Roles of the Civil Society in Facing Public Disaster: NGOs in Hong Kong in Responding to the SARS Crisis.

by

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Abstracts

The society of Hong Kong was devastated and demoralized when SARS struck the territory in the spring of 2003. The absence of knowledge about the virus coupled with its speedy spread has created a sense of imminent risk among the people of Hong Kong. Hong Kong encounters an unprecedented community wide health diaster, in which the community fully recognizes that the customary ways of coping with public health problems do not work any more, which poses threats to both the civil society and the state.

In responding to such acute and public crisis, many non-governmental organizations (NGOs) in Hong Kong, including the welfare agencies, schools, religious organizations, as well as community and grassroots organizations, have initiated and organized numerous actions and responses to the SARS crisis. Some of these actions can supplement governmental efforts, signifying the complementariness between the civil society and the state.

While the government focused on information giving and public health education at the outbreak of SARS, the welfare agencies set up different hotline services and provide needy emotional support to the general public. Other actions can be seen as cooperation between the government and the NGOs, like 'Operation UNITE', which was a territory-wide cleaning and education campaign initiated by the civil society but fully supported by the government. Such concerted endeavor between the civil society and the government is a sign of their inter-dependence.

However, NGOs may pose challenge to the inefficient and ineffective actions of the government, against which the civil society can play an advocacy role. One example is the 'One person one mask' campaign organized by the Commercial Radio, which reflects the public discontent over the continuous infection of the medical workers in the crisis.

During the SARS crisis, the civil society of Hong Kong shows its committed moral obligation and responsibility, which can be mobilized for building a society of concern and trust, but we need further reflection and consolidation to make this concern and trust sustainable.

According to a survey conducted to 55 NGOs in Hong Kong, this paper will explore how the duties of the government and the NGOs of the civil society were negotiated during the SARS crisis and to investigate the trust relations between the government and the NGOs and among NGOs themselves. This paper will also evaluate the roles and functions of the NGOs' actions and responses in facing the SARS crisis which provide lessons for NGOs in other countries in facing public disaster.

Keywords: Civil Society, Public Disaster, SARS, NGOs

Introduction

Hong Kong, a territory frequently hit by typhoons and rainstorms, has, in the course of its history, encountered a number of disasters arising from the natural agents of landslides and flooding. But hardly ever has the society of Hong Kong been so devastated and demoralized as when the SARS (Severe Acute Respiratory Syndrome) epidemic struck the territory in the misty spring of 2003. Faced with the novelty and speedy spread of the virus that hit 1755 individuals and claimed the lives of nearly 300, the Government's emergency response system has proved to be inadequate in managing the disaster.

The absence of knowledge about the virus coupled with its speedy spread has created a sense of imminent risk among the people of Hong Kong. Hong Kong encounters an unprecedented community wide health disaster, in which the community fully recognizes that the customary ways of coping with public health problems do not work any more, which poses threats to both the civil society and the state.

In responding to such acute and public crisis, many non-governmental organizations (NGOs) in Hong Kong, including the welfare agencies, schools, religious organizations, as well as community and grassroots organizations, have initiated and organized numerous actions and responses to the SARS crisis. Some of these actions can supplement governmental efforts, signifying the complementariness between the civil society and the state.

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Our hypothesis can be summarized as follows: NGOs act as a mediator between the state and the civil societies, which can enhance both collaboration and/or adversarial relations between the state-civil society., trust among NGOs is the starting point of their action against the disaster, however the lack of trust between civil society and government make the movement unsustainable.

The paper will begin with an identification of the phases of the development of the SARS crisis in Hong Kong. To enable more precise analysis of the social processes involved in the crisis, the general phases in disasters identified by Barton (1970) are adopted in the discussion that follows. These general phases are: 1. the period of detection and communication of warnings of a specific threat; 2. the period of immediate, relatively unorganized response; and 3. the period of organized social response (Barton, 1970).

The context: different phases of the SARS crisis in Hong Kong

The SARS crisis started with an outburst of the epidemic in the Prince of Wales Hospital (PWH) in early March 2003, when many doctors, nurses and medical students were infected by a then virtually unknown virus. Worries and anxieties built up in the Hong Kong community as the number of infected cases grew. The absence of knowledge about the virus, coupled with its speedy spread, created a crisis

atmosphere that was unprecedented in Hong Kong. Knowledge about the new epidemic was so imperfect that the nature of the virus, the symptoms of infection, the route of transmission, and the appropriate treatment were all subject to recurrent controversy and continual discovery. Whether facemasks should be worn in public places was also a subject of controversy when the threat was initially detected. But the controversy was short lived. The threat was clearly recognized and this was reflected in the citizens' hunt for facemasks shortly after the onset of the epidemic.

Following the detection of the threat and a series of public warnings, the community of Hong Kong reluctantly acknowledged that the customary ways of coping with public health problems did not work any more. For the first time since World War II, emergency medical services were temporarily suspended in PWH on 19 March 2003 and subsequently in other infected hospitals as well. The communal hazard also threatened normal daily routines in Hong Kong. Witnessing the steep rise in infected cases, the Hong Kong Government announced on 27 March 2003 the suspension of classes in all schools below tertiary level. University authorities followed suit, and activity in all educational institutions was virtually put to a halt. Form early March to the suspension of classes on 28 March 2003, warnings about the specific threat from this unknown virus were communicated to the community. We label this, after Barton (1970), the 'threat detection phase'.

The Government's decision to suspend classes in all schools was related to the outbreak of a large-scale community infection in the residential area of Amoy Gardens, in which coincidental environmental factors caused the infection of hundreds of residents in a small residential community. Residents in the major infected block of Amoy Gardens were quarantined in their own flats on 31 March 2003, and were later quarantined in holiday camps in an effort to control the infection. The Amoy Gardens infection, which eventually accounted for more than 40 deaths, prompted the introduction of quarantine measures for the family members of infected patients.

At the same time, the number of contracted cases went into a steep rise. The highest number of new infections in a single day during the period was 81. With such a high number of new cases, a sense of risk built up quickly in the community of Hong Kong. This sense of risk was manifested among consumers in a rush to the supermarkets to stock up when, on 1 April, April Fools' Day, a 14 years old lad spread

a rumor over the internet to the effect that the border would be closed.

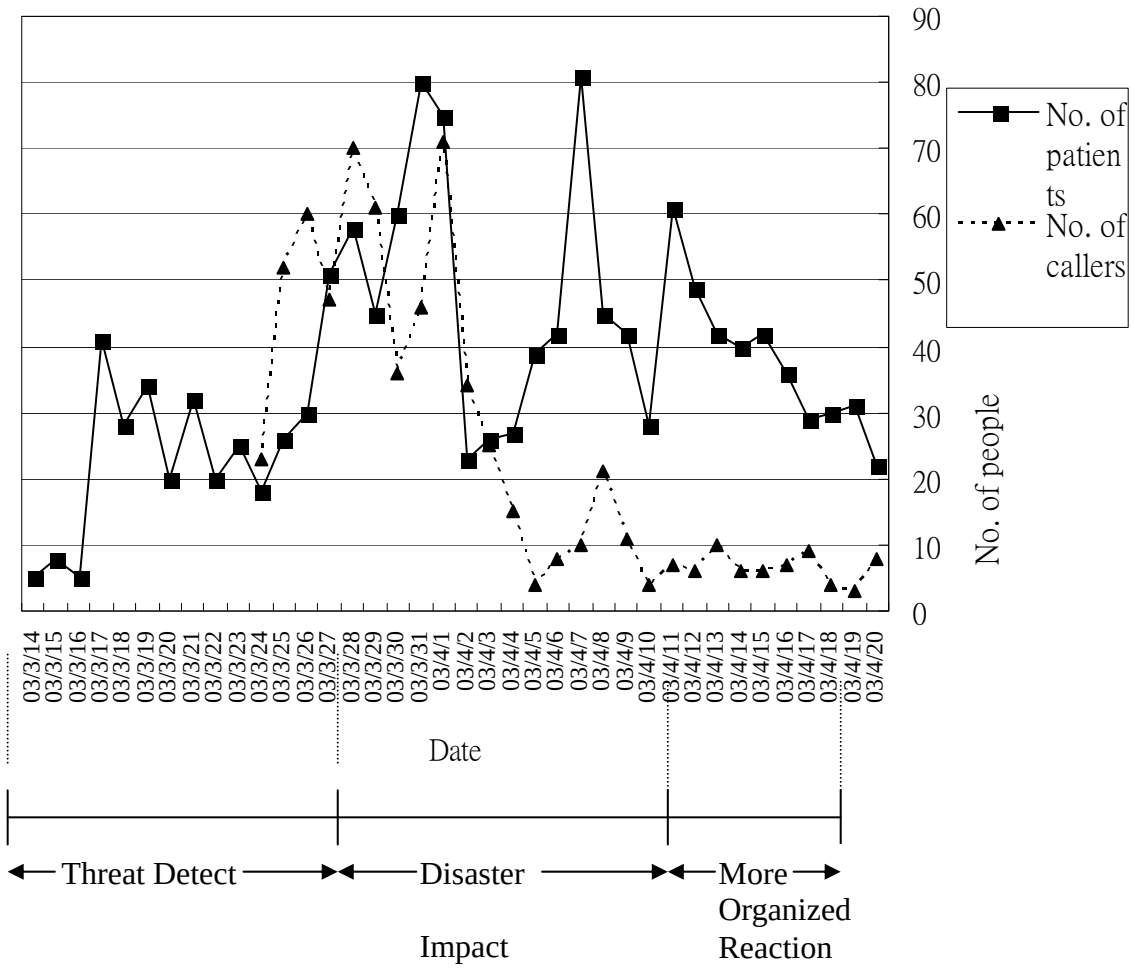
In the face of an invisible and unknown virus hiding in the community, the customary values of trust and courtesy came under challenge. Government promotional clips on television urged the citizens of Hong Kong not to trust their hands to touch their own eyes, nose and mouth, and to wash their hands always before touching any part of their face. As carriers of the virus might not present symptoms, people were advised to keep others at a distance. Shaking hands, a normal expression of courtesy in social life, was discouraged. In the shadow of SARS, social life in Hong Kong was virtually brought to a temporary halt, when people were asked to avoid public places and close encounters with other people. Ostensibly, SARS had emerged as more than a public health hazard. It was a challenge to the customary life of the people in the metropolitan city of Hong Kong.

The public health hazard arising from the SARS epidemic was beyond the experience of the Hong Kong Government, and was not included in any pre-conceived contingency plan. Amidst the uncertainties accompanying the new virus and in the absence of any precedent, complaints and arguments were not wanting during the period. A prominent argument at that time was whether sufficient protective facilities were provided to hospital staff and whether they were distributed in an efficient manner. This period, from late March to mid April, was when the impact of the disaster was most intensely felt, and the government response to the disaster still largely disorganized. Following Barton (1970)’s classification, we label it the “disaster impact phase”.

It was not until 12 April that infection figures began to display a steady downward trend. As the Hong Kong community began to absorb the reality of the epidemic, various sectors began to take measures to resume operations in the shadow of the threat from SARS. Educational institutions issued policy statements about wearing facemasks when classes resumed. The facilities management sector upgraded their cleaning standards and enhanced their cleaning procedures to regain the confidence of users. The operators of public transport provided free masks to passengers and advised them to wear them during their journey. The civil society also started to contribute their own resources, when the government, on its own, was seen as inadequate in responding to the disaster. The media initiated a fund raising campaign to provide protective clothing and masks for medical workers. Some young

professionals established a web site to announce the residential and work addresses of infected SARS cases, when the government refused to do so. We identify the period after mid April as the "more organized reaction phase". During this period, non-governmental social service organizations initiated a number of contingent services for vulnerable groups to supplement the government's efforts (see chart 1).

Chart 1: Different Stages of development of SARS and numbers of affected patients and callers.



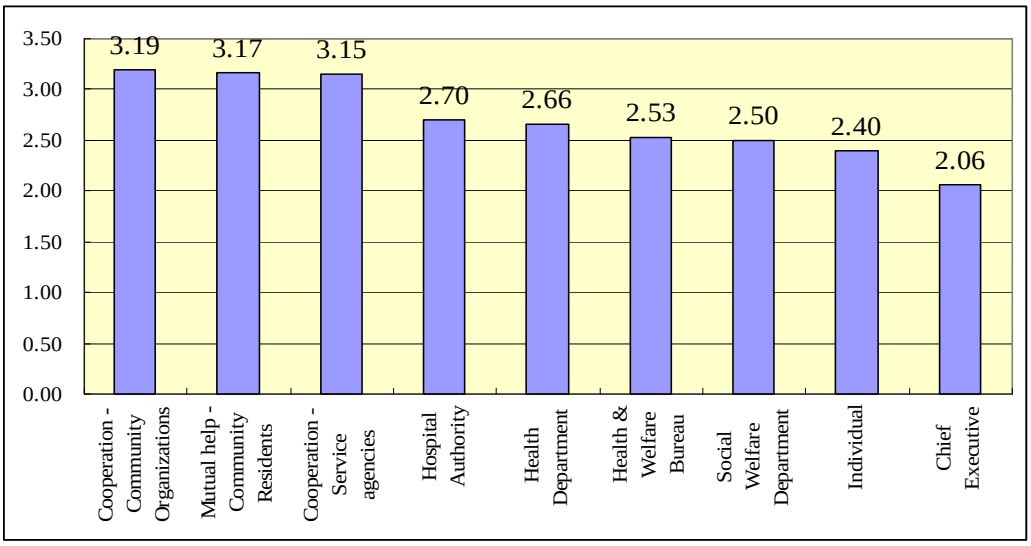
The Roles of NGOs in SARS Disaster Survey

In June 2004, one year after the SARS crisis, a study was conducted to understand if the NGOs have sustained their efforts in preparation for coping with other similar epidemic crisis. By internet search with Yahoo, Google and Wisenews (a Chinese News database), it is found that 128 organizations or associations have organized activities in response to SARS. We posted survey questionnaires to these 128 organizations and requested their cooperation in responding to the survey. 55 organizations successfully completed and returned the questionnaire and the response rate is 43%.

211 activities were reported by these 55 organizations. 54 of them were standing organization and one of them was an ad-hoc organization for responding to the SARS crisis. Majority (74.5%) of the organizations were social service agencies, in which 32.7% were elderly service agencies; 10.7% were rehabilitation service agencies. About one-tenth (10.9%) were religious organizations and another one-tenth (9.1%) were self help and mutual help groups.

Among these 211 activities, the nature of the majority of them was financial / material support (54.7%), fundraising / material collection (28.5%), health education (8.8%) and emotional support (5.1%). The targets of the activities were patients and relatives (44.0%), high risk groups (15%), government (13%), media (12%) and medical workers (11.0%). The major objectives of the activities were to provide information on epidemic disease (53.7%), to prevent future occurrence of epidemic disease (25.6%); to monitor related activities by government departments (11.6%)

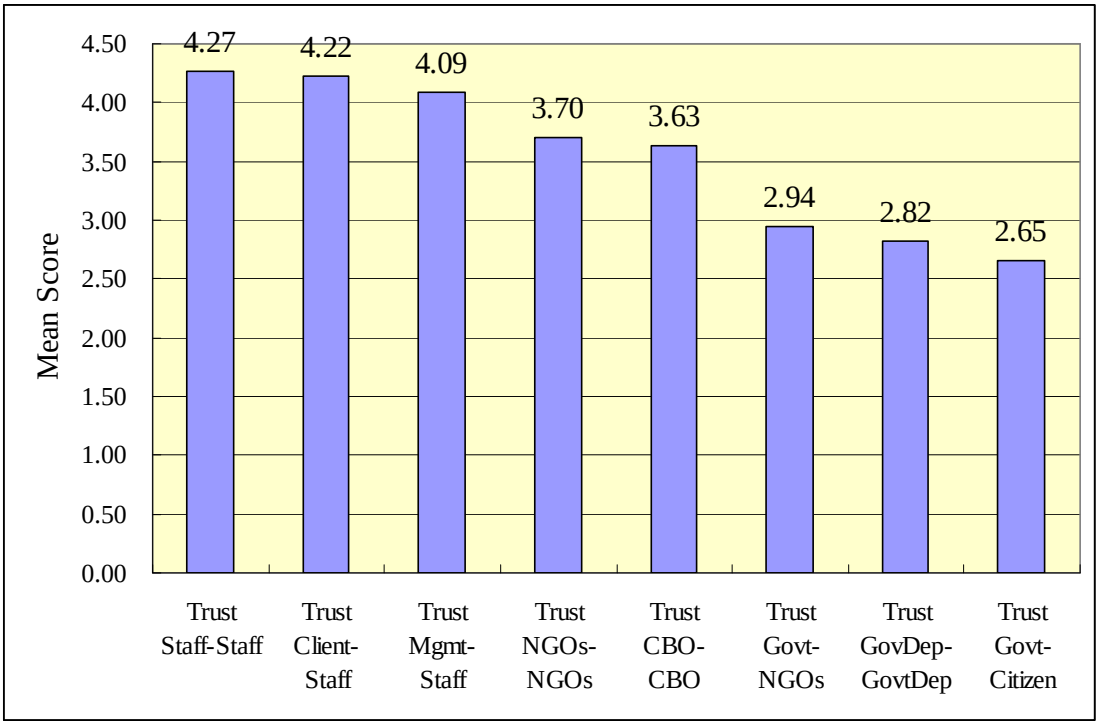
Chart 1: Faith in different actors in responding to SARS crisis



We further explored faith and trust among the responding organizations as manifested in their perception of relations with other stakeholders. About the faith in different actors in responding to SARS crisis and alike, respondents have more faith in NGOs than Government and individual.

Refer to chart 1, in facing SARS crisis and alike, respondents would like to depend on 'Cooperation - Community Organizations' (3.19), 'Mutual help - Community Residents' (3.17), which shows that the responding organization have the highest faith on community-level organization and residents mutual-help activities. The cooperation between service agencies also receive high faith at 3.15. All government departments received faith score less than the neutral mark of 3. Among them, Hospital Authority have the highest score at 2.53, but is still much lower than the former actors. The Chief Executive received lowest faith at 2.06, which is still lower than the faith in individual at 2.40. In summary, responding organizations have more faith in the community organization and association (mean score = 3.16) in handling crisis likes SARS than faith in government (mean score =2.49) and faith in individual (mean score = 2.40).

Chart 2: Trust between different actors



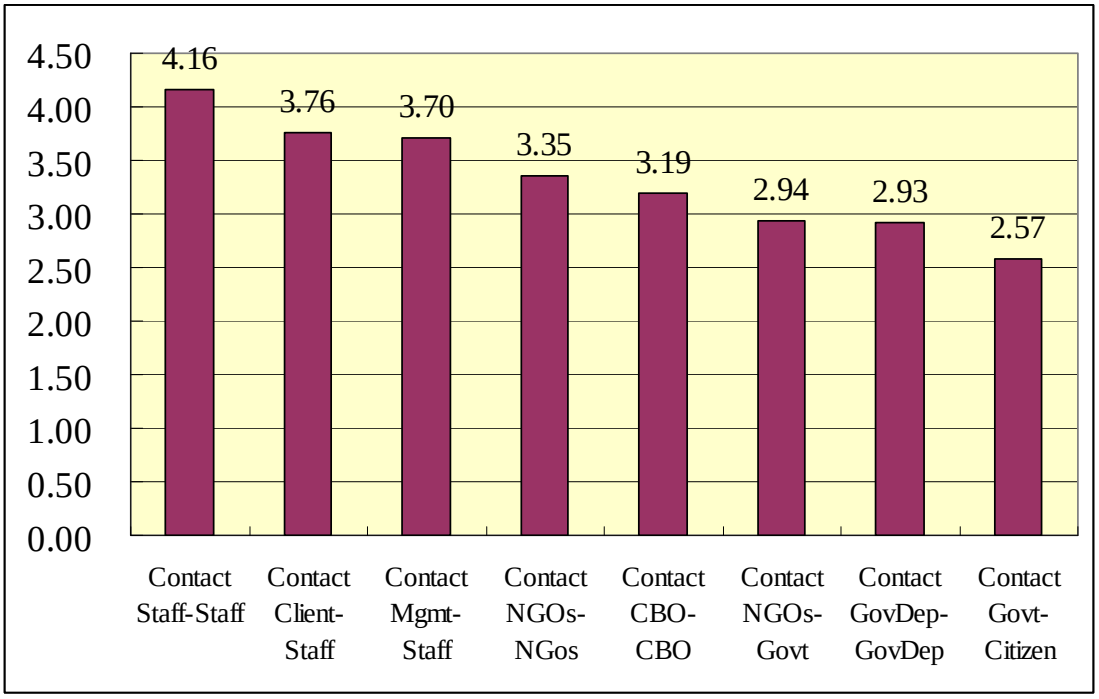
Responding organizations have higher trust between their own staff (mean score =4.27), between client and staff (4.22) and between management and staff (4.09). The trust between NGOs (3.70) and between Community-Based Organizations (3.63) are still in the positive side. Trust between government and other parties have lower scores, trust between government and NGOs (2.94), between government departments (2.82) and between Government and Citizen (2.65) is the lowest mean score.

We classify trust into 'Intra-organizational trust', 'Inter-organizational trust' and 'Trust on government'. Trust among staff of the association, between service target and staff and between management and staff was classified as 'Intra-organizational trust'; trust between community-based organizations, and among service agencies was 'Inter-organizational trust'; whereas trust between government departments, between service agencies and government and between citizen and government was classified as 'Trust on government'.

The mean score out of a five-point scale of intra-organizational trust is highest at 4.19, inter-organizational trust is 3.67, while trust on government have the lowest score at 2.82, which is less than the neutral mark of 3. It suggests that trust is more

readily built with face-to-face relations within an organization, whereas distance from the government is less susceptible to a trustful attitude.

Chart 3: Contact and Linkage between different actors



Responding organizations consider higher contact and linkage between their own staff (mean score =4.16), between client and staff (3.76) and between management and staff (3.7). The contact and linkage between NGOs is lower at 3.35 and between Community-Based Organizations at 3.19, both are still in the positive side. Contact and linkage between government and other parties like trust have lower scores, contact and linkage between government and NGOs (2.94), between government departments (2.93) and between Government and Citizen (2.57) is the lowest mean score. The rank order of trust between different actors is same as those of the contact and linkage between different actors.

Factors affecting the roles of the NGOs

Halbert (2002) argues that public disasters can have the effect of bonding communities together in the face of adversity that leads to greater social cohesion rather than the breakdown of social institutions. Jalali (2002) analyzes the relations between civil society and the state after the earthquake in Turkey. She credits the media and the NGOs for acting as advocates for survivors and forcing changes at the state level. She argues that an ideal response system can only be based on state-civil society relations that are both collaborative and adversarial. Jalali also argues that

civil society performs multiple roles in disaster. ‘It creates social capital (cooperation and trust) for effective disaster relief, intermediates between state institutions and the concerns of disaster victims and supports the public sphere by raising issues in the public arena and demanding public action.’ (Jalali, 2002: 123). ‘State-society synergy’ efforts – where civil society supplements the work of the government and voices the concern of the voicesless – are essential for alleviating the suffering of victims and creating an effective disaster response system (Jalali, 2002).

Following Jalali’s framework of ‘collaborative’ and ‘adversarial’ relation between state-civil society, we classify those activities with the following objectives: ‘learning information about SARS’, ‘help prevention of SARS’ ‘Counseling and support service to the needy’, ‘enhance community cohesion and solidarity’ and ‘help Government to implement anti-SARS activities’ as **‘Collaborative Activities’** and those with objectives ‘monitor government department’ and ‘fill the service gaps of Government services’ as **‘Adversarial Activities’**

Table 1: Mean of Collaborative and Adversarial Activities in different phases

Phase		Collaborative Activities	Adversarial Activities
Threat Detect (March 2003)	Mean	2.1667	.7500
	N	12	12
Disaster Impact (April 2003)	Mean	2.3704	.1481
	N	27	27
More organize response (May 2003 and after)	Mean	2.4167	.3333
	N	12	12
Total	Mean	2.3333	.3333
	N	51	51

More adversarial activities were found in the 'Threat Detect' Phase (mean=0.75) than in 'Disaster Impact phase' (mean=0.15) and in 'More organize response' (mean=0.33). The difference is significant ($F=3.941$, d.f.=2, $p<.05$). Whilst community organizations would raise adversary issues in demand for public action, they inclined to be concentrated in the first phase of the disaster when the Government's response was slow and uncoordinated. The collaborative activities were however distributed evenly in the three phases, with a slightly increasing trend, which is not statistically significant.

The correlations between collaborative and adversarial activities, duration of activities, faith in government, community and Individual are shown in Table 2. As expected, the collaborative and adversarial activities is negatively correlated ($R=-.108$, $p>0.05$), but the correlation is not significant. Adversarial activities is significantly correlated to the duration of the activities ($R=.347$, $p<0.05$) while collaborative activities is not. It suggests that adversarial activities tend to be more sustainable than the collaborative activities. Faith in government are highly correlated to the faith in community ($R=.420$, $p<0.01$) and faith in individual ($R=.388$, $p<0.01$). Collaborative activities is only correlated with faith in community ($R=.332$, $p<0.05$) but not faith in government ($R=.085$, $p>0.05$), it shows that the collaborative activities were induce by the faith of on the strength of the community organisation and association in handling crisis but not on the strength of the government.

Table 2: Correlations between Collaborative and Adversarial Activities, Duration, Faith in Government, Community and Individual

		Collaborative Activities	Adversarial Activities	Duration of Month of the activities	Faith Govt	Faith Community	Faith Individual
No. of Collaborative Activities	Pearson Correlation	1	-.108	.011	.085	.332(*)	.240
	Sig. (2-tailed)		.433	.936	.549	.016	.083
	N	55	55	52	52	52	53
No. of Adversarial Activities	Pearson Correlation	-.108	1	.347(*)	-.010	-.184	.180
	Sig. (2-tailed)	.433		.012	.945	.191	.198
	N	55	55	52	52	52	53
Duration of Month of the activities	Pearson Correlation	.011	.347(*)	1	.098	-.237	.015
	Sig. (2-tailed)	.936	.012		.501	.101	.919
	N	52	52	52	49	49	50
Faith-Government	Pearson Correlation	.085	-.010	.098	1	.420(**)	.388(**)
	Sig. (2-tailed)	.549	.945	.501		.002	.004
	N	52	52	49	52	52	52
Faith-Community/Association	Pearson Correlation	.332(*)	-.184	-.237	.420(**)	1	.519(**)
	Sig. (2-tailed)	.016	.191	.101	.002		.000
	N	52	52	49	52	52	52
Faith-Individual	Pearson Correlation	.240	.180	.015	.388(**)	.519(**)	1
	Sig. (2-tailed)	.083	.198	.919	.004	.000	
	N	53	53	50	52	52	53

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Table 3: Correlations between number of Collaborative and Adversarial Activities, Duration, Faith in Government, Community and Individual

Correlations

		No. of Collaborative Activities	No. of Adverserial Activities	ole fill Gov Service Gap	ole help Gov andling Crisis	ole Watchdo n Govt work	Role Community Cohesion	Role Direct ervice to need
No. of Collaborative Activities	Pearson Corre	1	-.108	.321*	.368*	.051	.481*	.127
	Sig. (2-tailed)		.433	.017	.006	.714	.000	.355
	N	55	55	55	55	54	55	55
No. of Adverserial A	Pearson Corre	-.108	1	-.009	-.002	.101	-.030	.050
	Sig. (2-tailed)	.433		.946	.988	.466	.829	.715
	N	55	55	55	55	54	55	55
Role fill Govt Servic	Pearson Corre	.321*	-.009	1	.139	.310*	.429*	.112
	Sig. (2-tailed)	.017	.946		.312	.023	.001	.415
	N	55	55	55	55	54	55	55
Role help Govt hand Crisis	Pearson Corre	.368*	-.002	.139	1	.426*	.317*	.298*
	Sig. (2-tailed)	.006	.988	.312		.001	.018	.027
	N	55	55	55	55	54	55	55
Role Watchdog on C	Pearson Corre	.051	.101	.310*	.426*	1	.373*	.317*
	Sig. (2-tailed)	.714	.466	.023	.001		.006	.020
	N	54	54	54	54	54	54	54
Role Community Co	Pearson Corre	.481*	-.030	.429*	.317*	.373*	1	.305*
	Sig. (2-tailed)	.000	.829	.001	.018	.006		.024
	N	55	55	55	55	54	55	55
Role Direct Service t	Pearson Corre	.127	.050	.112	.298*	.317*	.305*	1
	Sig. (2-tailed)	.355	.715	.415	.027	.020	.024	
	N	55	55	55	55	54	55	55

*.Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

The correlations between collaborative and adversarial activities, role- fill government service gap, role- help government handling crisis, role- watchdog on government work and role- enhance community cohesion and solidarity are shown in Table 3. Collaborative activities is significantly correlated to role- fill government service gap ($R=.321$, $p<0.05$), role- help government handling crisis ($R=.368$, $p<0.01$), and role- enhance community cohesion and solidarity ($R=.481$, $p<0.001$).

Conclusion

In this survey, responding organizations show that they have more faith in NGOs than Government and individual in responding to the SARS crisis and alike. Also we find that intra-organizational trust is greater than inter-organizational trust and both of them greater than trust on government. We suggest that trust is more readily built with face-to-face relations within an organization, whereas distance from the government is less susceptible to a trustful attitude. The rank order of trust between different

actors is same as those of the contact and linkage between different actors. Contact and trust can reinforce each other and this shows why community level organization which have the opportunity to have direct contacts and can build up high faith and trust. This faith and trust as important social capital provide cohesion and solidarity in the community, which also as a role recognized by the organizations so that they are actively provide collaborative work at the SARS crisis.

Trust and faith on government is low when slow and uncoordinated actions of the government was prominent in the 'Threat Detect' Phase. NGOs would like to be watch dog on the government work and action and would like to fill in the gap of the government. Theses adversarial activities were indeed more sustainable than the collaborative activities and that they have longer duration.

In this study, we reconfirm Jalali's claim that civil society can performs multiple roles in disaster as well as 'State-society synergy' thesis that civil society supplements the work of the government and voices the concern of the voicesless in the disaster. In the SARS disaster case in Hong Kong, we find that though the NGOs do not have high faith and trust on government, but base on the mission to build up a cohesive and solidarity community, they still intend to take up this mediating roles and take up both collaborative and adversarial roles.

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