

A Letter from Hong Kong To Friends of Vision 2047 Foundation

April 2003

As “severe acute respiratory syndrome” (SARS), or “atypical pneumonia” (AP) as it is also called, continues to cause concern and anxiety internationally, commentators worldwide have returned to a theme that has occupied their thoughts for more than a decade: surely this is the death knell for Hong Kong.

Thousands of “instant experts” have emerged who trade opinion as fact, in some instances creating unnecessary concern, and in others, undue complacency. There is no question about the unsettling quality of AP: it is a wholly new virus, and its precise means of transmission still remains unclear. At the same time, however, it appears hard to catch, and is life-threatening to very few of its victims.

With this in mind, it is no more plausible to suggest the virus has struck a mortal blow to Hong Kong than to suggest West Nile fever has inflicted a mortal wound on New York, or that legionnaires’ disease or foot and mouth disease have struck London low. Unsettling, yes. A death blow to Hong Kong, no.

This is an issue of key importance to Vision 2047, a group of business executives with large and long-standing interest in Hong Kong. While members hold a diversity of views – and express them forcibly at its many meetings with local and international groups – certain core beliefs bind them: they are long-term residents of Hong Kong, but have the capacity to leave if necessary; they believe Hong Kong’s unique mix of local and international business strengths make the Special Administrative Region an excellent location from which to base their businesses or professional lives, but have no fear of expressing concern if and when concern is justified.

Which takes Vision 2047 members to a simple point: we have been in this place before. As an organization, we were founded shortly after the Tiananmen tragedy in 1989. Amid widespread concern at events in Beijing at that time, many international commentators came to the conclusion that Tiananmen spelt the end for Hong Kong. International businesses based in Hong Kong shared concern over what happened in Beijing, but failed to understand or accept the illogical conclusion that this spelt either a withdrawal of international business from China, or the end of Hong Kong as a key conduit to this difficult, tantalizing and immensely important economy.

A decade later, with sovereignty over Hong Kong smoothly managed in 1997, the Tiananmen doom-mongers have been put to rest. Unhappily, the journalistic conviction that Hong Kong is somehow consigned to some kind of economic garbage heap lives on. Some have simply looked at the 1997 transfer of sovereignty and concluded that Hong Kong is doomed to be “just another Chinese city”. Others have examined the 1997 crash in Asia’s financial markets, and the collapse that followed in Hong Kong’s capital market activity, and in its property and equity markets, and reached similarly gloomy conclusions about Hong Kong’s future.

For such theorists, the AP outbreak has provided a fresh opportunity to revisit the thesis that Hong Kong is doomed. On the contrary, Hong Kong is as economically vital as ever. It has been seriously affected by AP, but is dealing robustly with the issue. And AP is a sobering reminder of a simple truth that can never be forgotten by anyone heavily involved in international travel: that travel involves risks that are different from, and less easily predicted or avoided than, the risks we face in the familiar surroundings of home.

When one travels to New York or Chicago, one is aware of the statistical risk of muggings or gunshot violence. One is aware that West Nile fever has infected more than 4,000 people since August last year, and killed 280 people. But with advice on where NOT to go in town, and to protect against mosquitoes, which carry West Nile, one visits these cities with no tremor in the heart. People holiday in South Africa well aware that violence is endemic and a quarter of the country’s population is understood to have Aids. They visit the UK, where one tenth of the population are understood to carry meningitis. They travel in full knowledge that tuberculosis, tetanus, typhoid, malaria, dengue, and a host of nasty stomach viruses are endemic in many of the countries being visited. Some brave souls ignore such risks, and travel regardless. Most of us are more cautious and take inoculations, heed advice on actions that minimize the risk of exposure, and pay for good travel insurance.

Perspective – or as the US military spokesmen in Iraq would put it, “proportionality” – is a valuable device. Once applied to the AP outbreak, it suggests that a new and very nasty flu-like virus has emerged, which is hard to catch (i.e. reasonably easy to avoid) and is life threatening mainly to vulnerable groups like the old and infirm.

Once the exact mode of transmission is determined, and protection routinised to an inoculation or a single drug, AP will join the many hundreds of ailments that we routinely confront – and protect against – as we travel for business or pleasure. In Hong Kong, with its world-class medical research capabilities, its first-world hospital network, its thousands of unstinting hospital workers currently focused singlemindedly on AP, and what the Director of the Centre for Disease Control and Prevention in Atlanta

described as the “heroic measures on the part of the Government to curtail the spread (of AP)”, this is likely to be sooner rather than later.

Meanwhile, Hong Kong’s huge strengths as a regional business hub, and its hard-earned reputation for resilience and flexibility make Hong Kong as important to international business today as it was before AP had ever been heard of. Some Medical Facts

- It is still unclear where and how the SARS virus originated. It is also unclear exactly how it is transmitted, though it is not airborne, and appears to be spread by droplets and close personal contact – essentially, the exchange of bodily fluids. As such, the illness appears to be hard to catch.
- It has currently affected 0.02% of the Hong Kong population – just over 1,400 people. The pattern of new cases every day has not shown a significant rise over a period representing more than 8 cycles of infectivity. This suggests an illness that is not spreading like an epidemic would. It is less infectious than influenza according to the World Health Organisation (W.H.O.)
- While it is still not certain when in its development this virus becomes infective, medical experts say the slow increase in new cases suggests a virus that is unlikely to be highly contagious before symptoms develop.
- The illness has symptoms very similar to a severe influenza. While this is unpleasant, over 90% of victims have recovered in response to treatment. Almost all of those that have died were either in old age or had serious illnesses that compromised their immunity.
- For comparison, note that “typical” pneumonia affects 12 out of every 1000 people in the Northern Hemisphere every year, and has an overall mortality of 13.8% (Clinical Evidence 2002). The majority of these deaths occur – as with SARS – in elderly people or those with other illness.
- For further comparison, note that West Nile disease, which caused alarm in the New York area when it erupted in New York in August 2002, has so far infected 4,000 people, has still not been eradicated, and has killed over 270.
- The relatively low mortality linked with AP in Hong Kong may in part be due to the quality of intensive care in Hong Kong. In communities without this capability it is possible that the mortality would be higher.

In Summary

- Hong Kong has an excellent public health system
- The population in Hong Kong is well informed on health measures.
- The WHO regards the public health measures now in force are appropriate.
- The risk of infection is very small at the moment.
- There is confidence that this outbreak will be brought under control in Hong Kong.
- For further useful information on AP/SARS, please access these web-links:
- Hong Kong Department of Health: www.info.gov.hk/dh/ap.htm
- World Health Organization: www.who.int/csr/sars
- Hong Kong Medical Association: www.hkma.org
- US Centers for Disease Control and Prevention: www.cdc.org
- Civic Exchange: www.civic-exchange.org/n_sars_hk.htm

This “Letter from Hong Kong” was written by Vision 2047 member David Dodwell on behalf of the Foundation. These comments draw together opinions expressed at various Vision 2047 meetings.

Vision 2047 is a not-for-profit, privately funded Foundation. Members are long term residents of Hong Kong with a wide variety of professional, educational and ethnic backgrounds.

Founded in 1989, the mission of the Foundation is to strengthen the understanding of Hong Kong in the international community, especially among those whose decisions and opinions can affect Hong Kong.

Vision 2047 does not take an institutional position on Hong Kong affairs. Diversity of views amongst its membership is encouraged. Members are however, united in their commitment to Hong Kong’s future as a prosperous, stable community, and Asia’s centre for regional and international business.

For further information on the Foundation please refer to our website: www.vision2047.org.hk or contact the Executive Director at: info@vision2047.org.hk

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