom of association, one authoritarian legacy in Taiwan that affects the alignment between private concerns and public interests is the lack of organized civic groups to reconcile the two. Without such groups to channel, deliberate, and represent their interests, social actors employ methods requiring less organizational capital to redress their grievances.

In a state of societal crisis, it takes a collective self-consciousness to prevent society from degenerating completely into the state of nature. It is what Edward Shils (1991) calls "the virtue of civil society." According to Shils, collective self-consciousness is a cognitive state of seeing oneself as part of a collectivity, and inherent within it is a norm which gives precedence to the interest of the collectivity over the individual or parochial interest. The existence of the inclusive collective self-consciousness has a restraining effect. It is never obliterated, even in a society in a state of civil war. It follows that we could expect a high moral ethos in civil society. In a similar vein, Cohen and Arato (1992) state that there are two functions of civil society: one is "against the state"; the other is the idea of "self-limitation." The former implies "a pushing back of the state-administrative forms of penetration from various dimensions of social life." The latter refers to "the construction from below of a highly articulated, organized, autohomous, and mobilizable civil society." (Cohen and Arato 1992: 32) The nascent civil society of Taiwan, which demonstrated its strength to resist the state collectively during democratic transition, seems to have achieved the former, but has yet to realize the latter. However, Cohen and Arato do not specify the social, historical, and institutional conditions when a society can pass the stage of "against the state" and move toward "self-limitation." Examining the deficiencies of Taiwanese civil society during the SARS outbreak of 2003 might shed light on the issue.

## Legacy of democratization

The medical workers and the NIMBY protesters who adopted compensation-seeking protests both built on the legacy of activists who pushed for democratization against the authoritarian Kuomintang (KMT, Nationalist Party), which emigrated from China and ruled Taiwan from 1949 to the

1990s. During the decades of martial law, freedom of association and of the press was restricted. The democratization of the 1980s therefore unleashed unprecedented social change and political energy. Most noticeable were mass protests and social movements across all regions of the island. The issues ranged from farmers' interests, religious rights, labor rights, environmental concerns, women's rights, campus democracy, and consumers' rights to the old mainlander soldiers' right to return home. As is shown in Table 7.1, the number of social protest incidents increased from 143 in 1983 to 676 in 1987. Social protest as a means of pressing for collective demands proliferated within a short period of time, and continues in various forms to this day.

Successful social movements subsequently formed alliances and, in the early 1990s, pushed for further democratization. Scholars have seen them as indicators of an emerging civil society. (Hsu, Chang, and Hsiao 1987; Hsu and Song 1990; Chu 1990) It also became clear that the elected governments at all levels would have to pay these movements due attention. Since the late 1980s, people have learned from the democratization period the well-established repertoire of compensation-seeking protest. This strategy is based on people's search for compensation through forceful protest and vocalization of discontent. When confronted with the rampant, anti-pollution social protests during the eighties, the pre-existing political system was incapable of handling these conflicts. Nevertheless, the local politicians, under a clientelistic system—namely, a political system based upon the particularistic exchanges between local factions' loyalty and the central elite's provision of favor—were responsive and efficient in dealing with reparation-seeking social protests. Most of the collective social protests in the 1980s were resolved by the compensation handed out through the clientelistic channels. (Chang 1990; Wu 1990) Therefore, seeking compensation with forceful collective protests became a dominant collective action strategy in redressing citizens' grievances.

As Ann Swidler (1987) has pointed out, the repertoire of collective action consists of "tools" in the cultural toolboxes we all carry. These cultural toolboxes contain many tools, not all alike. People actively choose whatever beliefs in their toolbox are most useful at a particular time. As society and time change, the potential for people to begin using tools different from those used before always exists. The formation of Taiwanese people's cultural toolbox should be viewed as a historical process periodically reconstituted

*Table 7.1* Reported frequencies of social protest incidents in Taiwan, 1983–7

| | *1983* | *1984* | *1985* | *1986* | *1987* | *Total* |
|---|---|---|---|---|---|---|
| Frequency | 143 | 183 | 243 | 271 | 676 | 1,516 |
| Growth rate | – | 28.0% | 32.8% | 11.5% | 149.4% | |

when political circumstance changes. Before the 1980s, contentious behavior invited punishment instead of reward. The aftermath of the 228 Incident in 1947 and the "white terror" in the 1950s imposed a hard lesson on the Taiwanese—"Stay away from politics." However, the social protests and opposition movements in the 1980s and the 1990s fundamentally transformed the people's cultural toolbox. Contradicting earlier images as a docile populace, Taiwanese workers, farmers, consumers, women, and students began to take it to the street. And in the process of developing repertoires of collective action, they acquired a sense of empowerment. Officially approved negotiation channels established under authoritarian guidance were discredited, and the authority of law and order was seriously eroded. Public authorities at the national and local levels were very responsive to the claims put forward by social protests as the authoritarian rule unraveled. Compensation-seeking protest established itself as a legitimate and effective measure to rectify the perceived wrongdoings of the state. Major local sociologists used the term "Year of Compensation-Seeking Protests" to catch the spirit of the era. (Hsu, Chang, and Hsiao 1987) Learning from the era of social turbulence, the Taiwanese have changed their attitudes toward grievances. They no longer stay silent. Instead, they have found it safe to be "against the state" by turning to compensation-seeking protests to remedy perceived injustice.

## Legacy of authoritarianism

The SARS crisis reveals that the civil society in Taiwan, albeit vibrant, lacks organizational capacity. The Taiwanese nurses' behavior during the outbreak has to be understood against this backdrop. As mentioned, Linz and Stepan (1996) define civil society as an arena of politics where groups and individuals act relatively independently of the state to promote their interests. In a similar vein, many scholars have pointed out that civic associations can serve as mechanisms to coordinate individual liberties and public interests (Taylor 1990: 115); social capital and civic civility can also be cultivated through participation in associations (Putnam 1993; Rosenblum 1998). However, we find that groups and individuals in a post-authoritarian Taiwanese society seek to advance their interests without creating associations or strengthening solidarities. A careful examination of the Taiwanese history of associationalism reveals that this emerging civil society has been relatively underorganized. Under KMT rule, the state–society relationship was defined within a state-corporatist model, as the organizational apparatus was monopolized by the state in order to penetrate, control, or co-opt the interest groups that had emerged to challenge the KMT's domination over the society. After democratization, these mediating state-sponsored organizations either became dysfunctional or lost their prestigious monopolizing status.[10]

Although various new non-governmental organizations have gradually emerged in Taiwan over the past twenty years, Taiwanese civil society still lacks an organizational basis from which it can claim representation while negotiating with the state. Taking the women's movement as an example, one can see that, compared to its counterpart in South Korea, a grassroots mass-based national movement organization in Taiwan has not yet been established. (Fan 2000) Similarly, in the labor movement, even though the 2000 presidential election gave rise to multiple workers' nationwide representative unions, the number of local unions is still low. (Huang 2003)

This phenomenon can be attributed, first, to the fact that the state long denied citizens the right to organize and form associations under the Nationalist regime. Second, the institutional environment, affected by its authoritarian legacy, is still unfriendly to the formation of new organizations. (Ku 1999) For example, in Taiwan it is easier to found a political party than a civic association.[11] Third, national identity politics has often taken priority. Identity issues regarding Taiwan's political future have hampered the formation of a single unified entity to represent the interests of a special social sector since democratization. Consequently, civic associations in Taiwan have not only been weak but highly fragmented.[12] For example, the three leading labor movement organizations, the Labor Front, the Labor Rights Association, and the Workers' Legal Lobbying Committee, despite their common anti-KMT stand during the democratic transition, represent a pro-independence platform, a pro-unification platform, and a neither–nor platform, respectively. Similar cleavages apply to environmental groups as well as to many professional associations. With the traditional corporatist associations being distrusted and new social movement groups more occupied with nationalistic issues, sectoral interests have less chance to find a strong voice in the established channels, let alone framing them through deliberation to align with the public welfare. In short, while bringing political autonomy to the social sectors, democratization has not translated into organizational forces for the civil society. The democratic civil society is still suffering from its legacy of authoritarian past.

In the absence of organizational mediation, during the SARS outbreak, discontented frontline medical workers, angry neighborhoods, and frustrated citizens were left to themselves and turned to compensation-seeking protest to protect their interests. However, without organizational channels serving to mediate private interests with the public good, different social sectors' interests clash and foster pervasive distrust.

## Mediated hysteria

Free media is a critical component of democratic society. However, over the 1990s Taiwan's media industry has been hard pressed by commercial

competition and has not been allowed the room to grow into an organic institution of the civil society. Without self-regulation, freedom of the press has been used as an excuse for excess commercialism. During the SARS crisis, this liberty aggravated the pain wrought by the epidemic. According to the Media Watch website, created during the outbreak by a group of mass communication scholars and students,[13] the media coverage was problematic. They found that the media had operated like rumor mills churning out unverified stories, exaggeration, and visually disturbing reports. Television and newspaper coverage took liberties in violating people's privacy in the name of helping quarantine. Yet, they failed to furnish people with basic public health information.

To facilitate informed deliberation and to make public authority accountable to its people, the media in a mature civil society must be both free and responsible by publishing learned investigations, critical discussions, and useful assessment of the activities of politicians and bureaucrats, as Edward Shils (1991) insists. In contrast to Hong Kong and China, Taiwan's media industry, emancipated from authoritarian control after democratization, has been thrown into the tyranny of the market. There are now more than one hundred television channels and numerous newspapers and magazines for a population of twenty-three million. To keep abreast of the market contest, media outlets imitate each other by publishing sensational stories. Even the mainstream newspapers and primetime news copy the strategies employed by Hong Kong tabloid magazines that made headway into Taiwan's media market at the time of SARS outbreak. Rather than distributing reliable, objective, and necessary information, the press became a major source of pressure and anxiety. In a survey conducted by the Academia Sinica and Chinese University of Hong Kong, Taiwanese and Hong Kong citizens were asked: "To what sources would you attribute the SARS panic?" Forty-four percent of Taiwanese respondents chose "media" while only 18.6 percent of Hong Kongers interviewed faulted the media.(Chiu, Chang, and Chang 2003) During the outbreak, images of nurses breaking through the police line to protest, of country people trying to block the transportation of medical waste, and of ambulances driving through the towns contributed to the national panic, pushing the Taiwanese citizenry into a state of heightened anxiety.

To sum up, during the SARS outbreak, Taiwanese citizens learned that a society capable of fighting "against the state" is not necessarily a society able to exercise self-restraint and bolster social solidarity by aligning individual interests with the common good. Collective tactics effective in overthrowing an authoritarian regime may unfortunately hamper the maturation of the civil society. Furthermore, the free yet insufficiently self-regulated media, under commercial pressure, may tear up social fabric in a time of crisis. Taiwanese society was brave enough to rid itself of its authoritarian shackles

yet still fell short of the task of self-governance. The SARS crisis teaches students of political sociology that this is not an easy task for the post-authoritarian democratic society.

## Concluding remarks

As we have illustrated, the societal crisis that Taiwan experienced during the SARS outbreak reveals a weakness in this vibrant post-authoritarian democratic society. Taiwan's previous authoritarian regime had long suppressed the organizational ability of the civil society by raising the cost for sustaining civic organizations. The nurses' protest serves as a good example: when they felt that their rights were neglected, they did not turn to the existing, dysfunctional corporatist associations for help; rather, they resorted to the dominating repertoire of compensation-seeking protest. Social protest and collective disobedience without organized mediation may satisfy the provincial interests of disparate social sectors. Yet, the individual actions and rhetoric employed by the medical profession and common citizens during the early stage of SARS almost led the society into a state of chaos. "Civility," as Shils (1991: 19) emphasizes, "can only be an ingredient of a civil society; it can serve to offset the perpetual drives toward the preponderance of individual self-consciousness and parochial collective self-consciousness." Our analysis of this social crisis suggests that without organized mediation, "the virtue of civil society" might find it difficult to thrive.

The SARS outbreak has not only exposed the weakness of Taiwanese society in a post-authoritarian democratic situation but it has presented an opportunity to learn. After spring 2003, more civic organizations have been established. It is especially noteworthy that an association aiming to organize and advocate nurses' rights was founded in the aftermath of SARS. In its first letter to members, the association stated that SARS was a turning point for many nurses, awakening them from their apathy and prompting them to organize, to improve working conditions, to voice their concerns, and to renew their professional commitment.[14] It may not be easy for a society to move from "against the state" to organize for "self-limiting" purpose, but the SARS crisis has cemented the consensus around such collective endeavors. In the final analysis, Taiwan's democracy may have endowed it with a special potential that is absent in either China or Hong Kong, as both of them are still in the authoritarian straitjacket.

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## Notes

1 Most Taiwanese travelers have to go through Hong Kong before reaching Chinese destinations because a direct link between Taiwan and China was prohibited as a result of the stand-off between them.
2 As we shall discuss further in the next section, individual rights and the public's collective interests under such an action framework were posed as in conflict. This situation was in sharp contrast to Toronto's case, where nurses aired their grievances and demands through demonstrations organized by health workers' unions. In particular, union-sanctioned protests in Toronto employed rhetoric that linked nurses' rights to social interests.
3 See *United Daily*, May 12, 2003.
4 See *United Daily*, April 30, 2003.
5 The principle whereby all individuals who have been exposed to in-hospital infection are concentrated and then transferred to different designated hospitals or sanatoria according to individual degree of risk proved to be an effective disease-control measure, though it was criticized widely by local and foreign epidemiologists.
6 One of the authors was involved in this action.
7 Canadian nurses have strong union organizations and are generally held in higher esteem and have more responsibilities than Taiwanese nurses. Traditionally it is regarded that Canada, with its robust healthcare system, has nurses who are in an even stronger position than those in the USA. In Taiwan, many believe that nurses' social status could be at least partially explained by society's gender bias against women (98–9 percent are women).
8 On March 26, 2004, the *Toronto Star* published a short article by Karen Palmer reporting the thirty Ontario nurses infected with SARS, and some of their family members have filed suits against the province totalling almost $189 million, claiming that the government failed to protect them adequately. See <http://www.nursingadvocacy.org/news/2004mar/26_toronto_star.html> and <http://www.wsws.org/articles/2003/jun2003/sars-j10.shtml>.
9 Here we adopt the definition of "political society" and "civil society" as developed by Linz and Stepan (1996: 7–8). In studying democratic consolidation, they have identified five interacting arenas that must reinforce one another in order for such consolidation to exist. They are "state," "civil society," "political society," "the rule of law," and "economic society." To them, "political society" refers to "that arena in which the polity specifically arranges itself to contest the legitimate right to exercise control over pubic power and the state apparatus," while "civil society" denotes an "arena of the polity where self-organizing groups, movements, and individuals, relatively autonomous from the state, attempt to articulate values, create associations and solidarities, and advance their interests."
10 For a definition of state-corporatism, see Alfred Stepan (1978). For the application of this concept to labor associations in Taiwan, see Hsu (1987); for religious associations, see Laliberté (1997).
11 The state should have passed, but did not pass, both regulations that protect the rights of organizations and tax or other institutional incentives that encourage the organizations to get organized and recruit members.
12 The politics of interest representation has been more like a pluralist model with groups separated by national identities competing with each other in the political and social spheres.
13 See <http://mediawatch.yam.org.tw/>.
14 The Association for Nurses' Rights was initiated on May 19, 2003, and was officially registered on September 26, 2003. Since then, its members have organized

at least two workshops and many grassroots forums. The issues raised include nurses' working conditions, labor law, union organizational skills, and social justice. Recently, they have been collecting articles on the theme "One Year after SARS." See <http://nurses_rights.yam.tw>.

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# 8 Epilogue

*Christine Loh*

> Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus . . . SARS was first reported in Asia in February 2003. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe, and Asia before the SARS global outbreak of 2003 was contained. According to the World Health Organization (WHO), a total of 8,098 people worldwide became sick with SARS during the 2003 outbreak. In general, SARS begins with a high fever (temperature greater than 100.4°F/38.0°C). Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also have mild respiratory symptoms at the outset. About 10 percent to 20 percent of patients have diarrhea. After 2 to 7 days, SARS patients may develop a dry cough. Most patients develop pneumonia. The main way that SARS seems to spread is by close person-to-person contact. The virus that causes SARS is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that the SARS virus might spread more broadly through the air (airborne spread) or by other ways that are not now known.
>
> (Center for Disease Control and Prevention 2005)

What has become well known today was a mystery in 2003 when a new, apparently highly infectious disease surfaced in southern China and eventually found its way to Hong Kong and then beyond. While what happened that year left a deep mark on those whose lives were directly affected, for the rest of society, life moved on very quickly. Indeed, in the case of Hong Kong, what

was surprising was the speed of the transit out of dark despair into hope and on to a quick economic recovery. The same may be said for Guangdong Province, Beijing, and Taipei—three other Chinese areas that were affected by SARS. Today, with avian flu at the doors of many more places than just China, Hong Kong, and Taiwan, what are the lessons we should have learned from SARS? The concern is that the avian influenza virus, which usually affects birds, will infect increasing numbers of humans and that it could mutate to become highly infectious, causing a pandemic. Since 1997, there have been a small number of confirmed cases of human infection. The first lesson from SARS is to be vigilant, even though the number of human cases is still small, and to ensure that there is systemic preparedness to contain outbreaks, should they happen.

## In SARS' trail

Hong Kong, a city of seven million people, virtually ground to a standstill from April to June 2003. This city was arguably the most important link in the SARS outbreak between mainland China, where the disease first emerged, and the rest of the world. During the early weeks of the outbreak, it was difficult to get hard information out of China. Even the World Health Organization (WHO) had considerable difficulty extracting hard information from the mainland authorities. Meaningful cooperation came about only after the WHO slapped a travel advisory on Hong Kong and Guangdong on April 2, 2003. Perhaps without the shock treatment of the travel advisory, Beijing would have taken longer still to recognize a crisis of gigantic proportions that was brewing within its doors. By the time the WHO investigation team was finally permitted to visit Guangdong on April 3, the outbreak was beginning to wane there, but it was ravaging Hong Kong and would also hit Beijing hard. During the early days of SARS, the world learned about the basic characteristics of the new disease almost entirely from Hong Kong. Despite early government caution about making comments, officials could not stay mum, fudge, or merely placate. There were plenty of others from among the medical, professional, and scientific communities who spoke out and provided important information, and they found a thirsty media and receptive public. The microbiologists in Hong Kong also played a critical part in eventually identifying the coronavirus. In other words, Hong Kong became the proxy epicenter of the disease because of its open culture and vibrant non-governmental sector.

During the height of the outbreak in Hong Kong, the images of "face masks" and "a ghost town" were what the rest of the world associated with the city. Yet, amazingly, on July 1, 2003, new images beamed throughout the world, of people thronging the streets demanding that their government put aside a piece of proposed national security legislation. Organizers stopped

counting numbers after estimates reached 500,000 marchers. The police did not dispute the number. Probably even more demonstrators, perhaps 700,000, turned out that day. This time, the black clothes they wore in protest were no longer associated with death but, with people power. Thus, within a matter of weeks, the international media turned from writing about Hong Kong as a dying city to one where the people had found a new energy to resist "tyranny." This time, the media reports about Hong Kong were positive and made the world see the city in a bright light. The proposed law was linked to China's insistence that Hong Kong should legislate to prohibit various acts, including subversion, secession, and theft of state secrets—crimes that are very much associated with repressive regimes.

Hong Kong people have always been wary of some mainland crimes, especially ones like subversion and state secrets. They did not need to go far to link public health data to state secrets to question whether they want such nebulous laws in Hong Kong. Indeed, the SARS outbreak proved to them the benefit of not having the authorities controlling information. Openness and transparency enabled their society to react more quickly and efficiently to fight SARS. State secrecy prevented information flow and, in the minds of Hong Kong people, made a society less able to act and take precautions. Hong Kong people are less accepting of the kind of paternalism that insists the free flow of information makes society less stable and SARS proved the Hong Kongers were right. They have an atavistic understanding of the risks involved in letting government control information and the media. The irony was that China had removed infectious diseases from its "highly secret" list of information in 2001, although the SARS outbreak showed the removal was little known as officials were confused about its information status.[1] The Hong Kong public also noted that a retired army doctor in Beijing, Jiang Yanyong, had to resort to using the foreign media to get the information out that there were hundreds of SARS cases in the capital but the patients were in military hospitals, which had not been included in official reports on the number of cases in the city.

Thus, looking back, it was not surprising that once SARS began to subside in Hong Kong, media and public attention focused on the national security legislation that was winding its way through the scrutiny process in the Legislative Council. Neither Beijing nor Hong Kong officials foresaw at the time the subliminal impact that the SARS outbreak would have on how the public saw China's culture of state secrecy versus Hong Kong people's culture of openness. By insisting on passing the legislation in July 2003, Beijing and Hong Kong officials failed to appreciate the strong underlying currents that were running through Hong Kong society at the time. Hong Kongers went out in force to protect their lifestyle on July 1, 2003, and ultimately the Hong Kong administration had to withdraw the proposed legislation.

## Price of secrecy

The price of state secrecy may well be that even top decision-makers do not have all the information they need to make informed decisions. It is anybody's guess how much the most senior Chinese leaders knew about SARS as the disease unfolded in 2003. There has not been any published post-outbreak report of a thorough review of matters by the Chinese authorities. In view of the fact that the outbreak first surfaced at the end of 2002, the annual National People's Congress meetings held in March 2003 would have been an ideal time to alert and prepare the nation. However, that could not happen because China's political culture did not have the capacity to divert attention away from the leaders' previous set agenda to something else that could have saved lives. Thus, a valuable opportunity was lost. We need to wait and see if the lessons of SARS will change Chinese political practice and the leaders' responses in the future should another important matter surface. By April 2003, Chinese leaders could no longer ignore the fact that the rest of the world were pointing their fingers at China, calling for the country to be more responsible in providing information on SARS and taking preventive measures. Premier Wen Jiabao took part in an ASEAN–China Leaders' Meeting on SARS in Bangkok and vowed to do better. The Chinese leadership understood that its strategy of projecting China's "peaceful rise" is also linked to it being regarded as a responsible power, and SARS was the first test of the new leadership under President Hu Jintao.

The chapters in this volume have provided many interesting insights into how SARS affected Hong Kong, Taipei, and mainland China. Instead of summarizing them, a more useful epilogue may be to identify some of the more interesting but less explored issues and suggest the lessons we can take from them with avian flu lurking. There are three aspects that deserve attention: first, to examine China's tortuous path toward greater openness; second, to assess how significant achievements were made when individuals and organizations designed the right process for collaboration; and third, to consider how traditional medicine could play a greater role in disease prevention and cure.

## From secrecy to openness—still a tortuous path

China began to report publicly on the number of infections once it acknowledged SARS was a problem. Its leaders also sent edicts throughout the nation that cadres were expected to report the truth from their villages, counties, and provinces. With China's greater receptiveness to engage in dialogue with the WHO and others during the height of the SARS outbreak, including capturing the attention of Premier Wen, experts and the media took the opportunity to press China also to pay greater attention to HIV/AIDS. Many

people had been lobbying the Chinese authorities for years to take urgent action against the latter disease in order to avert a crisis. Since then, Chinese leaders have more openly acknowledged the problem of HIV/AIDS in their country and have shown a greater readiness to act. Mainland China and Hong Kong also agreed on new procedures for the latter to be immediately informed of infectious diseases. (Government Press Release 2004) Hong Kong itself has put in place a range of anti-SARS measures. (HKSAR Government 2004) In 2005, the Chinese government also removed information related to natural disasters from the list of state secrets.

Yet, despite these positive steps toward greater openness, there have also been many examples of the continuing influence of the culture of secrecy. The free movement of Dr. Jiang Yanyong, who is regarded as a hero by ordinary people, still appears to be restricted. Dr. Guan Yi, a virologist in Hong Kong who worked on the University of Hong Kong team that discovered the SARS coronavirus and an expert on bird flu, seems to have faced allegations of leaking state secrets relating to the extent of a bird flu outbreak in Qinghai Province. (Yung 2006) Journalists continue to be harassed. As this publication goes to press, the case of Shi Tao remains a cause célèbre. In September 2005, Yahoo provided the Chinese authorities with details that helped to identify and convict Shi Tao of "divulging state secrets abroad" and he is now serving a ten-year prison sentence. An international discussion is raging today on the corporate ethics of foreign companies, such as Cisco, which assist China in the use of technology, as well as arrangements with Yahoo, Google, and Microsoft to block certain websites and emails. Netizens argue that investments should instead be made to ensure the internet is unblockable. Some have linked their arguments to what would happen if there was another major outbreak of infectious disease and the government again wanted to control information. In this regard, Chinese volunteers are trying to develop "unblockability."[2] In parallel, in early 2006, the first public signs emerged of dissent among the senior ranks of the Chinese Communist Party over the top leaders' increasingly repressive approach to press freedom. The authorities had shut down newspapers and picked off editors who resisted. These are longstanding measures the regime applies to maintain "social stability." The recent pressure arose due to a steady increase in public protest across the nation over issues such as land grabs by corrupt cadres from poor farmers, and serious environmental problems. These developments deserve our closest attention because they go to the heart of how China is governed. Can a party continue to maintain its monopoly on power by combining repression with the manipulation of public opinion, and at what cost to the country and its people?

A culture of secrecy inhibits opportunities to maximize knowledge, which is especially important when there is a crisis that requires quick action across jurisdictions. Conversely, information sharing and collaboration, where

personal agendas and institutional interests are put aside, maximizes knowledge expansion. This can be seen by the linking of thirteen research laboratories in mid-March 2003 by Dr. Klaus Stohr at the WHO Geneva headquarters to speed up the study of SARS around the world. The laboratories shared information on a daily basis. At the same time, the scientists benefited from the WHO's Global Outbreak Alert and Response Network (GOARN) that brought in daily information about the outbreaks. These collaborative efforts helped to expedite the discovery of the SARS causative agent and the development of a robust diagnostic test for it. Modern communication technologies are available but their applications are determined by humans. Their choices can expand knowledge or hinder information flow.

In China's case, it should also be noted that even when information is liberalized in specific cases, the overall culture of secrecy creates many doubts over information status, which prevents people taking quick action. Furthermore, the competencies associated with openness, such as quality control of data collection and compilation, remain weak in China. Thus, SARS allowed the world to witness the benefits of developing society's competence in collecting data, using information, sharing knowledge, and working across disciplines that can only truly be done in open societies that function under the belief that transparency provides stability.

The dominance of the Western medical profession in the investigation of diseases prevented other disciplines from making a greater contribution during the SARS outbreak. Doctors knew less about the spreading of droplets than aerosol scientists, who specialize in movements through air. Other scientists knew more about the effectiveness of screening processes used at airports, and statisticians could calculate the waxing and waning of the disease. However, the authorities and media did not have the foresight to tap a large pool of knowledge that was sitting on their doorstep. Moreover, traditional Chinese medical (TCM) practitioners received little attention. However, TCM played an important role in society as people thronged to traditional herbal medicine stores as the virus spread. TCM historical records describe SARS-like diseases of the past and the waxing and waning of infection cycles, and TCM practitioners advised the boosting of people's immune systems to fight infection through acupuncture and herbal medicine. The antiviral drug being used then, ribavirin, and steroids did not work for some SARS patients, and, furthermore, these drugs had negative side-effects. While hospitals in Guangdong used a mixture of both Western and Chinese medicine to fight the epidemic, Western medicine was dominant in Hong Kong hospitals.

This was a mistake, as TCM practitioners can teach Western medicine much about the disease. With avian flu now rearing its head in many parts of the world, Chinese medicine researchers at the Chinese University of Hong Kong have adapted classical herbal formulas to treat feverish contagious

diseases. (Moy 2005) Other TCM practitioners have mixed natural and herbal products using traditional formulas which could be inhaled to prevent infection. These appear to be effective means of prevention that are affordable, especially for developing economies.

## A pandemic on the way?

While SARS has subsided, the worldwide public health concern today is bird flu, with China at the epicenter. The strain that is making its way around the world (H5N1) first appeared in Guangdong in 1996. Since it first emerged in Hong Kong and claimed its first victims there in 1997, more than one and a half million chickens and ducks have been culled as a precautionary measure, but the signs are that bird flu is becoming more resilient. A few outbreaks were reported in various parts of Asia in 2003, including the deaths of some leopards and tigers that had eaten chicken at a zoo in Thailand. The scale of the problem increased dramatically in 2004 with the almost simultaneous declaration in more than ten countries that the disease was killing thousands of chickens and ducks. Two issues are of primary concern to healthcare professionals today. First, the number of bird flu cases and their geographical scope have exploded and are historically unprecedented, according to the WHO. By 2005, the H5N1 strain had reached Romania, Russia, Mongolia, Turkey, and Kazakhstan. Second, the level of human infections and fatalities has increased.

While many experts remain uncertain whether there will be a human pandemic, there is general agreement that avian flu is posing an increasing risk to humanity. A WHO committee (Writing Committee 2005) noted in September 2005 that the H5N1 virus "has crossed the species barrier in Asia to cause many human fatalities and poses an increasing pandemic threat" (although a month later the European Centre for Disease Prevention and Control (2005) argued there was no need to overstate the problem).

The leaders of many countries made the most of Chinese President Hu Jintao's visit to the United Nations in September 2005 by pressing the case that China needed to take the bird flu problem more seriously. However, even with greater focus after Hu's return home, Chinese leaders face many challenges. With as many as fourteen billion chickens being reared in China and a substantial number of ducks, the majority in small farms with poor hygienic standards and in very close proximity to people, the potential exists for rapid influenza evolution. Indeed, few farmers and local animal-health officials can differentiate bird flu from other diseases. Worse, they are often reluctant to report problems up the chain of command to the central authorities since they know they will be ordered to slaughter their birds.

Beijing also knows that a bird flu outbreak will severely affect China's farmers, and they are already complaining about the disparity of income

between rural and urban areas. An epidemic that spreads to humans will also likely hit farmers badly, in view of their proximity to the birds, entailing expensive medical treatment. With the breakdown of China's public healthcare system, which became evident during SARS, if and when the poor fall ill, they will suffer greatly. Should the Chinese government not respond quickly and effectively to avian flu outbreaks in either birds or humans, social unrest, which has reportedly grown from year to year, could multiply.

Beyond the Chinese border, there would also be greater risk for global spread of the disease. A continuing challenge is Beijing's reluctance to make public timely and accurate information about animal and human diseases despite the policy change to allow public disclosure. A memorable example was the outbreak of avian flu at the Qinghai Lake Nature Reserve in the summer of 2005, when only a few birds were tested after 6,000 had died. International bodies thought the release of information and level of co-operation remained relatively poor during that incident. Meanwhile, avian flu is almost a daily news issue in Hong Kong. In March 2006, a ban on live chickens from Guangdong highlighted the concerns of public health officials. This provoked a response from Guangdong that Hong Kong had overreacted.

There is no easy path forward. China and Hong Kong have a special role to play to keep watch, act decisively whenever necessary, and build better collaborative processes to harness national and international expertise to prevent and fight avian flu and, indeed, other infectious diseases. They also have the greatest interest to use whatever traditional knowledge there is, as well as to counter the traditional culture of secrecy and promote a culture of openness for the greatest public interest.

## Notes

1 A 2001 regulation had amended the 1996 regulation that classified "highest level infectious disease" as "highly secret," with the secrecy extending from the first occurrence of the disease until the day it was announced. See Loh (2004: 158).
2 See www.wujie.net and www.dongtaiwang.com.

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