Risk Communication during the SARS Outbreak in Taiwan: What did we do and what have we learned?

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1 The performances of the Taiwanese media have been discussed in details in this study.
2 There was no detailed discussion about the performances of the Canadian media due to lack of supported documents.
Chapter 1

Introduction

1. Preface

In March 2003, the outbreak of Severe Acute Respiratory Syndrome (SARS), so far the most lethal infectious disease in this century, hit the world, including Taiwan. From the confirmation of the first SARS case in Taiwan in early March till the WHO’s announcement of removing Taiwan from the list of SARS affected areas on 5th of July, total 346 people were infected with SARS and the death toll reached 37\(^3\).

At the beginning of the outbreak, the whole country lived in the fear of SARS due to the lack of knowledge about the cause of this lethal disease, its transmission routes and infection control measures. Moreover, since Taiwan is not a member of the World Health Organization (WHO), real-time information on the latest development and control measures were not available for Taiwan. This had made it harder for the Taiwanese government to combat SARS.

As the concern of the transmission spread, the level of the authorities commanding the battle with SARS was upgraded from the Department of Health (DOH) to the Executive Yuan. The whole country was mobilized to curb the infection. The process of combating SARS revealed the persevering spirit of the Taiwanese, as well as the ability in handling public health issues.

The government’s leadership and the nation’s cooperation made Taiwan be removed from the WHO’s list of SARS affected areas on the 5th of July. Though during the outbreak of SARS some inadequate decisions were made due to the lack of experiences and insufficient sense of the crisis, Taiwan’s experiences in combating SARS were still well received. Therefore, the HPA invited Taiwan to join the EU HPA project to apply Taiwan’s unique experiences to the establishment of a European risk communication mechanism.

This research reviews the strategies of risk communication adopted by the Taiwan

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\(^3\) www.who.int/csr/sars/country/table2004_04_21/en/.
Government and the experiences and lessons learned during and after the outbreak of SARS. These findings will be shared with the EU countries in the view to raise the profile of Taiwan and to develop diplomatic relations with EU countries.
Chapter 3

Fighting the SARS Epidemic: Taiwan’s Experiences

1. The Government’s Policies of Infection Control and Risk Communication

(1) Organization Chart

The Taiwanese Government set up a “SARS Contingency Committee” under the Executive Yuan on the 28th of April, 2003 (please refer to Chart I: The Organization Chart). This Committee, responsible for the control of SARS, coordinated all government departments and agencies and led the SARS Control Taskforces of local governments. The cross-departmental cooperation created a well-organized network integrating the policies of the SARS control and their implementation.

2. The Government’s Strategies of Risk Communication

(1) Risk Communication Strategies

A Press Section was set up within the SARS Contingency Committee, responsible for making announcements and issuing news releases to the media. Led by Director of the Government Information Office (GIO), the Press Section consisted of the GIO, the Office of Government Spokesman and other related agencies. Their missions covered from issuing news release, coordinating and handling domestic and international news and educating the public about infection control measures.

Before the outbreak of SARS, the Center for Disease Control (CDC) already made strategies for risk communication. The media strategy mainly focused on policy promotion and the coordination of information channels. During the outbreak of SARS, the government’s communication strategies included: reshaping the government’s image, delivering accurate concepts of infection control and information on public health, collecting and compiling SARS related information. Through a well-established risk communication mechanism, the government hoped to reduce the public’s anxiety of SARS, introduce accurate concepts, help the public get through daily
lives, tighten up the control over the spread of disease, demonstrate the government’s administration capacity and restore the public’s confidence in the government’s competence in crisis management.

Figure 2 shows the risk communication strategies adopted by the Taiwanese Government during the outbreak of SARS. The communication mainly targeted on six audience groups. The final purpose of the risk communication was to project a professional image of the government through effective communication and the implementation and marketing of policies. Detailed descriptions about the six audience groups are given below.

i. Control and Campaign to Domestic Media

During the outbreak of SARS, the mass media arose from a chaotic situation and got involved into the assignments of SARS control under the government’s planning and guidance. The major tasks included:

i) Issue press releases to electronic and press media two or three times a day, targeting on the general public.

ii) Produce short films or programs for health education. Call for prime time programs of cable and terrestrial TV to broadcast SARS related programs three times a day. Put advertisement on major newspapers. Buy time from national and local radio stations to broadcast government messages. Create links with major entrance websites.

iii) Free posters and fliers of information on health education were available to the public in hospitals and local health departments, as well as on the internet. Convenient stores were also used as distribution outlets. A 24-hour toll-free hotline was set up to answer the public’s enquiries about SARS related information.

iv) Hold routine press conferences so that the public would be able to know the measures for controlling SARS and related information. The information saved the public from fears and allowed the public to have a grasp about self-health management and the government’s operation of disease control.

ii. Campaign Strategies for International Media

i) Demonstrate the Results of Combating SARS
After the outbreak of SARS, in order to reassure tourists from abroad, the government frequently sent out messages to boost confidence in Taiwan’s ability of combating SARS through the websites of the CDC and the GIO4. Before being formally removed from the list of SARS affected areas, the authorities kept sending messages to the whole nation to keep their spirits up. One of the key messages was that “Taiwan will fighting SARS and restore the tourist industry.” ⁵ After being removed from the list of affected areas in July 2003, the Taiwanese government put every effort to save the devastated tourism industry. Apart from using internet to express gratitude for the WHO’s recognition of Taiwan’s efforts in combating SARS⁶, the government also highlighted the fact that our success in controlling SARS implied that Taiwan was a save place to travel.

ii) Interview of Government Ministers by Foreign Media

The former DOH Minister, Twu Shiing-Jer, gave an interview to Mr. Mike Chinoy from the CNN. His talk covered from the number of reported cases in Taiwan⁷, community transmission, control over inbound traveling, the allocation of duties and supervision. Also, after Taiwan was removed from SARS affected areas, Premier Yu expressed the gratitude, on behalf of the whole nation, for the support from the international societies⁸.

iii) Delivery the Pursuit of Taiwan’s Accession of the WHO

The interviews given by Ministers or statements made by the CDC or GIO all had one thing in common, appealing for Taiwan’s accession of the WHO. The message stressed that there should be no boundary of healthcare and healthcare resources should be shared by every country.

iii. Strategies of Health Education to the General Public

Considering the fact that health education is the basis of disease prevention, the CDC launched a series of promotional campaigns targeting on the public. The
strategies were as follows:

i) Make the most use of various press and electronic media and produce different promotional materials to deliver messages on health education. Set up a SARS website to (www.cdc.gov.tw/sars) provide latest information on the spread of SARS, tourism, regulations and government announcements, as well as the links to related foreign websites. Different campaign strategies were set up for different groups of audiences through various channels. Systematically deliver related information to the public through effective, efficient and professional implementation of health education, including.

ii) Provide the status quo of the spread of SARS, and update the latest number of infected cases.

iii) Announce corresponding measures for combating SARS made by the authorities to stop the spread of disease.

iv) Provide care for patients infected with SARS and monitor the spread of SARS

v) Provide the findings and comments made by domestic and international scientists and specialists.

vi) Explain to the public the strategies of combating SARS-and related knowledge. Set up “177” 9 toll-free Fever Hotline to answer SARS related queries to the public.

iv. Campaign to Communities

In the early of May 2003, the Hua-chang Housing Estate in Taipei had a suspected community infection outbreak10. A senior citizen was found 24 hours after his death in his own home possibly due to SARS. Meanwhile, two of his neighbors developed fevers and were treated in the National Taiwan University Hospital (NTUH) and the West Garden Hospital; and one of them was diagnosed as a suspected SARS case. In order to prevent the potential outbreak of community infection, the government imposed a blockade on Hua-chang Housing Estate and moved the residents to Ji-he Housing Estate. Hua-chang was the first community being blockade due to concerns of SASR. Many people were worried that this event might have developed into the

9 “177” Fever Hotline Open: providing SARS consultation from physicians and associations around Taiwan every day from 8 am to 10 pm, 05/31/03, CDC
10 News Release from the SARS Contingency Committee, 2003.05.13
Amory Estate incidence in Hong Kong.  

To stop the spread of infection, the Taipei Government quickly relocated some residents to Ji-he Housing Estate and imposed quarantine orders. On 13th May, the SARS Committee Commander, Li Ming-Liang, announced that the Hua-chang Housing Estate was free from community infection, considering that 3-day data about the conditions of water and sewerage did not suggest any risks of community infection. The three suspected cases were sheer coincidences.

After this event, the Government quickly started working on plans for stopping community transmission.

The pilot scheme of integrated primary healthcare services was launched in March 2003. This scheme aimed to reinforce an integrated referral and treatment system. This scheme encouraged GPs to work together as a team. Each “Primary Care Service Team” consisted of 5~10 GPs. The team then worked in liaison with local hospitals to form a “Community Healthcare Service Section”, which provided integrated medical treatments and protective healthcare services to local residents. The purposes of this scheme were to create a community based infection control mechanism, to promote the family doctor system and to encourage the interaction between health authorities and the community healthcare groups. These objectives would fulfill the function of the “Community Healthcare Service Section”. Also, through coordinating the resources for infection control, improving the quality of primary healthcare as well as improving the residents’ health, these were aimed to create a “Healthy Community”.

Health Departments were responsible to coordinate local health offices and Community Healthcare Service Section to form the “Community Disease Control Group” to carry out the duties of disease control and healthcare services. The missions

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11 “The Government’s Primary Task is to stop the Spread of Anxiety” Commercial Times, 2003.05.12
12 National Police Administration, Statement about the quarantine order in Hua-chang Housing Estate, 2003.05.10.
   i. The order takes effect from 2:00pm on 9th May 2003.
   ii. The blockage region: Lane 170 and Lane 160 of Da-Li Street, Ally 21 and Ally 23 of Lane 160 Da-Li Street, Lane 89 Schuang-Yuan Street. Total 140 households and 471 residents are in quarantine.
   iii. Residents in the blockage area are allowed to enter. But without the authority’s approval, no residents could step out this area. The blockage area was expanded on 10th May 2003. According to the Article 24 and 41 of the Law of the Infectious Disease Control, any violation of the quarantine order will be fined NT$60,000~300,000. These regulations should stop unauthorized in and out of the blockade area.
14 DOH, Description of the “Pilot Scheme of the Establishment of an Integrated Community Disease Control Service”
and duties of the “Community Disease Control Group” included:

i) Set up Community Disease Control Center. The center’s regular duties included promoting public health, providing preventive healthcare services, assisting in the training of surveys on diseases (SARS and T.B were the two priority survey items in 2004). During the outbreak of a disease, the center would be used as a disease control station for the community.

ii) Provide outpatient services and disease control services.

iii) Build the health profile for the community, report infectious diseases, manage cases of vaccination and patients with chronic conditions and create a database of those in need of long-term care.

iv) Provide preventive healthcare services and enforce disease control measures. Provide residents with health screening services. Promote integrated screening services. Increase the detective rate and service penetration rate. Give GPs training about the knowledge of hypochondria to help the diagnosis of hypochondria cases. Strengthen the mental health services in community.

v) Engage activities to promote health issues in the community. Organize healthcare resources in the community. Plan various preventive healthcare services.

Considering the community’s needs and the health survey results, set up health targets and develop a healthcare mode tailor-made for the community.

v. Campaign to the Businesses Organization

The Government gave businesses many subsidies and preferential treatments during the outbreak of SARS to compensate their losses due to the outbreak of SARS. These measures were illustrated in Figure 3. The Government also issued the “Guidance for SARS Infection Control in Business Venues”.

i) The sewerage and ventilation systems should be checked and maintained regularly to make sure they work properly. Any faults should be dealt with as soon as possible to ensure safe environments.

ii) Keep lavatories clean and provide hand washing facilities and soap/liquid soap.

iii) Open windows and keep good ventilation. If using an air-conditioning system, switch to the maximal ventilation.
iv) Encourage staff to use stairs instead of lifts because the ventilation in confined areas is usually poor.

v) If necessary, screen temperature using infrared ear thermometers at the entrances of buildings. Provide disinfectant or other hand cleaning facilities for staffs.

vi) Disinfect public facilities, such as handles, push buttons, switches, drawers, photocopy machines, fax machines, newspaper folders, telephones, etc, with 1% household bleach or 75% alcohol. Hand cleaning facilities should be installed beside public equipment.

vii) During the outbreak, request staffs traveling back to Taiwan from other SARS-affected areas (China, Hong Kong, Macau, etc) to comply with related regulations such as self-health management or home quarantine order. Assist staffs in getting on their daily lives.

viii) When catering services are provided in the building, catering staffs should practice good personal and environmental hygiene.

ix) Provide staff trainings about infection control.

x) Keep records of staff’s traveling s and sick leaves.

xi) When developing symptoms such as fever ( > 38 ) or cough, staffs should be advised to take sick leaves, put on facial masks, consult physicians and follow physician’s instructions to seek medical treatments.

During the outbreak of SARS, incidence of internal infection occurred in some businesses. Two of these cases were described below.

i) CTCI Corporation

On 15th March 2003, a staff of the CTCI Corporation made a business trip to Beijing via Hong Kong. He felt sick shortly after returning to Taiwan. The CTCI reported to the health authority on 26th March and the DOH later confirmed the infection of the SARS virus. This case started the SARS outbreak in Taiwan. The infection spread quickly, apart from applying the Law of the Control over Infectious Diseases, the health authority announced SARS as a Category IV notifiable disease on 27th March. Some remedial measures were given to the CTCI Corporation: (1) request local health authorities to disinfect the offices of the CTCI; (2) impose quarantine orders on staffs (and their families) who have been in contact with this SARS case; (3) promote infection control measures; (4) a X-ray bus was arranged by the CTCI and the health authority to provide health check services to the staffs.
ii) SOGO Department Store

SOGO was the first department store directly hit by SARS. It did not just test the government’s infection control measures, but also tested SOGO’s ability of crisis management. The contingency measures instructed by the governments were: (1) request SOGO to stop businesses immediately and disinfect the venues; (2) intensify the campaign for wearing facial masks and washing hands; (3) request SOGO to set up temperature screening stations in all entrances and install hand washing facilities.

The technology park, dominating the high-tech development in Taiwan, was one of the critical venues to campaign for infection control measures. Before any suspected cases were found in Hsinchu, the health authority and the administration of the Technology Park already established various plans for infection control. The “Technology Park SARS Contingency Taskforce”, established on 25th April 2003, made the following arrangements:

A. Appoint general commanders, working in shifts, to ensure a safe environment for operation. Commanders would be on duty 24 hours a day and equipped with emergency mobile phones.

B. Inform companies and colleagues of avoiding visiting SARS-affected areas. Pro-actively report to the authority about any visits from these areas.

C. The lifts in the administration building should be disinfected twice a day. Disinfect the floors of all levels at least once a week. Residential areas and communal building should be disinfected.

D. Stop receiving guests from or via SARS affected areas. Meeting with outsiders should be arranged on the ground floor.

i. The Setup of Network and Risk Communication to the Healthcare System

The “Project of SARS Control Medical Network” was the center of the risk communication in the healthcare system. The structure of the Network included local health governments, healthcare institutes, the 177 and 119 toll-free hotlines, fever screening stations or centers, hospitals for treating mild SARS cases and medical centers. A regional SARS control medical network was therefore established. The operation mode was illustrated in Figure 4.
According to the Executive Yuan’s Scheme of Triage Treatment Management, hospitals of all levels should all take part in the operation of infection control. Patients should be treated in isolation wards in order to increase the cure rate. The establishment of national infection control network effectively stopped the spread of disease and pacified the people.

i) Medical centers were responsible for treating severe probable SARS cases.
ii) SARS dedicated hospitals were responsible for treating suspected cases and probable cases.
iii) Selected from district hospitals, SARS follow-up hospitals were responsible for screening, giving treatments and referring patients.
iv) SARS first-visit hospitals were responsible for treating low risk cases and non-suspected SARS cases transferred from follow-up hospitals, as well as those who could be handled by first-visit hospitals.
v) Health clinics and first-visit hospitals should keep a record of patient’s temperature, trace down the patients having had high fevers and provide proper treatments or other assistances accordingly.
vi) Common Tasks: All hospitals were obliged to report any SARS cases before referral. The referral hospitals should update the test results of any referred cases through internet (website: www.cdc.gov.tw).

2. Risk Communication Strategies in the Post-SARS Period

As the spread of SARS halted, the Government carried out a streamlining operation to reform the disease control agencies, hoping to restore the daily routines as soon as possible. Through reviewing the systems and making improvements, the government hoped that when facing another serious outbreak of disease, the crisis control center would be better prepared and reduce the damage to the minimal.

In the post-SARS period, though the government closely monitored any signs of another outbreak, a laboratory infection case incidentally occurred. This was the first SARS case in the world in the winter of 2003 and raised great concerns. Fortunately, this case was proved to be infected in laboratory; and there was no sign of an outbreak. Within 7 hours after receiving report of this case, the CDC in Taiwan was in total control of the situation. The CDC held meetings to mobilize the infection control system and informed the WHO and its members. The Taiwanese Government openly
According to the plans made by the Ministry of Interior (MOI), the tasks in the post SARS period could be categorized into four directions (Ministry of Economic Affairs, 2003). The strategies of risk communication in the post-SARS period covered the following three aspects (Wu Yi Chen, 2004):

i. Reinforce the Internal Communication

The risk communication in post-SARS period focused on the establishment of a new perception of risk and a reinforced internal communication. The government’s efforts in these fields could be easily seen. For example, the operation of “health education and policy communication” clearly stated the three major tasks: to build a SARS database, to campaign for health education and to manage image and media communication.

The campaign of health education was gradually intensified. At the early stage, the policy was focused on the awareness of seasonal flu. During the middle term, as more and more measures and policies had been established and the demands on this information grew higher, the messages contained more information, including SARS related information. At the late stage of the outbreak after the emergence of SARS cases, the communication messages were mainly to urge the public to comply with related regulations and to announce legal penalties.

The communication in post-SARS period targeted on small segmented groups rather than on the mass majority. Different messages were given to different groups through various channels. This proved to be more effective than mass broadcasting (see Table 1). Opinion survey results, public’s responses and the enquiries received through hotlines were also incorporated into the communication plan. The message contents were adjusted promptly to achieve the best effects.

In the aspect of “media communication and image management”, the government learned from the mistakes during the outbreak of SARS and made improvements accordingly. For example, to encourage the media’s involvement, to hold press

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15 CDC, “Crucial Events of the Combat of SARS”, pp.152-153
16 Economic Development Consulting Committee, data publicized on 2nd June 2003
17 http://www.cdc.gov.tw/sars/sarsaction.htm
conferences regularly, to appoint a staff responsible for drafting news release, to establish a channel for regular communication, to set up enquiry devices and to form a standard process for collecting and analyzing public opinions and making responses. The GIO demanded the media to broadcast messages about infection control and reinforced the communication with foreign media, including producing campaign materials in other languages, providing news release in English, holding press conferences for international media, rectifying any inaccurate reports, etc. 18

**ii. Build Confidence in the Post-SARS Period**

“Confidence” was one of the crucial factors in risk communication. When the public felt vulnerable, the confidences in the government would deteriorate. After the outbreak, the public had a better understanding of the disease; and the fear due to ignorance was reduced. According to the data announced by the CDC, about 70% of the public had confidences in government’s ability of controlling diseases in the future 19. A survey conducted by the Academia Sinica revealed that the SARS crisis did not have actual impact on the society’s confidence level; and about 40% of the respondents were optimistic about the future, while 40% said they were pessimistic. This result was better than the results in year 2000 and 2002 20. These surveys showed the public was optimistic and resilient and had confidence in the government. This supported the government’s action in combating SARS in the future.

However, it was worth noting that high confidence did not imply high satisfaction. During the outbreak of SARS in May, about 65% were dissatisfied with the government’s performances in crisis management 21. After the launch of a new wave

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18 Apart from the GIO, duties for other agencies were: CDC – collecting related information on policies and transformed into education materials, communicating with other departments and working out corresponding measures, establishing communication channels and producing promotional materials, buying media and maximizing the effects. DOH – coordinating all its agencies and resources, assisting other institutes of the Executive Yuan in coordinating the campaign channels and resources. Other institutes of the Executive Yuan – campaigning to targeted groups and offering channels and resources available for campaign. Please check the “SOP for all Institutes and Agencies” (http://www.cdc.gov.tw/sars/).

19 Data was from the survey of “The Public’s Opinion about the Government’s Policies of SARS Control” conducted by the CDC. 67.8% of the respondents answered “with confidence” and “with some confidence”; and 18.8% answered “somewhat without confidence” and “without confidence”. The survey was conducted on 6th and 7th November 2003. The main reasons of no confidence were concerns about “the lack of corresponding measures”, “the lack of crisis management” and “inefficient government”.

20 In the year 2000 survey, about 35% of the respondents were optimistic, and 50% were pessimistic. In 2002, 30% were optimistic and 60% were pessimistic. Qu Hai-Yuan, Chang Ying-Hua, 2003, p.41.

21 “65% were Dissatisfied toward the Government’s performances in Disease Control” United Daily News, 20 May 2003, page A2.
of campaigns for SARS control\textsuperscript{22}, there were still 64% expressing their dissatisfaction\textsuperscript{23}. There were rooms for improvement in the aspect of risk communication.

i. \textbf{Reestablish the Perception of Risk}

The Phase III risk communication started when Taiwan was removed from the list of SARS affected area. At this stage, the purpose of the communication was to establish a new perception of risk. To prepare for a possible outbreak in winter 2004\textsuperscript{24}, the DOH started working on a mobilization plan in August 2003 and launched the campaign for disease control in September. The mobilization plan covered four key issues:

i) Coordinate and apply information in the view to maximize its efficiency.

ii) Establish a model for health education and for marketing policies to increase the public’s satisfaction of the government.

iii) Create a mechanism for releasing news and collecting public opinions to allow the public to understand the objective of policies and reduce misunderstanding.

iv) Establish the government’s professional image through effective communication and policy promotion.

It is worth noticing that except for the first issue, the rest three were all about communication, for example, the increase of satisfaction, promotion of policies of disease control and the establishment of image. This showed that the Government, learning from their mistakes during the outbreak of SARS, had already acknowledged the importance of risk communication and crisis management in early stage. Risk communication was the center of the mobilization plan in the post-SARS period.

3. The Media Environment’s Impact on the Government’s Combat of SARS

(1) The role played by the media in a catastrophic event

No matter it was caused by nature or by human, catastrophic event is always the

\textsuperscript{22} The health education about SARS control and policy communication from the CDC’s website http://www.cdc.gov.tw/sars/sarsaction.htm

\textsuperscript{23} Data source: CDC, the survey of “The Public’s Opinion about the Government’s Policies of SARS Control”.

\textsuperscript{24} http://www.cdc.gov.tw/sars/sarsaction.htm
media’s favorite topic, mainly because the audiences are attracted by the shocks and drama in unfortunate events. In a catastrophic event, the media’s role is to pass related information, report rescuing activities, increase the public’s knowledge about the event, stop the spread of rumors, assist the public in making judgments about whether to withdraw from the venue or not.

John Jefferson, a senior manager in the news department of the British Broadcasting Company, said there are three stages of a catastrophic event. At the first stage, most news is about the scale of damages. The value of the news at this stage is time efficiency. At the second stage, the media will discover more human stories. While at the third stage, related issues will be discussed to make sure all voices from the event venue are heard (Su Heng, 2000).

Generally speaking, the positive sides of the media’s involvement in reporting catastrophic event are:

i) When handling the event, media will inject new thoughts into the development of a new operation model to respond to the changes of environment. Externally, media will seek cooperation with their rivals; and internally, the organization will be streamlined to give their best performance through teamwork.

ii) The media is more mobile and usually acts swiftly. A horizontal and parallel communication network is quickly developed. The media is also good at using new technology equipment to quickly update the events.

iii) The media, specialists and the government could be on line all the times to keep every party well-informed. Therefore, the media could continually report the event and allow the public to know the latest development.

Generally speaking, the negative sides of the media’s involvement in reporting catastrophic event are:

i) The media is usually unable to handle the changes of time and spaces in the development of an event. Live broadcasting usually fails to deliver an insight report. This exposes the weakness of the media.

ii) There are problems of interaction between the media and the government. The government does not provide the media with systematic information; while the medial fails to deliver a balanced report to the public.
iii) The tight competition among the media results in over exaggerated and sometimes misleading reports, which might cause unnecessary anxiety.

Lu Shi-Xiang of the Foundation for the Advancement of Media Excellence, FAME(2003) pointed out that the quality of the news did not keep up with the development of new technology. The impact of the anxiety over virus caused by the media might be greater than the report about improved efficacy due to technology advances. The Nobel Prize winner Prof. David Baltimore of California Institute of Technology named this phenomenon the “media virus”.

(2) The media’s positive functions during the Outbreak of SARS – assisting the government in the combat of SARS

i. Repeatedly broadcast important messages and effectively reduce information deficiency

Almost all TV channels modified their operation modes during the outbreak of SARS. Taking the example of the news of how to distinguish SARS from flu, related news was repeatedly broadcasted in various channels, making the public fully aware of this issue. The TV channels also calmed the public by teaching them how to take precautionary measures through broadcasting successful cases. The TVBS channel visited the only SARS-free hospital in Wanhua area and discovered their success came from thorough disinfection. Through the broadcasting, the public saw and learned that staffs in this hospital all had a bottle of alcohol at hand; and the lifts in this hospital were disinfect once every hour.

ii. The media became a petition channel outside the system

After the sudden closing of the Hoping hospital, those trapped inside faced a shortage of protection materials. With no one to turn to, medical staffs took things at their own hands by writing down their needs on piece of paper or linen sheets and hanging on the building or throwing out from window to attract attentions. Through TV broadcasting, these requests were heard by the whole nation and many supports and donation were flooded in. For example, many businesses donated N95 facial masks to the staffs in Hoping Hospital, and many volunteer workers were recruited due to the effect of TV broadcasting.
During the outbreak, the media played a role to shorten the distance between the grass-root and the high ranked government officials. When reviewing the media’s performance during the SARS outbreak, Su Heng (2003) mentioned that TV and newspaper responded sharply and relentlessly. The media brought up questions; and some of them even the government officers had not yet thought through.

iii. Provide an interactive enquiry channel

During the SARS outbreak, the Public Television Service produced the first live call-in program, inviting specialists to directly answer the public’s questions about SARS. Other TV channels soon copied this idea and incorporating call-in programs in their daily news broadcast. This closed the of information gap usually neglected by the media.

(1) The media’s negative function during the Outbreak of SARS – exaggerated reports causing panic

Reviewing the media’s performances during the SARS outbreak, Cheng Zi-Long (2003) concluded media’s faults in following three categories.

i. Give misleading and over-exaggerated reports

At the beginning of the outbreak, there was no conclusion on the transmission routes because of limited knowledge of the SARS virus. Some scientists suggested the transmission was through air; and some suggested it could be through aerosol droplet. Lin Rui-Hsiung, Director of the National Institute of Preventive Medicine of the NTU, reckoned it could be through sexual behavior. Since there were no conclusions on this issue, it was just normal for reporters to quote specialists’ viewpoints. However, on 7th April 2003, the China Evening News used “SARS a Sexual Transmission Disease” as the headline of the front page. This stirring report not only over-exaggerated the viewpoint made by Prof. Lin, but also deliberately spiced up academic viewpoints.

Some media used inappropriate terms, such as “super toxic”, “incurable”, “swift transformation”, etc, to create a horrified end-of-the-world atmosphere. Chang Jin-Hua (2003) said that when the first fatality case was reported, a newspaper used a
disturbing headline: “Deadly Disease, First Fatality SARS Case in Taiwan”. This kind of wording might cause anxiety. This report ignored the facts that SARS could be prevented when taking adequate precautionary measures, and SARS is curable if receiving proper treatments.

ii. Send out inaccurate messages

The Broadcasting Development Fund held a forum on 7th July 2003 to discuss about the media’s performances during the SARS outbreak. Lin Yu-Hui, Executive Officer of the Fund (2003), criticized that the “media virus” in Taiwan was more devastating than the SARS coronavirus. She said during the outbreak, there were many inaccurate reports, for example, the reports of contaminated water in Hua-chang Housing Estate, the letter in the bottle found in the Mackay Memorial Hospital, and the decease of a front-line physician. These pieces of news were all proved to be fabricated. This kind of practice went beyond the codes for news management and was against humanity.

iii. Offend human rights and put labels on SARS patients

When the collective infection occurred in Hoping Hospital in April, one of the media’s focuses was on the so-called “super spreader”. The media reckoned Mrs. Cao who received intubation treatment in Hoping Hospital was the super spreader. As a matter of fact, the term “super spreader” was used by scholars of epidemiology to track the history of contact. This term does not have any sense of discrimination. However, the media repeatedly used this term and attached moral value to it, making Mrs. Cao feel guilty to the society.

The health authority did remind the media of respecting patients’ privacy and not to disclose their identities. However, once one of the media broke the rule, others just followed due to the fear of falling behind. Some of the media revealed the address of SARS patients or suspected cases, making them suffer from discriminations.

iv. Lack global reports and the care for other countries

SARS is a threat to the whole world; however, the media failed to make global reports on this issue. In 1996, when the mad cow disease hit Europe, the panic
foretold the beginning of global crises. The spread of SARS was evidence that Asia was under the threat of global crises (Nan Fang Shuo, 2003). SARS not only hit Taiwan, but also China, Hong Kong, Vietnam and Singapore. Different countries had different extents of infection and adopted different measures. However, the media in Taiwan gave limited information and reports about situations in other countries.

In 2004, The World Magazine conducted a survey about the global vision of Taiwanese. About 43% of the respondents said the media’s reports of international affairs were insufficient. When dealing with reports about an unknown, hazardous and cross-country disease, the information should be set in a global framework. The media in Taiwan was used to pay little attention to international affairs, naturally the media still focused on local news when handling news about SARS crisis.

The lack of a global vision also made Taiwanese insensitive to cross-country transmission. In the beginning of the outbreak, a physician visited Japan and made the Japanese panic about the transmission. Also, at the late stage of the outbreak, Singapore was shocked to know that a laboratory transmitted SARS case had been to Singapore after his infection. The media barely mentioned the impact of those incidences. The media was still confined to domestic perspectives.

5. Conclusion: Reflection of the Taiwan’s Experience

In the conclusion, we would like to review the Taiwan’s SARS combating experiences in the aspects of the “government” and “media environment”, hoping the conclusions could be useful for other countries in the planning of disease control.

(1) The Government

During the battle with SARS, most countries received assistance from the WHO; while Taiwan was fighting alone. Though Taiwan reported its first case to the WHO in March 2003, the WHO didn’t provide any direct help until May when two specialists were sent to Taiwan. All supports from the WHO had to be approved by the Chinese Government. This caused a delay in the operation of disease control for two months. Even so, Taiwan still successfully controlled the spread of SARS within four months. The achievement was acknowledged and complimented by international

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disease control bodies. Chen Chien-Jen, DOH Minister and Convener of the SARS Contingency Committee, and Su Yi-Jen, Director of the CDC, were invited to present Taiwan’s experience in the first SARS Epidemic Visual Conference on 16th May 2003 in Geneva. This was a successful event to share the experiences of infection control. 26

To review the Taiwan Government’s experiences in combating SARS from the aspect of risk communication, it showed that the key to the success was the CDC’s swift action in implementing the SARS risk communication strategies in a large scale. Information on the prevention of SARS had to be delivered to the public through the media as soon as possible. The tasks covered the decisions of the theme of the campaign, the planning of message contents, the production of campaign materials and TV broadcasting programs. The outbreak of SARS had brought out the hugest risk communication and health education campaign in Taiwan. It was also the first time that prime time TV was called for by the government to broadcast in infection control programs.

The SARS websites, toll-free hotlines, interpersonal communication channels (such as campaigns to tour guides, training of seeds for the promotion of health education, campaigns to schools and communities, etc) and press conferences which were held twice daily to give details of the governments’ policies and the current conditions all contributed to the swift distribution and implementation of knowledge about infection control and self-health management. The public followed the government’s policies and took precautionary measures such as washing hands frequently, taking temperature and observing self-health management. 300 fever screening stations were set up by local health department offices in a short period of time. Within 2 weeks, more than 700 hospitals were inspected for nosocomial infection.

Chen Chien-Jen, DOH Minister, pointed out that the human’s strongest fear came from the panic due to ignorance about crises. 27 The fear associated with ignorance was completely revealed during the SARS outbreak. This kind of collective panic hindered the control of infection. Taiwanese tended to be indifferent at normal time and over-reacting during crisis. Therefore, it was necessary to educate the public to reduce the fear and anxiety and build confidence in the government so as to reduce the risk of the spread of disease (Shih Wen-Yi, Deputy Director of CDC, 2004). 28

Due to a lack of experience in combating SARS, there were flaws in the government’s policies and should be improved. Scholar (Wu YiChen, 2004) put these defects into three categories as follows:

i. Lack of a dominating leader in the SARS Contingency Center

The timing of establishment and the members of the contingency center affect the speed and quality of decision-making. These two factors are crucial to the success of a contingency center. It could be found in many textbooks about crisis management that crisis contingency centers should be standard rather than provisional institutions. Bearing these principles in mind, we could find many flaws in the central contingency center. First, the contingency center was set up too late; and the level was too low. The government missed the timing to control the development of the crisis.

ii. Conflicts between the central and local governments

The central government and local governments should play different roles in the process of policy implementation. The central government makes a policy; and local governments enforce it. However, the differentiation between them often leads to conflicts, especially when the central government and local governments belong to different political parties. The tense relationship usually deters the infection control; sometime, it even makes situation worse. Covello (1992) points out that the lack of coordination and communication among government agencies is one of the main reasons for the public to lose confidence in the government.

iii. Inadequate communication channel with the media

i) Inappropriate remarks made by spokesperson: Appointing a spokesperson could simplify the sources of information. However, the spokesperson has to be professional, good at explaining the organization’s position and act as a bridge between the organization and the society (Pines, 2000; Puchan, 2001; Zerman, 1995). Inappropriate remarks made by the spokesperson will only make the situation more complicated.

ii) Without a unique contact: There were too many contacts sending different

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messages during the SARS outbreak. Some message were even mutually contradicted. This was also criticized by the media.

iii) Unable to satisfy the media’s demands for information: At the early stage, the speeches made by the governments were neither coordinated nor systematic. Each department had their own point of views, making the information more confusing (China Times, 2003/05/17). The chaos continued until the establishment of the SARS Contingency Committee, leading by the Premier, on 28th April. The Contingency Committee set up a press group, consisting of the Director of the GIO, officials from the DIH and vice ministers. The press group gave press conferences as many times as required and answered the media’s questions. Until then, the government effectively integrated the information.  

(2) The Media

i. The media over-exaggerated the seriousness of the disease

As a free country, Taiwan has almost ten cable news channels, broadcasting daily news 24 hours a day. As stated in previous paragraph, these news channels though play a positive role in distributing information and supervising the government, they also disturb the society by giving exaggerated and/or inaccurate reports, putting obstacles in the way of infection control. According to an opinion survey conducted in May 2003 by the Institute of Sociology, Academia Sinica, TV and newspaper were the major sources for the public to receive the SARS-related information. By the end of April in 2003, 96% of the public were aware of the SARS; however, 44% of the public considered that the threat of this disease came from exaggerated reports (the percentage was only 18.6% in Hong Kong). Another survey conducted by the Broadcasting Development Fund suggested that about 40% of the public were satisfied with the reports about SARS; while another 40% were dissatisfied. This result coincided with the Lu Hui-Ming’s (2003) finding that the public depended on TV news, but did not trust it.

ii. Suggestions

Based on the above findings, scholars made many suggestions on the roles and guidelines of the media when reporting serious outbreak of diseases. These

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30 Huang Zhi-Chao (2003), “A Analysis of the Crisis Management Models – Examples of the Handling of SARS Crisis in China and Taiwan”, Graduate Institute of International Politics, NCHU
suggestions were summarized as follows:

i) Provide balanced, complete and accurate reports with sympathy and cautions.

ii) The interview should be sympathetic and the pictures should not be too disturbing, such as patients struggling in beds.

iii) The media should avoid labeling or discrediting patients or intruding privacy, such as publicizing patient’s identity.

iv) The report should not be exaggerated.

v) The media might focus too much attention on the fact of “death” and the number of deceased, while ignoring the causes of death and the impact of this event. The media usually chose to report the information that indicated a descending situation; for example, the media only reported the number of serious cases while ignoring the number of cases confirmed free from SARS infection. The media liked to use the term “the first case in Taiwan” as frequently as they could.

vi) Confirm the news before broadcasting. Be careful about information from the anonymous.

vii) The unconfirmed news referred to those reports without evidence support from the media, for example, rumors, citation of information from anonymous source and news from the BBS boards, etc. Reports without identifying the source of information and using terms such as “It is said” or “According to the authorities” are not professional.

viii) The media’s view should be globalization. The media focused on the domestic tragedies and over-emphasized how other countries evaluated Taiwan. There were very little international reports about the new knowledge and measures for combating SARS.

ix) The media could have expanded the information sources.
   The media always focused on a certain aspect or interviewed certain people, while ignoring the impact of SARS on other aspects, such as environment, biology, sociology and economics. The media also left out positive news. For example, the media could have reported the high morale of first-line medical staffs. The positive news will encourage the public and boost the confidence.

x) Provide information to help the public get through the crisis.
   Accurate information should be accompanied with follow-ups in depth reports: At the beginning outbreak of SARS, the public was desperate to know some
basic information such as its transmission routes, symptoms and protection measures. As the disease spread, the media should have given information in other aspects. For example, the media could have interviewed specialists to talk about the risks of those living in the neighborhood of the SARS referral hospitals, waste management, the uses of various facial masks, or the disinfection methods, etc. This information could have greatly eased unnecessary panic and anger.

xi) In line with the government’s policies.

The media’s reports of healthcare or the development of disease should be in line with the government’s policies so that the government could use the media to promote policies. The media could play a role to supervise the government and point out flaws in the infection control measures. However, the media should not misinterpret the news and create political conflicts to divide the forces of infection control.
Figure 1: Organization Chart of the Taiwanese Government’s SARS Combating Functions


The Premier and DOH Minister

SARS Control Center

Healthcare and Infection
Health screening, infection control and quarantine measures

Immigration control
Policy of immigration control and cross-strait infection control

Home Quarantine
Home quarantine measures and communication service

Resources of National Defense
Provide venues for medical treatments and other resources

Economics and Industry
Ensure the supply of medical resources

Resources Control
Stabilize local economy can finance devices

Foreign Affairs
Communicate with international bodies and provide information

Regulatory and Budget
Study regulations of contingency measures and budget

Press Office
Give news release daily, help handling local and international news and campaigning

Supervision
Help collecting related information, to understand the contingency measures adopted by central and local government

Hardship Grand and Logistics
Figure 2: Structure of the Taiwan Government’s Risk Communication from this research

To build a professional image for the government through effective communication and policy marketing

Campaign to the healthcare system: Establish the SOP of SARS reporting and coordinate healthcare resources.

Campaign to the industry: Run campaigns for infection control to boost the infection control in business environments.

Campaign to local media: Call for the broadcasting capacity and request the media to be involved in the operation of SARS combating.

Campaign to community and non-government organizations: Coordinate community resources and establish a disease control network.

Campaign to international media: Build Taiwan’s image of disease control and clarify the position and image of Taiwan.

Campaign to the public: Announce information of the spread of disease and related information. Provide the public with resources for infection control.
Figure 3: The Taiwan Government’s Backing Measures for the industries

Data Source: HinChu Science Park/ www.sipa.gov.tw/
Figure 4: The Operation Model for SARS Controlling Network

The public developing a fever

Consult family doctors or call “177” hotline

Patient with a fever

Visit a fever screening station or a screening center

Mild SARS conditions

Hospitals for treating mild SARS cases

Severe SARS conditions

Medical Centers

People under home quarantine and developing a fever

Transported by the 119 Service
1. Conclusions

During the outbreak of SARS, Taiwanese government took many infection control measures. The policies were developed as the disease spread and the public’s knowledge of SARS increased. Generally speaking, the government’s implementation of policies was questioned due to a lack of experiences in the prevention of large-scale infectious diseases. Many measures were enforced like a thunderbolt. To avoid the same problems recurring, this study presents in details the disease prevention measures enforced in Taiwan, as well as analyzes and compares different measures enforced in various countries in the context of risk communication theories. We intend to portray the experiences in Taiwan, as well as the achievements and disappointments. To make contributions to the world as a member of the global village, we present a platform for comparison in this study, which would help the world picture what might happen during a large-scale outbreak of infectious diseases in the future.

The main analytical approach of this study is based on literature surveys and an analysis of second-hand data. The information sources include the government’s data banks, periodicals, conference papers, government’s publications and newspapers from many countries. To increase the validity and credibility of the analysis, we also interviewed government officials, media and scholars to obtain the first-hand information in the view to broaden the data for this study.

In Taiwan, the main approaches for the combat with SARS were immigration control and home quarantine orders. Home quarantine order was said to be the most effectively implemented disease control measure in Taiwan. Though some issues about home quarantine orders need to be discussed further, such as human rights, legal accordance and the distribution of resources, this policy still could be a good example to demonstrate the government’s determination and the public’s sense of self-sacrifice in a crisis.

In addition to the home quarantine orders, this study also describes the
communication strategies for combating SARS and the relationship between
government and media in Taiwan, as well as analyzes the experiences of risk
communication and disease prevention measures in foreign countries. The results are
presented in three aspects.

(1) The Basic Concept of Risk Communication

Firstly, this study clarifies the basic concepts of risk communication. Risk
communication refers to the distribution and exchange of any information regarding
risks, with an emphasis on the interaction process during the exchange of information
and opinions. The purpose of risk communication is to establish a stable and
continued interaction and to create mutual trust and respect between the information
suppliers and audiences through delivering information on risks. Take an example of
the SARS crisis, the most important thing about risk communication is the exchange
and interaction of information at the moment of the outbreak. The public should be
informed of knowledge about SARS prevention and have a correct cognition of the
risk of SARS in order to get through the SARS crisis.

As for the principles and approaches of risk communication, an effective
communication should proceed following “the credibility of information sources”, “the
quality of message design”, “successful use of media”, and “an understanding about
the target audiences of the risk communication”.

(2) The Government’s Risk Communication Strategies

The final goal of the risk communication for the Taiwanese government is to
establish a professional image through effective communication, policy making and
enforcement. At the outbreak of SARS, the Center for Disease Control (CDC)
drafted a set of risk communication strategies, which focused on “the policy campaign
and the coordination of information channels”. The communication strategies during
the SARS outbreak included: reshaping the government’s image, promoting the correct
SARS prevention concepts, promoting health education, and collecting and integrating
data and information on the crisis. The government’s missions were to reduce the
public’s fears about SARS, to establish accurate concepts that help the public to
management, to strengthen the control over disease, to demonstrate the government’s
ability in emergency management, and to restore the public’s confidences in the government’s management of crisis. These missions could be achieved through an good risk communication process.

The campaigns to local media included releasing news 2–3 times a day, broadcasting information about disease prevention on prime time programs of cable and torrential TVs, putting Ads on newspapers, establishing links with major directory websites, holding press conferences regularly, and producing all sorts of posters and leaflets about health education, etc. As for campaign to international media, the strategies consisted of reporting the achievements in combating SARS, arranging interviews with government officials, and delivering Taiwan’s pursuit to join the WHO.

Various media channels were used for the campaign to the public. The internet was also used to help the public understand and make enquiries about the state of the crisis. As for the strategies for organizing communities, the focuses were on the improvement of public’s senses to communities and awareness of disease prevention tactics so as to build “healthy communities”. As for the campaigns to the businesses, the government offered many preferential treatments or subsidies to businesses and drew up the “SARS Prevention Guideline for Businesses and Commercial Buildings”.

(3) The Relationship between the Government and the Media

Providing sufficient information was the positive influence of the Taiwanese media during the crisis. The media acted rapidly and soon established horizontal and vertical communication networks to allow the public being informed clearly. The time efficiency of news was achieved. The network linking media, government and specialists not only reduced the awkwardness of the information deficiency, but also transformed the limited local news into effective information and exchanged over international network. The media presented stories about the national battle against SARS like a touching movie. In theory, this was supposed to help to calm the public in face of the SARS crisis.

However, ironically, the negative influence of the media also exhausted the government. We could even say that the communication between the government and
the media was the most problematic part in the combat with SARS. For example, the media’s abuse of freedom of press amplified the public’s worry. Under a severe competition, many media took advantage of this national crisis stirring things up. These behaviors not only infringed human rights, but also had a bad impact on governmental activities.

Moreover, the government did not have an effective procedure to respond to the media. The authorities addressed the problem from their own positions and ignored the media’s needs, the competitive environment for the media and the public’s right-to-know. Under the circumstance that the information was not transparent and sufficient, the media started to make guesses and report unconfirmed information. This also increased the public’s fear. There are also rooms for improvement of the international campaign strategies, in the aspect of a more powerful information authority, efficient responses, and better the interaction with international media and the WHO.

All in all, the following issues should be evaluated and reviewed by the government: 1. a lack of strong leadership in the contingency center; 2. a conflict in opinions between central and local governments; 3. poor communication with the media. For the media, this study make the following suggestions according to comments summarized from researches: 1. to provide balanced and complete information with sympathy and prudence; 2. to avoid delivering exaggerated and stirred-up messages; 3. to avoid reporting information from anonymous sources and to confirm the information before reporting; 4. to have a global view; 5. to obtain information from multifarious sources; 6. to provide information about how to get through the crisis; 7. to fulfill the government’s decision-making functions.

(4) General Comparisons and Experience Learning

From the process of cross-country comparisons, we obtain many insights about disease control measures. The lessons learned from the Chinese government are:

i. The closed political system made the outbreak under-reporting, which was an important factor for the spread of disease. However, the authoritarian government contributed to the enforcement of disease prevention measures.

ii. The cover-up of the disease outbreak would only speed up the spread of rumors,
because different information channels could be mutually substituted.

iii. New communication technology (such as mobile phones and the internet) helped to circulate information about disease infection during an outbreak of severe infectious diseases.

iv. Once being given the responsibilities about disease control, the mass media could help the government campaign for disease prevention.

Successful risk communication was the most outstanding performance of the Singapore government. The key characters were:

i. Stopping the spread of rumors to reduce panic. Establishing a “Singapore Network” to trace the communication.

ii. Organizing an international image team in charge of the establishment of Singapore’s image during the crisis.

iii. The media stopped competition, but collaborated to set up the SARS TV dedicated for combating SARS.

iv. The mutual trust between the government and the public – the public believed in the government’s honesty and credibility; and the government provided true and timely information to the public.

AS for other countries, Canada government performed well in making correct judgment of the disease outbreak, taking accurate campaign activities of the disease prevention, quickly starting the contingency mechanism and addressing to the problems about discrimination against Chinese communities because of the SARS outbreak. From Hong Kong, we could learn the importance of the early establishment of a system to monitor and control the disease, and the implementation of lawful disease control measures so as to keep social order. Vietnam was the first country removed from the WHO’s list of SARS-affected regions. We could follow the examples set by the Vietnamese government, who acted and made decisions rapidly and effectively, and actively worked with international organizations.

In the aspect of media reports, the Chinese official media was criticized for being too submissive to the government. The media’s performance in Hong Kong was acknowledged. Before the government announced disease prevention measures, the media already told the public to disinfect and wear facial masks in public venues.
Hong Kong media also connected the society via the internet so that the public could show their support and gratitude to the front-line medical staffs.

At the end of May 2003, the Singapore government coordinated three major media groups and set up the “SARS TV”, the first television stations specific for delivery SARS-related information and education. The Singaporean media responded to the government’s policies and had good control over the reporting, no exaggerated reports were made. The professional behavior and the caring contents were all well-received locally and internationally.

2. Suggestions

According to the findings, this study proposes the following suggestions on the government’s actions regarding risk communication and international campaign in an future outbreak of serious infectious diseases.

(1) Suggestions for the Government’s Risk Communication

i. Critical Issues about Risk Communication:

i) Using a single contact as the spokesman and emphasizing his/her professional image.

For the messages of risk communication, trust and credibility are the most precious assets. As for the general public and the media, trust and credibility are associated with the sources of information. The authorities should deliver official information through a trustworthy spokesman. A good risk communication should increase the public’s trust on the spokesman.

Thus, in the future, the authority should appoint someone trustworthy and with credibility to play the role of spokesman. Scholars or experts are suitable candidates.

The media in Taiwan is sometimes prone to be politicized. In the early stage of the SARS crisis, the former DOH Minister, Twu Shiiing-Jer, was criticized for his
inappropriate speeches; but, the performance was improved in the post-SARS time. This demonstrates that the appointment of the spokesman should avoid any government officials with strong political positions. It would be more appropriate to appoint a scholar or an expert with a professional background as a spokesman. It would be even better, if this person possesses expertise in communication and is good at presentations and interactions. These qualities would help the public feel that the media and experts are not out of reach.

ii) Treat the media as partners, not enemies

Theories of Risk Communication argue that it is important to establish a productive partnership with the media. During the outbreak of SARS, Hong Kong government and the media felt hostile to each other, because the media in Hong Kong considered that the Hong Kong government and the central government in Beijing were not truthful. The media took this opportunity to express their dissatisfaction towards the Hong Kong government. The relationship went from bad to worse.

A. Don’t give the media too many negative comments:

The severe competition among the media in Taiwan sometimes makes the situations chaotic and abnormal when a crisis occurs. When dealing with the media, the government should understand the competitive nature of the media and avoid blaming the media. It would be better for the government mainly to focus on the transmission and clarification of concepts and information, and not to give too many negative comments on the media’s performances. Criticism would not yield productive conclusions and could switch the focus and cause conflict.

B. Actively proclaim the appreciation of the media’s performances:

If the media has good performances, such as giving in-depth reports, or conducting research reports, providing an interactive enquiry channel, etc. the government could praise these performances openly. For example, the Singapore government spoke well of the media’s performances during the SARS outbreak. Though the media in Taiwan are more commercialized and less restricted, positive feedbacks benefit the establishment of a friendly relationship.

C. Emphasize the partnership:

The conversation with the media should be focused on how to work...
together to protect the public from the risks of diseases. The Canada has an open media environment; and it is quite impossible for the Canadian government to forcibly implement restrictions on negative reports which might stir up the society. Alternatively, the Canadian government appealed to the media to produce more positive reports.

D. Satisfy the media’s demands on information:

In the open media environment in Taiwan, the government is competing with other information sources. In addition to the appointment of an authoritative spokesman, the government should also try to satisfy the media’s demands on information, keep a file of the correspondents’ details, such as daily deadlines and the e-mail addresses, actively pass the latest information to the media, and provide background information. A supply of charts, tables or visual materials would be a plus.

iii) Collecting the media’s reports and immediately clarifying any inaccurate reports

The news team of the Center for Disease Control (CDC) should closely monitor any misleading reports during a crisis and clarify any untrue stories by providing evidences from the internal data bank or experts, then publicly clarify the stories by the spokesman in regular press conferences.

iv) Requisitioning the media during the outbreak of a severe disease. The design of message content should be able to attract the audiences’ attention.

The “Interim Regulations on SARS Control” approved by the Executive Yuan allowed the government to have the highest priority to requisition the media and communication facilities to broadcast the information about contingency measures so that the public could be informed promptly. This regulation gave the government the greatest flexibility to fill up the public with the most accurate information. In Singapore, the media was quickly requisitioned by the government. In Hong Kong, when the public started panic-buying foods, the media stopped normal program and broadcast the government’s messages.

Though, the effectiveness of the media requisition needs to be evaluated, as there
are so many media and channels in Taiwan, legal requisition of the media is the only way to achieve the effect of mass campaign in a short period of time. However, in an open and free media environment, the message contents have to be more attractive to catch the audiences’ attention. Take example from Singapore, the SARS Channel, a requisition of major media, produced a docudrama “True Coverage” based on the daily lives during the SARS outbreak, combining the mission of public broadcasting and the entertaining values.

v) Controlling the decisions on priorities for crisis issues

There are three stages of the handling of news about crisis: reporting the extent of disaster → reporting people’s feelings → proposing issues. The government should actively control the priority for issues in accordance with the media’s approaches so that the official information will become the main information source. Firstly, the media focus on the extent of the disaster; therefore, the official source should release a lot of instruction information. When the media start to report human stories, the government should switch to focus on adjusting information.

A. Instructing information: During the outbreak of a crisis, the impact of the crisis and the contingency measures are the most practical information for the public. Repeated broadcasting and creating impressive slogans are practical tactics. Though the government is communicating with the media, the public is actually the target audience. Therefore, the background information is as important as quantitative data.

B. Adjusting information: This information will avoid unnecessary panic and mentally prepare the public for the threats of the crisis, for example, campaigning for the collaboration of the government and the public to fight against SARS, giving medical personnel encouragement, enforcing the prevention control in communities and keeping calm in the crisis.

vi) After the crisis, evaluating the effects of risk communication for references of future risk communication plans and further improvement.

It would be necessary to develop some indexes to effectively evaluate the communication based the objectives of the communication. The indexes could include the evaluation of the media, assessments from the experts, the public’s
cognition of risks, the public’s comments, etc. The results could be used as references in the future.

vii) Government officials should develop knowledge of the cognition of risks and the ability to react.

The outbreak of SARS highlighted the fact that some authorities were lack of the sense of crisis and the abilities to cope and communicate in an outbreak of crisis. The inabilities were mainly due to the health officials’ lack of experiences. In the future, the government should give those in charge more training about risk cognitions and ability to react.

viii) The administration of risk communication should be integrated

In the early stage of the SARS outbreak in Taiwan, the communication system was in chaos due to the disorganized administration system. Some foreign media pointed out that this was the reason for the spread of SARS to central and southern Taiwan. However, in Hong Kong, though there was criticism about the government, at least the commanding system was unified. The smooth circulation of information helped to control the disease.

As a remedial measure, a national center for the command of serious disease outbreak was established in the CDC building. A unified commanding system will improve the implementation of disease control policies.

ix) Training the “Hero for Combating Diseases”

The academic theories and practical experiences both suggest that the public expect a hero to help them regain confidences in a disastrous event. The hero should have the quality for leadership in a crisis, and can be trusted by the public for his/her professional ability, personal qualities and the style of leadership. More importantly, the hero should not be appointed when a crisis occurs, rather he/she should be recruited and trained in normal days to be ready for the event.
x) Stressing the social responsibilities and creating educational effects

Peters, Covello, & McCallum (1997) points out that risk communication should take into account of the public, including their moral and conducts. However, the risk communication in Taiwan is usually based on intimidation, claiming that “Failing to do so, you will be infected.” Gradually, the public and the media in Taiwan lost their sense of community. While in Singapore, the government put stress on the public’s social responsibility by saying “Failing to do so, you will harm your family, community and the society.” This could be adopted as a long-term approach for education.

xi) Caring about the public and listening to their concerns

Let the public be aware that the government is concerned about the safety of their lives and properties and to show the deep concerns of serious risks. Before taking any actions, try to find out the public’s understanding and opinions of the risks and what they want to be done. This could be achieved through interviews, focus group discussions, exchanges of information, meetings, or consultation panel, etc.

Also, every government department and agency should listen to the public and take into account the concerns of every interested party/individual. After all, the final decisions on risk communication are co-decided by all related parties. Hence, all departments with decision-making power should appreciate the public’s opinions and let them know that their concerns are understood and some actions will be done. During the process of risk communication, the public might find their opinions be ignored or misunderstood. Experts and the government might see things from their points of view and ignore the public’s feelings. This will damage the sense of trust. Therefore, it is necessary to let the public strongly feel that their needs are recognized and highly valued, and to advise the public that some actions have been taken to protect them or help them avoid the risks. And these actions are tailor-made to suit their needs.

xii) Messages should be short and clear. Answers should be also clear and precise.
The messages should be in the language that the public could understand, and avoid jargons, difficult rhetoric and/or scientific figures. The messages should be simple and direct, clearly conveying important information, advising the public to take accurate preventive action. For any unknown or unsure answers, don’t contemplate. Tell the public that the answer will be given after consulting with the officials and give a definite deadline for the answer.

During the communication process, though the most accurate and open answers are sometimes not available, it is advised not to tell the public “No comments” or “I don’t know”, instead it would be better to tell them that the answer will be found out quickly. A deadline of the announcement should be given as well.

xiii)  Don’t underestimate or overestimate the extent of the risk; and don’t over promise.

In a crisis, the most worrying thing is to underestimate the risk. Since a relaxed attitude or negligence could lead to damaging outcomes. Also, the media should be warned not to exaggerate the risk in order to prevent panic reactions. When there is a crisis, the top priority is to find a solution. The over exaggerated risk would switch the focus. Too much emphasis on the damage of the crisis will make the public ignore or pay less attention to the message about preventive measures and solutions.

xiv)  Set up and train the “Risk Management Team” during normal days. And establish the Standard Operation Procedure (SOP)

When a crisis occurs, the government should expect the worst situations and be prepared for them. During normal days, the government should start thinking about what sorts of mechanism should be mobilized, how to allocate human resources and budgets, and how to supply materials and daily needs. The whole movement should be planned in advance. A well-established Standard Operation Process (SOP) will be the guidance in the most chaotic situations. The SOP should be set and prepared in advance for unexpected circumstances.

(2) Suggestions on Risk Communication for Various Stages during the Outbreak of Severe Diseases
i. Before the outbreak:

i) There should be a dedicated information management team.

Since SARS is a newly emerged infectious disease, there are great uncertainties about SARS and we are still in the process of learning. However, in the era when a global crisis is possible, the government should strengthen “crisis sensing” and “threat assessment” before the outbreak of a crisis. That is to say the government should have closely monitored the development when SARS was still “a weird disease in China” or “a bird flu that might cause catastrophe”. A taskforce should have been established according to the risk categories. The taskforce should have collected information, enquires from the media and all possible rumors so as to build a Q&A data bank. Questions not able to be answered should also be listed.

Before a crisis is confirmed, reporters might not be too keen to attend the CDC’s regular press conferences and might come only after the outbreak of the crisis. Therefore, a quickly up-dated databank designed for answering enquires might be a solution.

ii) A prepared communication strategy

A. Segment the public: The SOP should be prepared before the outbreak of a crisis. The government’s failure in risk communication is usually associated with the lack of differentiation of the public and the media and wrong judgment and evaluation of the crisis. In the early stage of the SARS outbreak, it was known that the virus came from China and there were great uncertainties about the disease. So when making the communication strategies, the audiences should have been segmented into healthcare workers, Taiwanese businessman, etc. The priority order, communication strategy and communication channels of each segment then had to be decided.

B. Providing internalizing information: The government’s image is associated with this kind of information. When the public receive this type of information, they would also approve and acknowledge the government’s
responses to a crisis (Kasperson & Palmlund, 1989, quoted by Wu YiChen, 2004). This will boost the public’s confidence in the government’s ability of crisis management. Through the media, the government should let the public understand their works about tracing down and analyzing the risk. Once a crisis occurs, the public would then believe the government is prepared.

ii. After the outbreak of crisis, delivering messages carefully:

i) Be open and honest about whether the information is in control

The Singapore government’s performances about combating SARS were highly appraised. In addition to the media’s self-discipline, the government’s efforts in keeping the information transparent was the main reason. The government should be honest to the media, and face every known and unknown issue. The incident of the Taiwanese government’s absolute guarantee on the “3-zero Record” during the SARS outbreak should not happen again. The failure in the control of BSE outbreak was mainly due to the British government’s complacency and their claims of the safety of beef. In fact, it was quite the contrary. This blunder made the public lose confidence in the UK government. The government should honestly announce related figures and information, and have an open attitude. Honesty is the basis to build up the public’s confidences.

However, there should be a balance between avoiding panic and being honest. A typical official statement is “No one can be sure that this is absolutely safe; but, there are no evidences showing this would cause damages. The government is conducting an analysis to assess these arguments.”

ii) Avoid causing panic

The mention of “need a lot of coffins” was severely criticized by the public. The threatening and fatalistic approaches are simply not working, and will arouse great antipathy toward the government. Heath points out that the risk communication is to improve the public’s “sense of control”, which is the ultimate purpose in addition to “better understanding” and “agreement”. Scholars and experts might just want to tell
the truth or inform the public of the seriousness of this crisis; however, a threatening
approach not only is against the purpose of improving the sense of control, but
becomes the subjects for the media to criticize. Even though the prediction is gloomy,
the approach should be based on information exchange and the information suppliers
should not scare the public with intimidating tones or approaches.

iii) Suggestions on International Campaign strategies

A. To establish an official information mechanism as the main source or
reliable information
During the SARS outbreak, the government failed to set up a mechanism
for official information source; therefore, international media had to use
the materials from local news media, which were usually exaggerated,
stirring, biased and sometimes lost of focuses. The government’s image
was harmed and the truth was distorted. Therefore, an official
information source should be established to demonstrate the positive image
of the government and to allow people in other countries to understand the
truth and the Taiwanese government’s efforts in disease control.

B. To train the government officials to be able to communicate in foreign
languages in order to win support from international society
The government officials’ abilities in languages affect what kind of role
Taiwan will play in the trend of globalization. Every department and
agency should have staffs specialized in foreign languages in the view to
win international supports. For example, Hong Kong government was
severely criticized in the early stage; but in later stage, their performances
in disease control were acknowledged by international society and the
media. In addition to the on-the-track disease control measures, the daily
news release and press conferences given by the Hong Kong government
in both English and Chinese were also the key factors to win positive
evaluation from international society and the media.

C. To establish a mechanism generating news release in Chinese and English
simultaneously, and to hold press conferences in Chinese and English
This study finds that the Chinese and English news release provided by the
government were not issued at the same time during the SARS outbreak.
The English version was usually a little bit late. Take an example from
the CDC, Chinese was the main language for daily news release; and the English version was about one-day behind. Sometimes, foreign correspondents had to translate the materials by themselves. In the future, a bilingual press system should be established. This will shorten the working time and save troubles of outsourcing, and will improve Taiwan the degree of globalization. Also, more contents about caring of other countries could be incorporated in news release.

D. The government should be the primary information source

Though the Taiwanese government’s performances in disease control were significant, the international campaign about these achievements was rather weak. Get to the root of the matter, it all because of the government’s poor communication with international media. Some foreign media even had to acquire information on the state of disease control through local news media, rather than through official channels for first-hand information. Failing to establish an official channel, instead the government seemed too dependent on local media for communication and clarification. Though the media has huge influence during a crisis, the government should still strengthen their role as the “primary information source”.

E. To train staffs specializing in international campaign

Take the CDC for example, there were only three staffs in charge of international affairs in the CDC during the SARS outbreak; and their jobs were not exclusively for promoting Taiwan’s international image. In the future, there should be staffs specializing in promotions and campaigns to improve the image of Taiwan and to demonstrate the government’s achievement in disease control.

F. To actively build Taiwan’s image and to fight for the accession of the WHO

The biggest disappointment for the Taiwan’s combat with SARS was the lack of assistances from the WHO. In the early stage, Taiwan had to fight SARS alone. Until the middle term, the WHO sent specialists to help Taiwan investigate and prevent the disease. However, as Taiwan is not a member of the WHO, there were many restrictions to access first-hand information and to get involved in international affairs.

iii. Constraints and Suggestions on Future Studies
i) Constraints on the Methodology

A. The collection of governments’ reports and academic papers about SARS is still not complete

During the 6-month research, we actively collected documents about SARS. However, many reports, academic papers and government publications were still emerging at the end of our research. These new documents are left out in this study due to time constraint. The literature survey should be continued.

B. Information is limited due to a small sample of in-depth interviews

Initially, second-hand data was the main source of this study. Considering the validity and credibility of the second-hand data, we decided to conduct in-depth interviews. Due to time-constraint, we only interviewed some government officials who were involved in disease control during the SARS outbreak. As a result, the data is lack of variety.

C. This study leaves out the results of the government’s risk management and communication policies

This study does not include the effects of risk management and risk communication. To evaluate their effects, first, we need to have good understanding of the public sentiments, and then carry out an opinion survey on the government’s current disease prevention measures. In this way, we could effectively evaluate the effects of risk communication and draw conclusions on effective disease control measures and communication methods to avoid making inaccurate policies in the future.

D. To establish a risk communication mechanism and a communication guideline applicable to the outbreak of other local diseases

We use the SARS outbreak as a case study to analyze the government’s performances in risk communication. However, our literature survey does not show any communication guidelines designed for the outbreak of special diseases. Hence, this study carried out an evaluation based on general criteria. Since the spread of disease in different countries is associated with the regional culture, political environment and the feature of public health system; future studies should take these factors into account and establish a risk communication mechanism and guidelines applicable to
local disease outbreaks.

ii) Possible Future Research Directions

Finally, for the references of the government and the academic, this study lists some possible directions for future studies in this field:

i) Studies on Risk Communication

A. Studies about the SOP of the risk communication in big scale outbreak of disease
For every disease, such as enterovirus, bird flu, etc, establish a risk communication plan and communication channels that could reach the public. For some diseases, prepare related risk communication strategies and operation procedures. These preparatory works will avoid frightening into inaction when a crisis occurs.

B. Studies about the comparisons among risks
This study focuses on the case of the SARS outbreak only. For future studies, more cases could be incorporated for comparisons. For example, a comparison about the government’s approaches and their effects in the outbreaks of enterovirus, bird flu, etc. This would give a better understanding of the relationship between the nature of different crises and risk communication strategies.

C. Planning the risk communication strategies after the crisis
This study presents suggestions on risk communication in an outbreak of a crisis. The future studies could focus on how to rebuild the public’s confidences in the government after the crisis. This area is usually ignored in risk communication researches.

D. Strengthening studies on risk assessments
Scientific risk assessment is an essential part of the risk communication. The future studies about risk communication could include quantitative assessments of all kinds of diseases and nature disasters made by scientists or specialists. It is also worth studying about how to interpret these scientific assessments and transform them into corresponding guidelines in
E. Studies about the experiences of international campaign tactics from other countries

This study only covers a little discussion of international campaigns, as the main focus is on the situation in Taiwan. The future studies could address more on international campaigns by case studying the situations in other countries.

F. Conducting field studies of risk communication in other countries

The cross-country comparison in this study is only based on literature survey and official documents. The results could be biased because of data constraints. Prof. Zhang Li-Yung, the Institute of Ethnology of the Academia Sinica, and her colleagues have completed a research for the National Science Council about the integration of SARS and the society; however, it is a pity that this research does not include the area of risk communication. We suggest the government covering this area in future studies, by conducting field studies in Hong Kong, Singapore and Canada where SARS was defeated successfully. This kind of study could obtain more first-hand information, which will be valuable for making future policies.

ii) Studies with respect to the Government

A. Studies about the cross-agency communication that involves all government departments and agencies

The SARS crisis revealed the poor communication between the central and local governments. The future study could focus on the observation of the government system and research on how to improve the efficiency in sharing risk information and in the collaboration of risk management between the central and local governments, as well as among different government departments.

B. Studies about horizontal risk communication among government departments

This study focuses on the communication between government and other organizations in private sectors, such as the communication with the media and the public. This is a type of vertical communication. This study
leaves out the horizontal communication in the government. The future studies could evaluate and review the government’s horizontal communication during the SARS outbreak. A SOP for horizontal communication could be proposed for references in future outbreak of crises.

C. Strategies and guidelines of international campaign

The discussions in this study about international campaign during an outbreak of severe disease are not sufficient. We suggest conducting more detailed researches on this topic. The focus could be on how to carry out international campaigns while combating with disease outbreak. Basically, the international campaigns are to protect the country’s image; while a more aggressive approach is to increase the publicity of Taiwan in the international stage and have a dialogue with international societies through campaigning for disease control.
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