HISTORY for PEACE

HONG KONG FLU (1968-70) AND ITS IMPLICATIONS

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INTRODUCTION

As the global pandemic has grabbed media attention and reportage like never before, assigning every other discussion to a relegated forum, the world has also started talking about the Hong Kong Flu Pandemic of 1968 and started looking at retrospectively either to compare the present state of affairs with that time or trying to note down the useful lessons from that time. Since 1960s, although health administration and medical science has made major progress worldwide and so have political systems evolved at a global level, the voices and experiences of the people in Hong Kong are still difficult to be recovered and brought forth. In this study, a major aim of mine is to analyze the pandemic as it unfolded in Hong Kong and what it tells us about the local conditions of living, the state and the administration in Hong Kong in the 1960s.

NATURE AND EXTENT OF THE HONG KONG FLU

A strain of the influenza A virus, H3N2, containing two genes from an avian Influenza A virus and components from an older H2N2 virus of 1957 caused the influenza flu pandemic of 1968 in Hong Kong. It arguably broke out in mainland China and from there spread to large parts of Singapore and Hong Kong, and to large parts of Southeast, East and South Asia, Australia, the USA, UK and Europe from there. The pandemic affected the world in two successive waves, one in 1968–9 and the other in 1969–70.

Almost one million people died of this pandemic worldwide, according to data from the Centre for Disease Control and Prevention, USA (or, up to a maximum limit of four million deaths worldwide). On 16 August, 1968, the World Health Organization issued a notification regarding the deadly consequences of the fast spreading flu pandemic and subsequently in December of that year and January next year, worldwide deaths from the Hong Kong Flu peaked.

The first wave struck Hong Kong and its people on July 13 1968. It reached its maxmum intensity in the week of 26 July and subsided gradually in the following three weeks. It lasted till December 1968 in Hong Kong. According to a public Health Official in Hong Kong in 1969, there were **no official health alerts issued by the Chinese government** at that time (just having emerged out of its vibrant Cultural Revolution) although for several months, visitors from China were seen to have bearing some influenza–like symptoms in their bodies. The problem compounded in Hong Kong moreover as Hong Kong had a free economic interaction with China and there was a lot of commodity traffic passing through this port. Moreover, **the population pressure in Hong Kong could unfavourably facilitate easy spread of the virus** that could spread through droplet infection in crowded places like public transports and elsewhere. In 1969, it must be noted, influenza was not a notifiable disease in Hong Kong. The influenza affected all age-groups in Hong Kong and did not bring about "excess deaths". Nevertheless, it was the largest outbreak in this area since 1957.

According to the epidemiologist Antoine Flahault, 'the Hong-Kong flu made history being the first pandemic of the modern era. The one of fast aerial transports. The first also to have been watched out by an international network. Hence, this pandemic is **at the very basis of all the modulization works** which aims to predict the calendar of the future pandemic'. That is to say that, by studying this pandemic we can learn more about today's situation. Moreover, according to Patrice Bourdelais, it was from this point onwards that **a systematic vaccination of elderly and aged populations** across countries was instituted.

Flahault further noted, and the French virologist Claude Hannoun added to this, how **there was a sheer lack of media coverage** for this pandemic spread and this could have also contributed to a lot of deaths worldwide that could otherwise have been prevented through timely and informed medical intervention. Illustrative of this large scale indifference on the part of the medical community in contemporary Europe and the USA, along with public health authorities and the popular media is the following comment made by Doctor Geneviève Cateigne of the Institut Pasteur in the newspaper *The World* in July 1968, that **the pandemic does not appear to be of any severity**, and furthermore in 1969 that : 'In France there is no real epidemic [and i]n Europe [we] no longer have [one]. There is no need to panic. This epidemic will certainly evolve like a fairly banal seasonal epidemic.' In fact, **it is only with hindsight that the term "pandemic" is used** to refer to the 1968 flu. *The Release* where Geneviève made this statement was the first newspaper and one of the very few ones in those days to have reported the outbreak of respiratory diseases and influenza outbreaks in Hong Kong, the then British colony. However, even after its severe impact on human lives (though less severe than the earlier two waves of influenza pandemics), the *Release* only described the 1968 flu pandemic in such flippant terms as : 'the flu is stationary … that it seems to be regressing … that we should not add to the ills the risks of a collective psychosis …'. Probably what lay behind the lack of sufficient media coverage and popular attention to the pandemic in the 1968 could also be explained in terms of the lesser average number of years that human beings were expected to live back then, and a very different approach to death than what we have today in the twenty first century. At least this is what Vincent Genin, the historian of the École Pratique des Hautes Etudes de Paris, had to say.

Added to this, discussions should also factor in the international tensions prevailing then, with wars in progress like the one in Vietnam and the humanitarian crisis derived from the Biafra conflict in Africa. All these made it possible to relativize the misery caused by a more deadly epidemic than the others, **much in contrast to the COVID -19 pandemic that has literally wiped out every other topic from the realm of the current public discussion.**

However, a 2009 study by a group of researchers has shown **that there was 'substantial local media reporting' of the Hong Kong pandemic flu** which helped in early isolation of the virus in Hong Kong itself. This study looks at reporting on the pandemic crisis by four major Chinese language newspapers and one major English language newspaper published in Hong Kong in 1968.

Based on a reporting of the early outbreak of the flu in Guangzhou province of China, by *Ming Bao* on July 11, the Hong Kong Medical and Health Department issued a notification that they were reinforcing inspection on food, animals, and people entering from mainland China at the ports, customs and bus stations. Yet there was no official evidence of a transmissible

disease in Hong Kong then. However, subsequent media reports in Hong Kong mentioned the pandemic outbreak in Guangzhou to have been as early as May 1968. A surge in local reporting and reported cases was observed by Hong Kong officials from 7 July to 13 July and an increasing number of test samples now started to show positive. Thus, despite the influenza virus not being a notifiable disease in Hong Kong in 1968, robust local media coverage about its local and subsequent spread across borders mounted to levels comparable with reporting on influenza like illnesses.

IMPLICATIONS FOR HONG KONG

Following from the study cited above, we come to know that:

- The functioning of the healthcare and civil infrastructure in Hong Kong was adversely affected within one week of the pandemic outbreak, due to workers' infection and absenteeism rates being high. Thus, on the ninth day, it was reported that the forty–fifty percent of the workers were ill and an estimated total of 6,00,000 were infected in the city.
- On the eight day, local officials recognized the severity of the pandemic outbreak and sought comparisons with the 1957 outbreak.
- Chemical testing in laboratories and virological research on the nature of the virus and its confirmation as a unique strain only happened on the twenty eighth day.
- On the tenth day, illnesses of soldiers were reported by the military; local medicine shops reported shortages of supplies. Authorities recommended no public congregation, inviting public dissent in editorials.
- Operational hours at government run clinics were increased by the authorities.

HEALTH ADMINISTRATION IN HONG KONG : IN THE SHADOW OF SUPERPOWERS?

In this project, one of my central concerns is to draw attention towards the health administration in Hong Kong back in 1968, when the pandemic broke out, and how possibly the authorities back then possibly dealt with the pandemic at hand.

Before 1997, Hong Kong, along with Macau, was a British colony ruled by British governors and had in place some kind of a semi–capitalist economic system. In 1968, Hong Kong

was the major gateway from Southern China to the rest of the European world.

However, in 1997, HongKong ceased to exist as a British colony and became identified as a Special Administrative Region (HKSAR) of China and the "One Country Two Systems" model of politico-economic administration was put in place. In other words, Hong Kong now became a semi-autonomous region without the Communist politico-economic system of the PRC being applicable here. Hong Kong's "basic law" was contained in the regional constitution of Hong Kong, that drew much from the former British antecedents of governance.

The colonial government had initially aimed at a limited government structure, not interfering into too many affairs in Hong Kong. However, **the rapid growth of population with a peak in 1970, and the rapidly progressing modernization of the society, compelled the government to take up such responsibilities as social welfare, employment of the local people, and providing subsidized health services and low cost housing to the people by 1970.** However, according to another view, until the late 1970s, the colonial government was little interested in regulating matters concerning the Chinese population's health as long as no diseases threatened the social and economic order of Hong Kong. It was only concerned about promoting sanitary conditions and preventing the spread of infectious diseases in a congested area, thus maintaining basic order to guarantee economic stability. In order to lessen the probabilities of infectious diseases spreading out in highly contested spaces, **attempts were made to regulate the local population by promulgating anti-spitting laws to prevent the spread of tuberculosis, and mandatory vaccination of infants was ordained to combat smallpox, some of these measures going as far back as the 1890s, after the 1894 plague.** The introduction of antibiotics in the 1940s further gave a jolt to the increasing **popularity of traditional Chinese medical traditions** among the people.

It became increasingly difficult for top level officers in Hong Kong to keep record of local issues and **several new strategic plans had to be formulated**. Moreover, in the late 1960s, the Maoist uprisings of 1967 had shaken the administrators such that they realized a formidable challenge to their authority and a situation where the communists would make every effort to discredit the government. Therefore, the CDO scheme and other initiatives were introduced 1968 onwards to enable engagement of local people more actively in issues of governance. Thus, there was the sense of a "glass ceiling" which would create a gap between what colonial administrators could achieve and what local people could aspire for in governance. This definitely had implications in the manner the public health crisis would have been dealt with in 1968–9, moreover **as more number of professionals were being brought in to head specialist departments like public health and education.** There was a broad division of the government personnel into two groups: the cadres looking after administrative work, and the professionals looking after health care and other specialized departments. There was provisioning of modern Western medical services to the local Chinese community and **more vaccination of school children, often with significant fee waivers or at a very nominal charge** by the medical and health department of the government. Thus, the Queen Elizabeth Hospital established in 1963 became one of the largest general district hospitals in Hong Kong at that time.

Simultaneously, there was an increased expectation from the government by the local people that it would offer all possible help at times of natural disasters or in matters of health and

education services. **This notion of a "good governance"** however demanded services from the government within certain moderate limits and at least in the 1960s, this was quite less. Much later, only in 1989, the medical and health department was split into the Department of Health and the Hospital Services Department (HSD). In general, the public health administration of Hong Kong was loosely based on the model of the National Health Service of its metropole, UK.

Unfortunately, my research at this stage does not offer any more information on the state of health administration in Hong Kong back in 1968, and most of the studies on colonial Hong Kong mainly focus on these issues cursorily with almost no mention of the 1968 pandemic. On the other hand, there is quite a proportionately larger volume of research building up on the health crisis in the USA, UK, France and elsewhere in the same 1968 period, with city and county level studies focusing on micro study of populations affected by the flu outbreak. However, this only highlights the two major issues that this present research tries addressing:

1. Lack of sufficient volume of data and research on the health administration and local level health crisis in 1968 Hong Kong.
2. Lack of media reporting on the different challenges faced by the colonial government.

Thus, the following chains of thought are left at the end of the research for one to ponder and think about:

- Did the lack of media reporting in 1968 Hong Kong have only to do with the reasons explored in the research above, or did it also have to do with the nature of the colonial government in Hong Kong and its probable lack of accountability to the local population? In 1968, there was definitely an expansion in the realm of the government's responsibility and its notion of public welfare did expand. It was also fearful of responses from violent Maoist groups. However, much of the health initiatives were also negotiating with the Chinese refugees and their medical traditions, and also the superpowers' interests in Hong Kong.
- Was the semi-capitalist colonial economy of 1968 Hong Kong better equipped to deal with the pandemic than the capitalist economic systems of the USA and Western Europe, and the political systems of other Asian countries like Japan and India? As observed by Catherine R. Schenk— 'This means that Hong Kong fits outside the usual models of Asian economic development based on state-led industrialization (Japan, South Korea, Singapore, Taiwan) or domination of foreign firms (Singapore) or large firms with close relations to the state (Japan, South Korea). Low taxes, lax employment laws, absence of government debt, and free trade are all pillars of the Hong Kong experience of economic development.' **The early isolation of the virus in Hong Kong and the short stint of its outbreak for some 6 months here probably hints at the fact that the health administration in Hong Kong was comparatively better equipped to deal with the virus in than those elsewhere, especially given the huge death tolls in the USA (more number of deaths than that from the Vietnam War) and the severe death toll in the UK and France in the second wave in 1969.** All these, despite the high population density in Hong Kong and the obvious issues faced by a colony.
- Is it possible even today to recover the voices of dissent and facts about the health crisis at

the local level in Hong Kong, given its subordinate political status throughout its twentieth and twenty first century history—firstly as a British colony till 1997, and then as a semi-autonomous territory under Chinese supervision. The situation is of greater concern today as the PRC passed the controversial national security law in June 2020, and this serves as a major curtailment of the civil liberties of people of Hong Kong and a clamp down on the pro-democracy protestors there. The enactment of this law amidst the COVID-19 pandemic also makes one think and ponder how far health issues can now be reported by the media freely and how the pandemic crisis might be appropriated by the protestors to stage their discontent at China's authoritarian moves. Just to cite one example to establish these concerns, on 8 August, it was reported that when a medical team from Mainland China visited Hong Kong to help the city fight its stage 3 of the COVID pandemic by instituting universal COVID tests and setting up some temporary hospitals to help the authorities in Hong Kong. This raised suspicions and criticisms from pro-democracy groups who questioned the utter secrecy of the entire plan and the lack of a clear plan from the city government. The local medical professionals questioned whether the experts would meet the same standards expected in the city and whether they would register as medical laboratory technologists, according to the local medical standards. While the government cordially welcomed the team from Taiwan, localist district councillors staged protests outside the hotel where the team stayed. Of further concern is that on 19 August, it was reported that the pro-establishment parties in Hong Kong have urged the Hong Kong government to implement a universal medical code that can be obtained if a person tests COVID negative, and they could apply for a health code online through their smartphones. This, the pro-establishment party argued, would help ease travel to Chinese Guangdong and Macau provinces where the health code would be mutually recognized, and would be exempt from social-distancing measures. However, the pro-democracy groups and medical authorities have argued that this is going to create privacy issues and severe misuse of data by public authorities. As pro-democracy activist Joshua Wong wrote, this is comparable to electronic handcuffs.

Thus, Hong Kong has never been an independent political and economic entity and its health emergencies have always sparked concerns of comprehensive media coverage and under reporting of major socio-political issues and challenges. Yet, the fact that this underreported event from the 1960s can teach us about governance and public health administration in Hong Kong and for other countries across the globe is what this research has tried to enquire into and highlight.

The case of Hong Kong, as a city with minimum civil liberties and at the cusp of a major conflict between world superpowers–China, the USA as well as the UK is instructive for us to understand how questions of health administration and public health are intricately linked to, and get implicated by issues of authoritarian states, clampdown of civil liberties and loss of sovereign statehood. So far as the 1960s is concerned, it is the case of an East-Asian British colony under crisis.

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