

## **Ahead of the Crisis?**

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### **The long cycles of epidemics?**

Some epidemiologists pointed out that influenza epidemics have occurred on average every four decades in the past three centuries: with the notorious flu of 1918-19 killing more than 20 millions of people around the world. Given that the last global outbreak of flu was in 1969, which also originated in the warm and humid southern China---a leading incubator of new viruses, another microbial mass murderer may be coming on stage, and the world is quite unprepared for it (“While China Stonewalled”:  
[www.businessweek.com/magazine/content/03\\_15/b3828005\\_mz046.htm](http://www.businessweek.com/magazine/content/03_15/b3828005_mz046.htm)).

### **The revenge of Mother Nature: overuse of antibiotics**

The world is unprepared because of the relatively novel causes and patterns of transmittance of viruses and bacteria in the era of globalisation. Medical historians have it that as late as in the 1880s, contagious diseases were almost totally under human control. Attention was focused on other illnesses. Unfortunately, since the discovery of the first antibiotic, penicillin (青霉素), by Alexander Fleming in 1928-29, and its wide applications in World War II, overuse of antibiotics (for a list of them see [www.clinicsmart.com/drugs/antibiot/antibio.htm](http://www.clinicsmart.com/drugs/antibiot/antibio.htm)) have led to surprisingly strong chain reactions by viruses, which have vigorously adapted and mutated (<http://fm365.39.net.cn/Professional/Drug/Pharmacy/200302/15136420030225.htm>). Now the medical circle is talking about “The Rise of Antibiotic-Resistant Infections” ([www.fda.gov/fdac/features/795\\_antibio.html](http://www.fda.gov/fdac/features/795_antibio.html)).

To provide a more balanced perspective, and not to sound too alarmist, it needs to be stated that the debate on whether sub-therapeutic usage of antibiotics on livestock is really harmful to human beings has not been settled (see the following reference site: [www.pbs.org/wgbh/pages/frontline/shows/meat/safe/overview.html](http://www.pbs.org/wgbh/pages/frontline/shows/meat/safe/overview.html)).

### **The Chinese food problems: origin of SARS?**

One of the contending hypotheses of the present current of atypical pneumonia, the SARS disease, as yet not proven (perhaps will not be for quite some time), is animal-to-human and then human-to-human transference. The origin is the

overfeeding of antibiotics and other drugs (not to say.....) to poultry, pigs and cows, and shrimps and crabs etc in the Mainland, which results in various kinds of residuals in food as well as drug- and antibiotic-resistance in viruses and bacteria, which could mutate in vicious ways. The following two pieces in Chinese, written by commentators inside the Mainland, serve as critical readings.

(1) [shenshui.myrice.com/new13.htm](http://shenshui.myrice.com/new13.htm)

(2) [www.zdsw.com.cn/new81m.htm#MAILLISTDOC3](http://www.zdsw.com.cn/new81m.htm#MAILLISTDOC3)

As pointed out by the first piece, in 1998, meat production in China reached 53.60 million tons while that of eggs rose to 21.90 million tons, rendering the country the number one producer in the world. Per capita consumption of meat and eggs in China has also exceeded the world average---generating a surplus in those categories.

Hence it is the quality of food that matters, not its quantity, if we look at the issue from an aggregate viewpoint, or that of export marketing. Unfortunately, because of fierce competition, particularly in intensive and commercial farming, and the lack of proper regulation, the misuse of drugs and antibiotics, e.g. chlortetracycline or aureomycin (金霉素) as argued in the first piece, and tetracycline (四环素) and related derivatives, has also become widespread, resulting in serious threat to food security.

So are Baytril (“百病消” or enrofloxacinum 三甲氧嘧啶) and Cipro (環丙沙星西普諾或炭疽病抗生素), which have been widely used in the West. Salmonella (沙門氏菌), an increasingly threatening bacterium found in improperly cooked pork, is becoming resistant to the antibiotic flouroquinone. Hence, according to some advocates, the use of flouroquinolones in food animals should be prohibited.

### **SARS: the beginning of an ecological crisis?**

If the above analysis turns out to be close to truth, it might be the beginning of an ecological crisis: deadly airborne microbes could be waiting on the sideline. Future historians might recall that China fell victim to its cracking pace of unregulated and environmentally unfriendly economic developments. And was then punished by Mother Nature.

I hope that this is not true; or that the situation is not so serious and can therefore be reversed with determined efforts. I am not knowledgeable in medical sciences at all to tell. On paper, the Chinese government is well aware of the problem and has done

something to address it ([www.china-ah.com/memo.php?ID=9102](http://www.china-ah.com/memo.php?ID=9102)). Whether the measures are sufficient or effective is of course a big question.

I guess that large-scale commercial farming is still necessary for cost considerations, at least in parts of China. But much tighter monitoring of the misuse of additives, stimulants, drugs and antibiotics at the sub-therapeutic level is essential. On the other hand, natural, organic farming may be an alternative, and a more environmentally friendly form, suitable for other areas in the country. It will have a big market in the more health-conscious income groups as well as some foreign consumers.

### **The political economy of competitive restriction (vs. competitive devaluation)**

In any case, the SARS malady is still rapidly unfolding. Whether what we are facing is a new killer microbe comparable to those in 1918-19, 1958, or 1969 is a trillion-dollar question, likely to have far-reaching consequences not just for China, but also for the East Asian region and the rest of the world.

China has done serious damage to its credibility by “stonewalling” information about the new virus. It is now under almost universal criticism by the international media (see e.g. <http://www.washingtonpost.com/wp-dyn/articles/A14967-2003Apr2.html>; [www.reuters.com/newsArticle.jhtml?type=topNews&storyID=2512877](http://www.reuters.com/newsArticle.jhtml?type=topNews&storyID=2512877)).

Somehow, the government has yet to come clean even after allowing the WHO access to provincial information and direct visits. The revelation by Beijing doctors about official attempts to keep them quiet for the benefit of the important national meetings in March ([www.time.com/time/asia/news/daily/0,9754,441615,00.html](http://www.time.com/time/asia/news/daily/0,9754,441615,00.html)) only added to the embarrassment.

Under this situation, some SE Asian countries led by Malaysia are beginning to impose restrictions on inbound visitors from the Mainland and Hong Kong. One manifest motive is to protect their own citizens from being contaminated by a highly uncertain contagious disease. China has retaliated by stopping tours to these countries. Are we going to see a process of “competitive restriction”, an analogy to competitive devaluation in a contagious financial crisis?

Another motive, as the critics of “over-reaction” would have it, is that these countries regard the SARS malady as an opportunity for them to divert (or attract back) foreign (or formerly domestic) investments to their industrial zones and other areas, if they

can project an image of operational transparency and stringent health standards, in contrast to China's. This may be a chance for them to halt or reverse the process of "hollowing out". China only has itself to blame even if this is true.

### **Damage control**

The adverse medical, social and economic consequences for Hong Kong and Mainland China are difficult to fathom now. Decisive measures must be done to salvage the country's reputation. Economists know among themselves the necessity of expectations management. "If a government wants to break hyperinflation expectations, one way is execute the central bank president and hang his dead body in the city square for everyone to see."

Of course, that is a joke. No modern authority could or would do that. But the point is precisely that you have to identify the fault and punish the officials responsible for the mess; while letting "justice be seen to be done". It is also a way to show your determination to come clean and to tackle the problem. I do not have to advise the Chinese government on whom to sack, demote or transfer, I suppose.

Only by taking large and significant steps can the Chinese government hope to contain the damage to its global image. Moreover, only through full cooperation with the international medical community could we hope to stop the spread and mutation of this deadly virus causing SARS, and prevent a recurrence that we all dread.

### **Hong Kong: credibility amidst weak governmental performance**

As to Hong Kong, the much higher degree of transparency has helped the world to be alerted of the disease earlier and to save it from even worse immediate danger. Our credibility has not been so seriously undermined as the Mainland's. Panic in the local community has also been correspondingly avoided. Perhaps we have been used to demoralising news and weak performance by the SAR government in the past few years; and the tireless and brave efforts of frontline medical service personnel as well as university researchers have earned our respect and support.

Nevertheless, the performance by the government and the Hospital Authority leaves a lot to be desired. They have been lamentably slow and indecisive. The arrangements on a range of measures from resource allocation and division of labour among public hospitals, quarantine moves, disinfections, and departmental coordination have been

marred or hampered by bureaucratic red tape and leadership ineffectiveness. After all, this is not a government that inspires much confidence.

The most important thing now is to prevent the weakest yet the most important link in the “troops” against SARS---the public hospitals---from breaking. Resources there are rapidly stretched thin: from face masks to breathing equipment to facilities for intensive care, not to say what is being demanded of the doctors and nurses, many of whom have fallen ill themselves in performing their high-risk jobs.

Private doctors and hospitals should come forward to help, as some of them are already volunteering (a welcome sign of public spirit). And the government needs to shake off its reactive attitude, and think and act ahead of the crisis. If the frontline collapses, the consequences would be disastrous. When worst comes to the worst, half measures could no longer work. Hong Kong might be forced to declare a “state of emergency”, and even the ineffectual administrative core would then have to acquire draconian power to “sequester” or mobilise resources, including private hospital and other medical facilities, and ask the locally stationed PLA personnel to help. Military spaces and medical wards might have to be used. I have not pondered what the legal prerequisites and implications are.

### **Past the peak?**

There are news reports today that experts at the WHO found evidence that the “peak” for the present wave of atypical pneumonia might be over. Let’s hope that the reports are accurate and that the relative “optimism” turns out to be based on solid ground. Second and third waves would either not materialise or become much milder. The worst-case scenario could then be avoided. Of course, addressing the wounds and tackling the roots of the problems would still be a very long haul.

A lot is at stake, for the SAR and the Mainland.