Article Title

Managing a health-related crisis: SARS in Singapore [Summary]

Citation

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Abstract

Severe acute respiratory syndrome (SARS) is a new and potentially fatal virus, the discovery and spread of which created a tourism crisis in parts of Asia in 2003. Based on an analysis of secondary data, this study deals with the outbreak of the disease in Singapore and shows the adverse impact on international arrivals and domestic leisure activity. Responses by the public and private sectors of the industry to the severe problems faced are assessed, and government is seen to have the especially difficult tasks of managing the spread of the disease and trying to protect and promote tourism at the same time. Insights are provided into good practice during such difficult circumstances, although recovery appears to depend on the progress of any epidemic as much as on the strategies employed.

Summary:

The early phase of the SARS outbreak in Singapore and the manner in which it was managed by tourism administrators and businesses are an area for continued analysis, alongside the handling of subsequent stages and the regional and global repercussions of the virus within a tourism context. SARS is a form of atypical pneumonia caused by the coronavirus, also the origin of the common cold, and was first discovered in the southern Chinese province of Guandong in late 2002. Much is still unknown about the contagious virus, which has a mortality rate of 14-15 per cent, and early uncertainty about how it spreads fueled public anxiety. While revealing the worldwide challenges for tourism posed by infectious disease, this account has disclosed some of the distinctive qualities of Singapore which should perhaps be stressed. The geography, politics, society and economics of the republic

create a unique policy-making framework which affords some advantages in dealing with certain features of an epidemic and its aftermath. The small size of the island and limited number of entry and exit points make it easier to oversee cross-border travel, while the political regime, dominated by a single party, is renowned for the extent of its regulatory practices and intervention in most areas of life. Officials can also draw on financial reserves and modem technology which are not always so readily accessible. The government is thus able to move firmly and without delay, taking decisions which law-abiding Singaporeans accept as being in their best interests. Not all authorities command such a level of popular acquiescence and are able or willing to exercise the same controls.

Conclusion

Analysis of the outbreak of SARS in Singapore and its repercussions reveals international tourism's vulnerability to actual and perceived dangers which incorporate infectious disease. It is not only overseas visitors who are deterred by health hazards, but also residents in their roles as domestic tourists and leisure consumers. The media shapes attitudes towards risk, and travel advisories published by governments and official agencies are another critical influence on decision making. Coping with these dynamics is an exacting task for state authorities, given that international travel has the potential to accelerate the global spread of certain illnesses and containment measures may have adverse consequences for tourism. The dilemma is especially acute for destinations where international tourism is a major source of revenue and employment, and the domestic market is relatively small. Conflicts arise between dealing with the disease, which may include restrictions on movement and the circulation of warnings, and promoting tourism and the positive images essential to a sense of visitor security.

The impact of SARS was felt worldwide, but especially in Asia, and it was not only Singapore which saw sharp decreases in both outward and inbound tourism flows.34 Industry data suggested that international tourism to China, Hong Kong, Taiwan and Vietnam declined by 58 per cent in the first quarter of 2003, although the war in Iraq and the economic recession must also be taken into account. Such a situation had dire economic consequences, and the International Labour Organization calculated that those countries where SARS had been present could see reductions of 30 per cent in travel and tourism employment, while neighboring destinations were set to forfeit 15 per cent.37 Dramatic falls in business were reflected in figures reported from May onwards by hotels, airlines and official agencies of individual Asian states with SARS cases. During April, hotel occupancy rates in Vietnam were between 5

per cent and 30 per cent, and those in Hong Kong were less than 10 per cent. Cathay Pacific was flying only 45 per cent of its services and Malaysian Airlines bookings were down by 40 per cent that month. The Indonesian industry estimated that it was receiving 70 per cent fewer tourists, Thailand's hotel occupancy dropped by 30-40 per cent and its air arrivals were half the usual volume, and Australian visitors contracted by 20 per cent.38 Outside of Asia there was a major SARS outbreak centered on Toronto, and there were predictions of heavy losses for Canadian tourism as a whole.