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An Empty Slogan that Detracts from Collaboratively Combating COVID-19 in Hong Kong

Abstract

Confirmed cases and COVID-19-related deaths during the four waves (from 2020 to mid-2021) in Hong Kong are comparatively low and have been attributed to importation from abroad. Thus, the government claims that its efforts have been effective in coping with this disease. However, the public observes other dimensions of this claim. The discussion in this paper argues that policy loopholes, violation of normal practices and government estrangement from the community all negatively impact the spirit of “Together We Fight the Virus!” and reduce the effectiveness of anti-pandemic programmes. The root cause of this failure comes from distrust in the government. Such a fiction of power brings negative reactions. On the one hand, the community suffers from tight disease-control measures which are disproportionate to the infection risk, and people are fighting not only the coronavirus but also poor leadership, policy loopholes and hidden agenda in social control. On the other hand, people are already self-motivated and self-disciplined enough, with the aid of mutual support, to adopt basic preventive methods, such as masking and personal hygiene, showing a robust civil society and social mobilisation which are crucial for the success of tackling this pandemic.

Keywords: anti-pandemic strategy, public health, social distancing, social justice, vaccination

The Slogan: Together, We Fight the Virus!

Having an adjacent border with Mainland China (connected by land-boundary checkpoints, railway and ferry terminals, a cross-territory bridge and an airport for goods and passengers), Hong Kong was filled with rumours of an unknown pneumonia in Wuhan in December 2019, which was given the name COVID-19 on February 11, 2020 and then identified as a pandemic by the World Health Organisation on March 11. The person-to-person transmission of this novel coronavirus, even through asymptomatic carriers, has been attacking Hong Kong over one and a half years since the first confirmed case on January 23, 2020. The territory has subsequently encountered four waves of infection from 2020 to mid-2021. While the government calls out “Together, we fight the virus!”¹ to combat the outbreaks, it distances itself from both citizens and common sense, which results in failed programmes.

However, after reviewing the anti-pandemic strategies in *Fighting the Epidemic for One Year, Consolidating Our Experience*, dated January 27, 2021², the Chief Executive (the head of the Hong Kong government) claimed to be succeeding through efforts such as disease-control measures related to legal tactics, professional leadership, facilities, technology, information transparency, precise testing, social distancing, and prevention of imported cases by plugging loopholes. In response to that report, this discussion analyses what Hong Kong people have learnt from battling this unending pandemic while lacking leadership, and evaluates those eight premises from the perspectives associated with loose public health policies, violation of proper

practice and government estrangement from the community. Such a discourse sheds light on the significance of social factors that affect the effectiveness of public health policies and measures.

Serial Failures

The fault for community spread has been attributed to deficiencies among decision-makers who ignore professional judgement, established procedures, and the needs of civic society. Such ignorance and incapability damages reputations, public health, the economy, social welfare, human relationships and individual well-being.

Loose Policies and Implementation

Policy loopholes have proven to be the fundamental cause of community transmission, including slack quarantine arrangements and facilities^{3,4}, and a failure to activate electronic waistbands which use a unique QR code to connect with a mobile application in order to monitor stay-at-home quarantines⁵. However, this section focuses on border closures, which have produced many disputes between the public and the government.

Laboratory evidence has ascertained that the four COVID-19 outbreak waves were caused by imported cases⁶. A successful containment strategy implemented in the first two waves⁷ limited the outbreaks to less than 1130 confirmed cases with four deaths by mid-June 2020. A subsequent rigorous infection produced a sudden increase in mortality, which began the third wave starting in July, and originated from merchant seamen crews who were allowed to be exempt from quarantine⁸ under an unannounced policy that applies to 33 categories of inbound travellers⁹. Super-spreaders in the form of clusters of dancing groups, construction site labourers and care home residents¹⁰ induced the fourth wave in November, which was likely brought into the territory by Nepalese travellers¹¹, eventually suspending the travel bubble with Singapore¹².

Since January 2020, healthcare experts have repeatedly been urging a complete border shutdown to thwart community outbreaks¹³, albeit the government has continually refused, citing various excuses such as discrimination against those from the Mainland¹⁴. This rejection led to a five-day strike in early February amid healthcare practitioners in public hospitals¹⁵, which was supported by 61% of the public¹⁶, but resulted merely in the closing of four border checkpoints¹⁷, while infections from the Mainland were continued to crop up from time to time; for instance, early¹⁸ and late October in 2020¹⁹. Another recent example regards new spikes of mutant variants in the Philippines beginning in February 2021²⁰ and in India in March²¹, for which doctors had urgently reminded the government to exercise stringent border control. Nevertheless, the government was still quiescent until variant cases invaded the community and then it banned airline flights from the Philippines, India and Pakistan starting April 20²². These late responses illustrate *negligence* towards expert advice, rather than heeding, as claimed by the Chief Executive^{2(p5)}. Consequently, prevention became impossible and more anti-pandemic efforts were inevitable.

When the fourth wave was fading in late May 2021, an outbreak of an Indian variant occurred in neighbouring Guangdong Province ²³. To prevent a fifth wave, medical professionals asked the government to tighten border monitoring, especially for residents returning from the Mainland ²⁴; however, the government restricts only those from medium or high-risk areas ²⁵ but it is difficult to identify from where they have returned, which expands the risk factor.

Violation of Proper Practices

The Chief Executive insists that the anti-pandemic measures have been adopted in accordance to proper legal foundation ^{2(pp4 & 5)}; on the contrary, breaching normal practice endangers the public and those measures then yield minimal effects; for instance, mass-scale testing and vaccination.

Large-Scale Testing. With diagnostic reagents and 570 support workers sponsored by the Chinese government to back the Universal Community Testing Programme, a voluntary mass nucleic acid test programme was offered to residents free of charge from September 1-14, 2020. About 1.8 out of 7.5 million people participated, costing US\$68 million, and from which 42 infections were found ²⁶. Such a low test rate reflected four hesitations: first, no local clinical licence was held by the Mainland medical team, whose qualification had not yet been determined locally; second, the opaque procurement process to acquire service providers violated the tendering system, and one of the providers was accused of patent infringement ²⁷, while others had no experience in medical testing or no local healthcare offices; third, there were concerns over the potential for leaked privacy and personal data ²⁸; and lastly, the ineffectiveness of this “scattergun approach” ²⁹ was evident. Unbelievably, that particular problematic testing laboratory continues to provide service after this programme, even though false positive results led to a large number of people being sent to quarantine camps incorrectly ³⁰, destroying the government’s stated mission of “early identification, early isolation and early treatment” ³¹.

Vaccination. The territory-wide voluntary COVID-19 Vaccination Programme beginning on February 26, 2021 has disappointed people, although it is free for all Hong Kong residents. Three vaccine sources were chosen, including Sinovac, BioNTech and AstraZeneca, among which the former is controversial. The medical advisory panel firmly declared that clinical outcomes were the fundamental guide for the existing purchase mechanism for vaccines. Nevertheless, Sinovac was approved for emergency use even though no clinical data from the third phase had been published in medical journals ³². The public doubted whether sufficient scientific evidence supported this decision as the government emphasised ³³. Some medical practitioners alerted the public but were denounced by the Chief Executive for smearing Sinovac ³⁴. Paradoxically, many members of the advisory panel received BioNTech jabs rather than the Sinovac they recommended. Worse still, citizens who are over 60 years old fall into the priority batch ³⁵ even for the Sinovac vaccine, whereas Sinovac has cautioned that very limited data is available related to this group ³⁶. Following this, the designated experts group in the World Health Organisation announced that they have “low confidence in the quality of evidence” related to safety-serious adverse events in adults who are 60 or more ³⁷, and which has not yet been approved for emergency use by the World Health Organisation prior to June 1 ³⁸.

Post-inoculation deaths reached 58 as of May 21, 2021³⁹ despite the government's claim that there is no direct link to the vaccine. Also, only potentially related vaccine deaths will be reported monthly from June⁴⁰, replacing routine reports on deaths after injection. Such lack of transparency only increases vaccine hesitancy. Such an unreasonable top-down approach, combined with confusion, distrust^{41,42} and worries over side effects⁴³, give strong blows to this Programme, causing a dissatisfactory vaccination rate of 6.01% of the population as of March 29⁴⁴, which hobbles herd immunity.

Launching a vaccine-bubble⁴⁵, by means such as shortening or waiving quarantine for those who have got vaccinated, demanding jabs of all students and staff at local universities⁴⁶, and allowing dine-in service until 2am and 12 patrons per table if all staff have received two jabs⁴⁷, is an attempt to reduce vaccine hesitancy. This transaction of trading freedom and rights for vaccination increases public anger. Furthermore, resuming the travel bubble with Singapore, as planned on May 26, is solely for Hong Kong people who have completed two jabs of vaccination⁴⁸, but does not required travellers from Singapore to be vaccinated. Such an unequal treatment proceeds from the Hong Kong government unilaterally, which further degrades its respectability. Meanwhile, incentives⁴⁹ and lottery draws⁵⁰ are offered by private companies to attract to get inoculated. Hard and soft forces are driving vaccination acceptance, reaching 27.9% of population that received at least one dose and 18.1% completion of two doses as of June 25⁵¹, including allowing the vaccination of adolescents 12 years old and up for BioNTech from June 14⁵², even though the World Health Organisation withholds vaccines from children unless they are in high risk conditions⁵³.

Government Estrangement from the Community

Unlike what was accomplished in close collaboration with non-profit organisations and healthcare personnel during severe acute respiratory syndrome (SARS) in 2003⁵⁴, the government is losing the leadership it achieved launching campaigns to annihilate SARS⁵⁵. Instead, it is constantly combating the public, as well as the medical field.

Face Masks. The disastrous experience of SARS in 2003 encouraged Hong Kong people to wear masks to prevent infectious respiratory diseases⁵⁶. An abrupt strong demand for masks could not be fulfilled in early 2020⁵⁷, driving a sharp price rise⁵⁸. Not only was the government unable to stabilise the supply and price, more shockingly the Chief Executive ordered officers not to wear face masks⁵⁹. The shortage was reduced through the efforts of social activists and district councillors⁶⁰, but after making excuses the government banned mass distribution by district councillors⁶¹. After a sufficient supply of masks was available in the market, free washable and reusable masks were distributed by the government, costing US\$35.35 million⁶². This purported invention award product⁶³ was seldom used⁶⁴ and was responsible for the high expense.

Strike. In spite of the unprecedented industrial action among medical frontline workers in public hospitals in February 2020⁶⁵ (as mentioned previously), which involved about 10% of the public hospital workforce⁶⁶, the Chief Executive declined

to meet with the union representatives about border closures to fend off imported COVID-19 cases, and instead shifted the issue from one of public interest ⁶⁷ to an employer-employee conflict ⁶⁸. The Hospital Authority warned of disciplinary actions against its staff for the strike ⁶⁹, and finally, based on a so-called “established mechanism” ⁷⁰, a wage deduction was imposed owing to the strikers’ absence of duty ⁷¹. This adverse consequence hurts the participants and the outsiders who supported the strike, resulting in devastated morale, widening the gap between the government and the public, intensifying their tensions and worsening mutual trust. It further obstructs cooperation towards anti-pandemic outputs.

The Fiction of Power

“Hong Kong has successfully overcome wave after wave of the epidemic,” the Chief Executive proclaimed ^{2(p4)}. However, this is an achievement of civil society in which Hong Kong people are proud to credit themselves ⁷² rather than their government, which reflects failed governance ⁷³ and shows mistrust towards the government and its policies ⁷⁴. This weak leadership is unable to learn from failures and improve anti-pandemic policies, stemming from the low popularity of the Chief Executive and officials: the support rate of the Chief Executive in June 2021 reached only 30.3% ⁷⁵, dissatisfaction levels and distrust of government in May reached 62.8% ⁷⁶ and 52.1% ⁷⁷ correspondingly, and support for the dismissal of the Secretary for Food and Health in May reached 44.7% ⁷⁸. These outcomes generate “passive resistance” ⁷⁹, curbing anti-pandemic practices such as a contact tracing system.

The “Leave Home Safe” QR code was devised to assist in tracing close contacts of confirmed cases, and began use in mid-November 2020, claiming more than 3.8 million downloads in mid-April 2021 ⁸⁰. Notwithstanding voluntary downloads, it has become a compulsory mobile application for dine-in customers in particular types of restaurant ⁸¹. Privacy concerns impede its extensive use and people find ways to escape being traced ⁸², which stems from distrust.

Apart from incompetent and arrogant leadership, such wariness also comes from a confidential document made by the Chief Executive disclosing political considerations over public health when formulating anti-pandemic policies ⁸³, especially when dissolving the checks and balance mechanisms ⁸⁴. For instance, social distancing gives a tool for the police to clamp down on marches, rallies and protests ^{85,86}, since restaurants can serve up to 180 people, but only four are allowed to gather outdoors ⁸⁷. Hence, the pandemic is favourable to government control ⁸⁸. Such harsh measures are far from scientific-based decisions as the Chief Executive reiterates ^{2(p5),89,90}, and are “out of proportion to the risk” ⁹¹, when there have been 211 cumulative deaths out of 11912 confirmed cases ⁹² within a population of 7.5 million, as of June 27, 2021.

Although the community has no central coordination ⁹³, public awareness, mutual efforts and altruism play significant roles ^{94,95} in coping with the pandemic. People are smart and willing to adopt basic prevention methods such as masking, social distancing and personal and environmental hygiene. This bottom-up approach needs high levels of self-discipline and self-regulation ⁹⁶, the development of a community health awareness model and the exhibition of a robust civil society and

social mobilisation ⁹⁷. This has all been demonstrated, despite the fact that the Hong Kong people have clashed not only with the coronavirus but also with an inept government, policy loopholes and hidden agendas for social control. However, a latent challenge is the growth of fatigue in this long-lasting pandemic ⁹⁸ as people are willingly learning to live with the disease ⁹⁹.

Conclusion

Public health is a way to manifest social justice ¹⁰⁰ in a broad sense. The Hong Kong government has failed to take on its proper role during the pandemic. When it is out of touch with the public, it invokes empty slogans. An empty slogan is unable to either fight COVID-19 or translate it into practice, instead destroying solidarity and harmony. Lamentably, an indifferent and unreliable government despises civil society, and detaches itself from proactive, meticulous, logical, systematic, effective and clear public health policy-making. It therefore creates a vicious cycle: low legitimacy causes resistance, then when hard enforcement is brought to bear to reduce defiance, this only results in greater opposition. Nevertheless, self-motivation, self-awareness, and self-discipline can lead to success, with civil society engaging to deal with non-health-related interference and to conquer the pandemic by means of basic tools, including masking, individual and environmental hygiene, and limited social activities. The incapability of the government paradoxically accelerates mutual reliance and social mobilisation towards anti-pandemic efforts, reflecting the prominence of social aspects that influence achievements of public health programmes.

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