



ISSN: 2153-9480. Volume 4, Number 1. October - 2013

## Singapore's quarantine rhetoric and human rights in emergency health risks

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### Introduction

“A Home Quarantine Order is a very threatening thing. It disrupts your whole life.”

Tan Cheng Bock

When Severe Acute Respiratory Syndrome (SARS) began spreading in Asia in March 2003, many affected countries and areas scrambled to mobilize public health resources and rushed to find effective ways to contain the virus within their territories. In late March and April of the same year, the World Health Organization (WHO) added numerous East and Southeast Asian countries and regions to its list of areas affected by SARS: mainland China, Hong Kong, Vietnam, Singapore, and Taiwan. Singapore was among the first countries to eradicate SARS and was taken off the WHO list on May 30, 2003.

Rigid measures—namely, quarantines and isolation—are often taken in emerging epidemics to contain health risks and to separate the healthy from the sick. Foucault described the use of spatialization and segregation during outbreaks of leprosy to stop the spread of the much-feared virus. Wald (2008) analyzed the way the infamous “Typhoid Mary” was metamorphosed from a healthy carrier to a socially irresponsible being imprisoned for life because of the danger she posed to society. More recently, in the global epidemic of SARS, Singapore took radical measures to supervise the movement of suspected and confirmed SARS cases: Surveillance video cameras were installed at homes where potentially infected individuals and families lived; quarantine breakers were not only “liable to hefty fines and long jail sentences” but also “named and shamed” in national media (Kwang, 2003). This project seeks to answer the following research questions through rhetorical analysis of media discourses about quarantine practices during the SARS outbreak in Singapore:

- How did Singapore justify its stringent SARS measures to its citizens and to the international community?
- How did its mainstream media, ethnic media, institutions, communities, and individuals communicate about the contestations between individual human rights and the national need to contain the spreading epidemic?
- How did they negotiate possible approaches to managing such competing needs?
- How did such communication advance or limit human rights?

We focus on the ways human rights were woven into discourses of communal and national health through constant reminders about shared priorities, risks posed by quarantine breakers, individual duties to national well-being, and support for those required to serve home quarantine orders for at least ten days. To begin, we provide a brief overview of how the relationships among individuals, communities, and states figure in the literature on human rights, particularly in non-Western and health-related contexts.

### **Classical views of human rights**

Today's human rights perspectives have evolved from the "natural" or "inalienable" rights described in the Magna Carta, the United States (US) Declaration of Independence, and the French Declaration of the Rights of Man and of the Citizen (Boylan, 2008; Goodhart, 2009; Hayden, 2001). Accordingly, the relationship between states and their citizens is often seen as contractual: if a government fails to satisfy certain conditions, then remedial or preventative action may be warranted (Beitz, 2009, p. 13). The concept of human rights can be traced to Aristotle's term *to dikaion*, meaning a just claim, but no equivalent to the contemporary notion of a "right" appeared prior to the year 1400 (Miller and Macintyre, respectively, as cited in Freeman, 2011, p. 16-7). Since the Enlightenment, western political thinkers have disagreed about the nature and meaning of human rights. Hobbes, Locke and Kant articulated various definitions; philosophers from Bentham to Marx to Nietzsche to Derrida cast doubt upon the possibility of universal moral claims (see Freeman, 2011).

Justifications for human rights can be divided into two categories: the interest theory approach taken by scholars such as Finnis, Turner, Nussbaum and Sen who described human beings as agents whose humanity depends on the promotion of certain interests, and the choice theory approach of those like Berlin and Gewirth, who argue that human rights depend on the ability to choose (Fagan, 2012, p. 11-15). Others suggest that the goal of human rights is to secure a minimum quality of life (Nickel, 1987) or to prevent systematic suffering (Fagan, 2012). In the twentieth century, the Holocaust called into question the validity of the entire human rights construct (Arendt, 1973, p. 447). In 1948, the United Nations adopted a Universal Declaration of Human Rights to prevent similar atrocities. Going beyond the social contract proposed by natural rights theorists, which focused primarily on prohibiting states from infringing upon individual liberties, the Declaration obligates governments to work proactively to advance their citizens' quality of life (Beitz, 2003, p. 41). For example, Article 10 ensures the right to "a fair and public hearing by an independent and impartial tribunal," Article 21 guarantees the right to take part in government, and Article 23 provides the rights to "work, to free choice of employment, to just and favourable conditions of work . . . [and] to just and favourable remuneration ensuring . . . an existence worthy of human dignity" (The United Nations, 1948).

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Karel Vasak, a contributor to the Declaration, later built upon its framework to propose a new, more communal set of rights. In addition to the first-generation civil and political rights articulated in the eighteenth century and the second-generation economic, social and cultural rights that gained prominence in the early twentieth century, Vasek advocated third-generation solidarity rights. Third-generation rights, including the right to a healthy environment, could only be realized by groups—not by individuals (Wellman, 2000, p. 639-649). Although this framework has no legal authority to our knowledge, its virtue becomes apparent in scenarios where the interests of individuals are served at the expense of communities (Saito, 1996). For example, in epidemics, the collective right to health has the potential to be jeopardized by an infected individual's freedom of movement.

### **Cultural relativism and human rights**

A prevailing question is whether human rights are universal or culturally specific (Callaway & Harrelson-Stephens, 2007). For instance, although both western and non-western intellectuals have taken issue with Fukuyama's (1992) claims that liberal democracy represents the culmination of human government, vast numbers continue to seek the human rights associated with liberal democratic state capitalism (Forsythe, 2012, p. 11-12). Various Eastern intellectuals have embraced such human rights thought, including the Dalai Lama (1998), who argued that all people have an inherent desire for freedom, equality and dignity. Further, there are some similarities between traditional Asian philosophies and modern human rights theories. The ancient Chinese philosopher Mo Tzu advocated for justice to be administered impartially so that communal needs could be addressed in an equal manner, and the Buddha's teachings expressed sympathy for individuals who are faced with a bad ruler or government (Hayden, 2001, pp. 9-10). On the other hand, contemporary leaders such as Singapore's Lee Kuan Yew view the human rights movement as a hegemonic attempt to undermine Confucian values and Eastern countries. For instance, Lee stated that

The [western] expansion of the right of the individual to behave and misbehave as he pleases has come at the expense of orderly society. In the East the main object is to have a well-ordered society so that everybody can have maximum enjoyment of his freedoms. (as cited in Callaway & Harrelson-Stephens, 2007, p. 113)

Raising these concerns in 1994, Lee echoed the Saudi Arabian and Egyptian United Nations representatives who, nearly half a century earlier, had objected to the draft Universal Declaration of Human Rights because it failed to accommodate their cultural values (Cheng, 2008). Some scholars dismissed Lee's claims as self-interested justifications for human rights abuses (Barr, 2000), and others argued that his appeals to "Asian values" obscure the ethnic, religious, and linguistic diversity that characterize Singapore and its neighboring countries (Chong, 2002; Kim, 2010). Nevertheless, many of Lee's critics also recognized the need to ensure that criticisms of Singapore's authoritarianism are based on more than western cultural assumptions (Barr, 2010). Recognizing that the western origins of human rights discourse may limit its acceptance in non-western societies, recent theoretical frameworks focus more on human diversity than on fundamental sameness (Baldissone, 2012). Broad adoption of human rights will likely require a sustained intercultural dialogue that begins with minimal shared beliefs (Li, 1999). Further, to succeed in the long term, the human rights reform movement will need to be accepted as

legitimate by non-western cultures (An-Nai'im, 2001). For example, discussing human rights in the context of Islam, An-Na'im (2001) noted,

On the one hand, reform efforts which fall short of resolving . . . serious human rights problems . . . may not be worth pursuing. On the other hand, it is futile to advocate reforms which are unlikely to be acceptable to Muslims as criteria of Islamic reform. (p. 329)

One way of facilitating such acceptance was modeled by the delegates who drafted the 1948 Universal Declaration of Human Rights. Instead of attempting to provide a single philosophical justification as to why certain rights are fundamental to human dignity, they focused primarily on listing a set of rights on which they could agree, leaving individual cultures to “find reasons within their own ethical traditions to support the Declaration's practical requirements” (Beitz, 2003, p. 36).

### **Health and human rights**

Given that health is intertwined with a variety of economic, social, and cultural factors, it is unsurprising that both WHO and the United Nations define health as a human right. Indeed, Gruskin, Mills, and Tarantola (2007) argued that the right to health “almost transcends” other rights (p. 450). Taken together, health and human rights provide a potent framework for improving quality of life (Mann et al., 1994). Promoting health often requires governments and non-governmental organizations to focus on underlying determinants such as safety, financial security, and access to nutritious food and drinkable water, an approach that emphasizes the interconnected nature of individual and collective health rights (Meier, 2007).

However, public health can also burden human rights reform. As Mann et al. (1994) noted,

[P]ublic health has a long tradition, anchored in the history of infectious disease control, of limiting the “rights of the few” for the “good of the many.” Thus, coercive measures such as mandatory testing and treatment, quarantine, and isolation are considered basic measures of traditional communicable disease control. (p. 15)

International regulations make these tensions evident. Article 29 of the Universal Declaration of Human Rights explicitly recognizes the need to restrict certain individual rights to protect the community, stating that “In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society”(para. 2). Similarly, the Siracusa principles, non-binding guidelines adopted by the United Nations in 1985, state that public health may be grounds for limiting certain rights when a state is faced with a serious threat to the health of its people, as long as such actions prevent disease or enable care for the ill (Abiola, 2011, p. 5).

These stipulations speak to the possibility that governments may use public health as an excuse to undermine human rights (Dry & Leach, 2010, p. 250). Citing the panic caused by China's

slow but far-reaching efforts to contain the SARS epidemic, Annas (2005) concluded that quarantining practices were “unnecessarily harmful because they undermined public trust, an essential component of effective response to epidemics (“Human Rights and the SARS Epidemic” section, para. 2). Similarly, tracing the history of quarantines and other restrictive measures in HIV prevention, Mann (1995) found that health officials had determined that coercion ultimately reduced the effectiveness of their campaigns (“A Global Aids Strategy” section, para. 2). To reduce the burden of public health on human rights, Robertson (2007) argued that freedom from discrimination and freedom from avoidable illness are both indivisible and universal rights (p. 369).

Our study demonstrates the ongoing negotiations between individuals, communities, and Singapore authorities about mutually acceptable ways to accomplish public health goals without compromising essential individual, communal, or national rights. Thinking about human rights in intercultural contexts reveals difficulties inherent in attempting to export western cultural values and assumptions into non-western societies. Similarly, thinking about human rights in the context of epidemics reveals difficulties inherent in privileging individual rights to a degree that threatens the community. Analyzing how a hierarchical and communitarian culture such as Singapore responds to the threat of an epidemic allows us to consider how various conceptions of human rights intersect with the evolving interests and priorities of the state and its subjects.

### Research design

This project reports findings of rhetorical and thematic analysis of the construction of human rights at the individual and communal level during the SARS outbreak in Singapore in 2003. To examine official, ethnic, and grassroots perspectives, we chose to analyze three types of discourses: 1) news reports from Singapore's highest-selling newspaper, *The Straits Times*, 2) news reports from Singapore's largest Chinese newspaper, *Lianhe Zaobao*, and 3) online posts about SARS and quarantines in one of Singapore's largest discussion forums. We chose Singapore because it is known to have employed the most stringent quarantines, which helped to quickly contain and eradicate its SARS outbreak in 2003. *The Straits Times* is Singapore's national daily with an audience of nearly 366,000, and it is often considered the tongue of the ruling party. As a prominent Chinese newspaper published in Singapore, *Lianhe Zaobao* enjoys an audience of about 200,000 and is known for its objectivity and its influence in Greater China. Therefore, its news coverage provides an alternative view of SARS and quarantine policies. Both newspapers are published by Singapore Press Holdings, however, and thus are more or less influenced by Singapore state apparatuses.

News reports from *The Straits Times* were collected from LexisNexis using the keyword of quarantine to search for world news reports from March 1 to August 31 of that year. Since SARS was not reported in Singapore until March 1 and was eradicated throughout the world in late June, the period we cover helps us to find both real-time news reports and reflexive commentaries, the two genres that discuss quarantines in radically different ways. Our search yielded a total of 120 results, which were compiled into a corpus for rhetorical and discourse analysis. The corpus contained 135 pages of single spaced texts.

In addition, one of the authors (Ding) conducted archival research at the Library of Congress to collect news reports related to SARS and quarantines from Singapore's largest Chinese newspaper, *Lianhe Zaobao*. With assistance from reference librarians specialized in Chinese Studies in the Asian Division, Ding was able to locate a microfilm containing all issues published in April, 2003. Skimming this material, Ding identified and digitally scanned related reports for further analysis and eventual translation. Altogether, 143 scanned pages were collected, with each page containing multiple reports, advertisements, and/or commentaries. All sources from *Lianhe Zaobao* were translated by Ding.

Finally, online posts published during the same period in one of the most popular discussion forums in Singapore (<http://sgforums.com>) were explored to provide additional insights about individual perspectives on SARS and quarantines. We collected 31 posts after using SARS and quarantine as the keywords. Both rhetorical analysis and thematic analysis were employed to investigate domestic construction of Singapore's quarantine practices in the SARS outbreak, focusing on discussions about the quarantine-human rights relationship.

### **Data analysis**

Our analysis of data from all three sources focused on the media construction of quarantine practices and policies, individual rights and duties, and the relations among individuals, communities, and the nation in emerging epidemics. After recursive reading, we categorized news reports thematically, i.e., evolving official quarantine policies, coverage of quarantine breakers and punishments, voluntary quarantines, community involvement in carrying out home quarantine orders (HQOs), quarantine practices in Taiwan and Hong Kong, and compliments and criticism of Singapore's quarantine policies. Online posts were analyzed to examine individual perceptions of quarantines and official policies. We followed all reports about quarantine policies to chronologically reconstruct Singapore's changing quarantine policies and events that catalyzed such policy changes, since little has been published in English about this topic. Particular attention was paid to the discussions of individual and communal rights in reports about aberrant cases of people who violated HQOs and people who voluntarily carried out home quarantines for communal safety. In addition, we investigated official measures taken to promote individual welfare and community well-being.

### **Findings: Quarantines, human rights, and culture in SARS**

One thing that immediately drew our notice was the tremendous official and media attention paid to the practices of home quarantines in Singapore. This strategy differed greatly from China's efforts on appropriate clinical treatment of suspected or probable SARS cases, which emphasized avoidance of in-hospital infection and prevention of cross-region spread of SARS. The Singaporean approach also contrasted with Hong Kong's emphases on contact tracing and tracking down people for quarantines in designated places (Ding, 2013a; 2013b). Of 200 people in Singapore diagnosed with probable cases of SARS, most were victims of in-hospital infection (JAMA, 2003, p. 3232). To prevent the disease from spreading into the larger community, Singapore devoted enormous resources to tracking down close contacts of suspected, probable, and confirmed SARS cases and placing them under home quarantine, casting a large net to ensure anyone facing even a minimal health risk would be subject to HQO. Home quarantine was invoked as a measure for "health officials to catch those who develop any signs of SARS

early and move them straight to a hospital for medical attention” (Chang, 2003). By the end of May, over 7,000 people had “been served home quarantine orders” since Singapore’s outbreak had first started in March (Mulchand, 2003).

In addition to the extensive use of HQOs, Singapore employed radical measures to ensure that people followed HQOs. Such measures included the use of phone calls in early April to those who were quarantined. “With 12 out of 65 cases seriously ill,” the Infectious Diseases Act was invoked on March 25 to impose home quarantine on 740 individuals (Ho, 2003). The modified act stipulated that first-time offenders could be fined up to \$10,000 or face imprisonment of up to six months, or both, for subsequent offences (T. Tan, 2003).

On April 11, cameras were installed in all households serving HQOs to make sure they were staying at home. Those who failed to appear in front of the camera or to answer phone calls “from officials checking on them” would receive a written warning and be “immediately tagged electronically” (How, 2003). The electronic tag was linked to a telephone line that would “alert the authorities if the person leaves his home or tries to break his tag” (Nadarajan, 2003). Such use of electronic tags was compared to “a scheme used to track prison inmates serving their sentence at home” (Nadarajan, 2003). On April 25, with several people disobeying their HQOs, officials amended the Infectious Diseases Act, to impose \$10,000 fines and six-month imprisonment for first-time quarantine breakers (Khalik, 2003b). In response to such drastic measures, international media wondered whether Singapore was too “authoritarian” or “draconian” in employing the toughest SARS moves in the world (Lee, 2003). Unsurprisingly, discussions about human rights of HQO violators focused primarily on individual freedom, economic rights, and rights to health. To better understand Singapore’s rationales for adopting increasingly stringent measures to discipline quarantine breakers, we now review media coverage of violators of HQOs, track the negotiations between national health and individual rights, and analyze the consequences of such incidents on official policies.

### **Early HQO violators and the use of surveillance cameras and electronic tags**

One of the earliest quarantine breakers was the mother of a health-care worker who became infected with SARS. She and other family members were quarantined because of their close contact with the infected family member. A nurse visited the woman’s home on April 2 and called twice a day, only to be told that “they were well” (Tan, 2003). The woman violated the home quarantine twice, however, by first going to see a general practitioner after developing a fever on April 3 “without revealing she was under quarantine” (Nadarajan, 2003). On the same day, the Ministry of Health announced that 32 ambulances had “been put on standby to pick up anyone suspected of having SARS” to “safeguard the public transport system” and to avoid infecting others (Tan, 2003). Two days later, instead of calling for an ambulance, the sick woman asked a quarantined relative to drive her to a local hospital. Moreover, she decided to go to the National University Hospital rather than Tan Tock Seng Hospital, the designated SARS hospital (Khalik, 2003c). Her husband was diagnosed with SARS on the same day, and by mid-April the woman had died.

The media responded to this breach of HQO with rage and fear. The deputy director of epidemiology and disease control criticized the family for being “in 'total denial'” (Khalik,

2003c). Calling the woman's acts "irresponsible behavior," Health Minister Lim Hng Kiang announced that she presented "not just a risk to the public but [could] also cause other hospitals to become contaminated with SARS" (Nadarajan, 2003). By April 10, a total of 12 people had violated stay-home orders since the invocation of the Infectious Diseases Act on March 25. Six of them were students and the other six were immediate family members of SARS patients (Tan, 2003). In response to such flouting of official instruction, the Health Ministry asked Cisco, a private security company, to "install an electronic picture camera at the homes of all 490" on April 10 (Nadarajan, 2003). Health officials would call twice a day, and quarantined individuals were required to switch on their surveillance cameras and to prove that they were home. In addition, all recovered SARS patients were required to stay at home for two weeks and would be called twice a day by their hospitals to monitor their health conditions (He & Hong, 2003, 01).

### **Hefty fines and imprisonment**

On April 18, over 2,400 people were ordered to stay at home for ten days because of possible contact with three SARS victims, all of whom worked at the Pasir Panjang Wholesale Market. Eight relatives of one of the SARS-hit workers developed fevers on April 18 and went as a group to see their family physician. Suspecting SARS, the physician "called for an ambulance, gave all of them masks and told them to wait in a designated area outside the clinic" (Khalik, 2003a). The physician later found "to his horror" that the family removed their masks and went to a nearby food center and a Chinese medical store before the ambulance arrived, putting at risk 36 others who were subsequently placed under quarantine (Khalik, 2003a). One report from *Lianhe Zaobao* describes this family as "the bad horses that hurt the herd," whose irresponsible behavior resulted in temporary closure of a cafeteria with its "21 employees all quarantined at home" (Prime Minister, 2003, p.01). Another man from the market developed a fever and went to "a doctor, a polyclinic, two sinsehs and then Changi General Hospital" (How, 2003). In addition, more people breached their HQOs despite new surveillance measures. All of these cases were cited by Prime Minister Goh Chok Tong as "individuals who put themselves, the people around them and the wider community at risk of being infected by SARS" (How, 2003).

In response to repeated violation of HQOs, Mr. Goh wrote an open letter to everyone living in Singapore on April 22, urging them to "take personal responsibility in the war on SARS" and "warning errant quarantine breakers of tough new measures, with fines and jail terms" (How, 2003). He called such new measures "harsh" but necessary, for "taking a lenient attitude [would] not help us break the cycle of infection. Instead, it [would] undermine the stringent infection controls we [had] painstakingly put in place to protect Singaporeans from SARS" (How, 2003). He described quarantine breakers as either "irresponsible" or "irrational because of their fear of SARS" and urged people to avoid such behaviors because "they pose[d] a danger to themselves and to the wider community" (How, 2003).

In addition to issuing the open letter, Mr. Goh met with domestic and foreign media to discuss his views on SARS and effective containment measures. Contrasting individual rights and communal health, he said,

For the wider good, we now have to take a tougher approach in enforcing Home Quarantine Orders. We simply cannot afford to have those on home quarantine breach it,

and run the risk of going undetected for SARS, or worse, infecting others [...] For once SARS spreads through the community, we risk losing control of it, and will not be able to isolate and contain it. (How, 2003)

He announced that for those under home quarantine, if they failed to cooperate with officials by answering phone calls checking on them, they would be “immediately tagged electronically - whether or not they have broken the quarantine” (How, 2003).

On April 23, the Ministry of Education decided to provide five million Singapore dollars to purchase 500,000 thermometers to provide to “students attending kindergarten, elementary schools, middle schools, and high schools” so that they could monitor their own temperature twice a day (“Ministry of Education,” 2003, p.01). On April 25, Singapore’s Parliament amended the Infectious Diseases Act to allow authorities to fine first-time quarantine violators up to \$10,000 without having to charge them in court (Lee, 2003). Meanwhile, parts of a drug rehabilitation center were converted into isolation wards to incarcerate HQO offenders who refused to or could not pay fines (T. H. Tan, 2003). On the same day, Deputy Prime Minister Lee Hsien Loong emphasized “the severity of the SARS crisis” in his parliamentary speech: Singapore was “at war, with battles being waged on three fronts - public health, the economy and in society,” he stated, and therefore it was vital to build a watertight home quarantine system (Nathan, 2003). Without everyone contributing to the war, the consequences of “allow[ing] the disease to overwhelm us” would be “catastrophic,” for “it takes only one undeclared contact, one irresponsible breach of a home quarantine order, to start a whole new cluster” (Nathan, 2003).

Mr. Lee explained his rationale for using every deterrent for quarantine breakers,

If you do not obey, you are acting in a criminal way. You are endangering the lives of other people and the livelihood of Singaporeans. You will close down Singapore, and we cannot allow that. [...] If you don't behave, you are imperilling your neighbours, yourself, your country and the economy (Henson, 2003)

Late April witnessed intensifying conflicts between HQO violators and the communal and national authorities charged with containing SARS. With increasing understanding of the way SARS might spread via undetected cases came repeated official calls for social responsibility and self-discipline to assist in the national war against infection. Official and media discourses made it clear that the individual freedom of potential SARS carriers should not supersede national health and well-being. Stressing the unpatriotic and dangerous nature of HQO violation, Mr. Lee characterized the issue of individual freedom of such violators as a threat to national and economic security, a far more pressing and widespread concern. Such rhetorical transformation highlights the interconnections and contestation among individual civil rights, public health needs, and the nation’s duty to preserve the health of its citizens.

### **Transparent Communication and Support for Individuals Affected by HQOs**

A Courage Fund was started in early April to seek public donations so that those affected by SARS would get small amounts of money to compensate their economic losses. On April 10, the government announced a plan to provide financial compensation to people affected by SARS,

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which would start on April 25. Such support, according to Prime Minister Goh, was “a symbolic gesture and people have to learn how to cope with challenges themselves” (Lin, 2003, p.01). The Prime Minister provided the following rationales for this decision:

We will do our best to support people affected by SARS so that they can cope with SARS more easily. SARS spread is not just a medical issue, because taxi drivers will lose their financial income and private daycares will have to pay their rents. We will try to reduce the economic burdens people encounter. (Lin, 2003, p.01)

Thus, Goh employed empathic examples to illustrate his understanding of the personal and communal consequences that SARS quarantines or treatments might bring. In this next example, he continued to emphasize the need for collaboration in the national war against SARS, saying

Such measures will not completely solve problems affected people will face. However, it is important for the government to express our concerns to people. It will send a signal to our people that we do understand that the problems we face are not under complete control, but we can work together so that our government, our society, and individuals will cope with this challenge together. (Lin, 2003, p.01)

Goh's careful combination of topoi of self-reliance, governmental support, and multitier collaboration serves as the official roadmap of Singapore's anti-SARS battle. On April 18, Singapore's government announced a SARS aid program to provide \$230 million to target industries that were most affected by SARS (Wu, 2003, p. 01). The program reduced taxes for tourism, hotels, commercial realty, restaurants, and transportation.

With more instances of quarantine breaches and increasingly rigorous disciplinary measures for quarantine violators, the Singapore government started to provide economic, social, and cultural support for those affected by HQOs on April 25, helping to protect the economic and civil rights of those restricted by HQOs. People under home quarantines became entitled to a new allowance that paid up to \$70 a day for the duration of HQO to make up part of their income (Nathan, 2003). Small businesses that were forced to shut down temporarily because of affected workers also received compensation (Nathan, 2003). Such allowances were put in place to “reduce the incentive for people to breach the quarantine to continue working” and to encourage close contacts of SARS cases to identify themselves and to impose home quarantines (“Being ‘Extra Kiasu,’” 2003). For instance, Deputy Prime Minister Lee Hsien Loong emphasized the goal of using this allowance to tackle the national crisis in public health. He believed that this new allowance system represented “the organisation, the social responsibility, discipline and the commitment” officials put in “to fix the SARS problem and restore confidence [so that] the economy [could] grow again” (“Being ‘Extra Kiasu,’” 2003). Meanwhile, he urged “every Singaporean to do his bit” by “tak[ing] his temperature daily” (Nathan, 2003b). By mid- August of that year, about \$2.8 million had been handed out to assist people under quarantine and to help impacted businesses make up their income losses (Kaur, 2003).

In response to the stigmatization and social avoidance of those under home quarantines, Deputy Prime Minister Lee Hsien Loong devoted his May Day speech to SARS instead of the usual

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discussions about economic issues and job situations. He emphasized that most people under home quarantines did not have SARS, called for the community to support them by helping to deliver groceries or running errands, and urged grassroots networks to participate in educating people about SARS to “calm fears” (“Home Quarantine,” 2003).

Pilot projects were started in early May for grassroots leaders and volunteers to help “humanize” the entire HQO process and to demonstrate that people under home quarantines were “neither criminals nor SARS patients” (“Moves to ‘Humanize,’” 2003). Such efforts won official support and spread quickly across communities, with volunteer groups explaining HQOs to non-English speaking families and delivering daily necessities to those under home quarantines (Lim, 2003). These grassroots efforts paid off with huge strides made in SARS management and greater social acceptance of those under home quarantine. That year SARS combat team chief Khaw Boon Wan was cited in mid-June saying, “Singaporeans now have a better understanding of what the home quarantine order is about and that those issued it are healthy. The public health risk is almost next to zero” (W. Tan, 2003). Meanwhile, the Singapore government provided the option for people serving HQOs to stay at a seaside resort to minimize both the disruption caused to other family members and the concern of their neighbors (Mulchand, 2003). Such measures to remove the stigma associated with HQOs helped to enhance the emotional well-being and social acceptance of people under quarantine, which in turn helped ensure individual cooperation and thus the overall effectiveness of the national anti-SARS campaign.

Singapore's stringent SARS control measures attracted global media attention. A *Time Magazine* report commented on the “authoritarian regime[’s] efforts to control their citizens,” noting that “Singapore ruthlessly nipped its SARS problem in the bud with draconian quarantine measures,” which were cheered by the international community (Beech & Forney, 2003). A BBC prime-time television news program praised Singapore for employing “the toughest measures in the world” to contain SARS (Lee, 2003). The same program interviewed a World Health Organization (WHO) official, who praised the Singapore government for doing an excellent job and for implementing “state-of-the-art public health measures, with complete transparency” (Lee, 2003). Commenting on Singapore's emphasis on the need for tough measures because of rising infection rates, the BBC said, “Authoritarian, maybe, but it might just beat this alarming virus.” Meanwhile, in May 2003 US President George W. Bush praised Singapore for “having dealt with SARS in a constructive, disciplined and transparent way” (PM Goh). Dr. David Heymann, executive director of WHO's communicable disease programs praised Singapore as “one of the most successful countries in its response to SARS” because of its “exemplary” SARS measures (WHO, 2003a). Singapore reported its last probable SARS case on April 27 (WHO, 2003a) and was taken off WHO's list of areas with ongoing infection on May 30 (WHO, 2003b). It reported that in total, Singapore saw 238 probable and confirmed SARS cases and 33 deaths (Ooi & Phua, 2009).

Interestingly, the forum posts we examined contained no criticism of the official quarantine policies. Instead, they focused on local infection, superspreaders, daily temperature monitoring approaches, or personal experiences with quarantines. One post published on April 17 actually commented on the effectiveness of the quarantine practices, pointing out that only medical institutions were significantly affected, while the general public had seen little infection (Parka,

2003). Despite the small number of posts we managed to find, little evidence points to public distrust or outcry of official quarantine policies.

## Discussion and conclusion

### **Evolving risk policies, nationalism, and constant, transparent risk communication**

Our analysis of the way risk policies govern home quarantine practices shows that officials responded to the early HQO violators by implementing increasingly tough HQO measures. Such measures required existing laws and policies to be updated and revised throughout the epidemic. What was remarkable about these evolving risk measures was the constant, consistent, and transparent risk communication efforts made by officials at all levels. Singapore chose to “err on the alarming side,” acknowledge uncertainty, and employ “anticipatory guidance and emotional rehearsal” to prepare people for the unfolding crisis. The country also shared dilemmas, so that people understood “the pros and cons of difficult pending decisions,” and provided suggestions for people to take action to protect themselves and others (Lanard & Sandman, 2003, F04). Doing so allowed the government to harness “the public’s fear instead of trying to squelch it” (Lanard & Sandman, 2003, F04).

In addition to the constant exposure of quarantine violators and the harm they caused, great media attention was paid to risk reduction measures taken by officials and medical workers (“Doc-MP,” 2003; “Who Did It Right,” 2003). Member of Parliament Tan Cheng Bock committed himself to voluntary home quarantine after potential contact with SARS patients even though he never received official HQOs. Calling his decision “social responsibility,” Mr. Tan said that “he did not want to take any risks” even though he had taken precautionary measures when treating patients (“Doc-MP,” 2003). Similarly Prime Minister Goh Chok Tong was seen “having his temperature taken before entering his office” in media footage (Lanard & Sandman, 2003). These rigorous precautions taken by top officials sent a clear message to Singaporeans that their fears of contracting SARS were shared by their national leaders, that all risk measures were designed to contain the spread of the virus, and that following such measures was the responsibility of every citizen.

Praising Singapore’s state-of-the-art risk communication, Lanard and Sandman (2003) compared the drastically different risk communication approaches taken by Canada and Singapore. They pointed out that Singapore’s leaders took a much more cautious approach, including distributing thermometers to millions of households. In addition, Prime Minister Goh Chok Tong openly acknowledged national fear of the virus in his National Day Rally Speech, claiming that “the most appropriate coinage for SARS was ‘Singaporeans Are Really Scared.’” Instead of “being frozen by the fear,” Singapore stood up to this unusual test of “national character” and “bonded with stout hearts, tenacity and determination” (Goh, 2003). It is worth noticing here that ethnicity was rarely discussed in *The Straits Times*. A quick search of the major ethnic groups, i.e., Indian, Chinese, Malay, and Eurasians in the corpus results in no return but one that refers to a Chinese-language daily newspaper, *Lianhe Zaobao*, in Singapore. *Lianhe Zaobao*, however, regularly referred to ethnicity in its coverage of SARS patients, close contacts, and people under quarantine. Some reported the ethnicity of existing SARS patients and the recovery of a Malay

student (“Seven Cases,” 2003, p. 14; “Malay Student,” 2003, p. 04). Others reported how a Malay technician went to work despite the HQO and how an illegal immigrant from China with little chance of developing SARS escaped from an infectious disease hospital (“Despite HQO,” 2003, p. 08; “Police Looking, 2003,” p. 06). This finding suggests that the official media portrayed the anti-SARS campaign as a national one instead of one fought separately by different ethnic groups, which again created a sense of solidarity for the country. Such rhetorical use of nationalism and fear “generate[d] more credibility and confidence than Canada’s angry protests and premature celebrations” when WHO added Toronto to a growing list of places travelers should avoid because of ongoing infection.

Meanwhile, top officials employed numerous media outlets to communicate frequently with local publics and communities about evolving risk policies and their implications for the larger community. Both Prime Minister Goh and Deputy Prime Minister Lee spoke regularly in local rallies, press conferences, parliament meetings, and television interviews, and the messages they delivered were consistent, which helped to ensure transparent and effective risk communication processes. Recent scholarship emphasizes the vital role transparent and consistent communication plays in emerging health risks as well as the need to acknowledge public values and effects as legitimate and important factors in decision making processes about risk policies (Ding, 2009; Grabill & Simmons, 1998; Katz & Miller, 1996; Barrett, 2005). Despite their stringent nature, Singapore’s risk policies governing HQOs were quickly accepted and effectively executed, which in turn greatly contributed to the country’s rapid containment of SARS. The state was able to mitigate its coercive measures by attending, at least to some degree, to the financial, emotional, and social needs of those held under quarantine.

Of course, our reliance both on accounts published in newspapers and on comments to an online discussion forum limits our ability to analyze whether human rights were threatened or abused in the complex series of events that followed the SARS outbreak. But these accounts nevertheless demonstrate the weaknesses inherent in classical conceptions of human rights, which neglect the roles that communal participation and cultural values play in shaping how human rights are defined and enforced during epidemics. As Fagan (2012) observes, “[w]ithin the theory of human rights the ideals of individual liberty and equality effectively complement one another . . . . However, it would be fair to say that individual liberty enjoys a somewhat higher profile” (p. 14-15). Given the strong precedent that the public health community has set in limiting individual rights in the context of epidemics, it is difficult to criticize Singapore for implementing strict measures to prevent the disease from spreading, particularly in light of its cultural emphasis on individual obligations to family and society.

Certainly, the Singapore government capitalized on the stories of a few quarantine breakers to shift public attention away from the severity of its own enforcement measures. In addition to being portrayed as reckless, irresponsible, and dangerous, quarantine breakers were cast as enemies in Singapore’s war on SARS; containing them became synonymous with protecting national security and preserving economic prosperity. With help from incendiary *Straits Times* stories, officials parlayed the anxiety of the moment into moral outrage that culminated in the government gaining significant new enforcement authorities. What’s interesting is that news

reports and editorials from *Lianhe Zaobao* employed the same arguments about social responsibility, nationalism, and economic survival in its SARS coverage.

At the same time, by supporting and de-stigmatizing those under quarantine, legitimizing citizens' fear and emphasizing concrete steps that individuals could take to contain the disease, Singapore was able to quell anxieties related to both SARS and its own containment measures. Accounts from both *The Straits Times* and *Lianhe Zaobao* indicate that Singapore's actions did not generate a significant loss in public trust, which, as Annas (2005) and Mann (1995) note, is a critical component of effective public health campaigns. Further research—for example, interviews with individuals who experienced the emerging epidemic—is needed to determine the degree to which the newspapers' accounts correspond with the recollections of ordinary citizens.

### **Human rights negotiation: Collaboration among national, communal, and individual actors**

Singapore resorted to both top-down risk policies and grassroots participation to contain SARS. The increasingly tough HQO measures sought to discipline close contacts of patients by creating effective, totally controlled environments while providing affected persons with financial compensation to offset their losses of income. In contrast, the government's call for public participation helped to intensify communal policing of those under home quarantines by ensuring that their daily necessities were delivered and their chores were completed. Such communal support in turn protected one of the basic human rights emphasized by Nickel (1987); namely, to secure a minimum quality of life for those under quarantine. Facing significantly less stigma and anxiety regarding the management of daily needs, those under quarantine were far less likely to leave home, curbing the spread of the virus. Singapore's deliberate efforts to humanize the HQO procedures acknowledged the emotional, social, and economic needs of people under quarantine and mobilized communal support for affected families.

Such efforts emphasized the interconnections among individual freedom, individual economic rights, national security policies, and community involvement. Singapore curtailed the liberties of those placed under quarantine, but it also provided them with the “just and favourable remuneration” guaranteed by Article 23 of the Universal Declaration of Human Rights (para. 3). Thus, Singapore's example illustrates Beitz's (2003) argument that “When human rights are controversial in political practice, it is not usually because they are culturally partisan, but rather because people disagree about their relative priority over other values” (p. 45). Interpreted through the narrower lens of natural rights theories, which emphasize the need to limit state interference into individual liberties, the quarantines seem more problematic than they do from the standpoint of more recent frameworks, which emphasize the interrelations among civil, political, economic, social and cultural rights (see Beitz, 2003).

These same interconnections are fundamental to the effective preservation of human rights in emerging epidemics, especially if *the public's right to avoid illness* is taken as seriously as *the individual right of those treated or quarantined because of SARS to be free of discrimination or persecution* (see Robertson, 2007; emphasis ours). Overall, Singapore's example demonstrates that multiple generations of human rights—civil and political rights, social and cultural rights, and communal rights—are in constant negotiation as individuals, communities, and authorities

seek to manage the threat of a deadly disease. Individual freedom of movement, when applied to potential SARS carriers, would pose serious threats to communal and national health. When one's right to health is threatened, one faces potential disability and death, a risk much more severe than confined movement. Such risks are heightened when one is reminded that many SARS patients in China, with a large portion of them being young medical workers from SARS wards, received excessive use of steroids in their SARS treatments in 2003. Such treatment led to osteonecrosis of the femoral head, or the loss of blood supply to the top part of the thigh bone, which resulted in dead bone tissues and the collapse of the femoral head. Consequently, they have been thus permanently paralyzed and confined to wheelchairs. Others developed lung fibrosis which leads to chronic shortness of breath, dry coughing, pulmonary hypertension, and, finally, heart failure. When comparing ten-day confinement with potential disability and death, this vast difference in the scope of human rights and health risks not only explains but also justifies authorities' emphasis on compliance with HQOs.

Ding (2013b) investigated the combined use of official mandatory quarantines and voluntary quarantines in China's battle against SARS. Chinese President Hu Jintao called for "a people's war against SARS" and governments at all levels appealed to nationalism, public participation, and social responsibility to facilitate mass mobilization campaigns throughout the country ("Beijing Municipal Guideline," 2003). Similar measures such as hospital closure, school shutdown, and home quarantine orders were used throughout China in 2003. Grassroots forces, i.e., the neighborhood committees, helped to take care of the daily needs of those under quarantines to ensure the smooth execution of such orders. After China's official apology both for underreporting and for the subsequent release of exponentially increased numbers of SARS cases in updates, college students in Beijing issued public letters in late April urging their peers to voluntarily quarantine themselves in dormitories instead of fleeing back home and taking the virus with them (Liu, 2003; "We Worked Together," 2003). Numerous measures were taken to ensure that migrant workers would stay in the city they worked in, and for those who did travel back to the hinterland, all efforts were made to impose 14-day quarantines before allowing them to enter local villages (Tian, 2003; "Beijing Farmers," 2003). Meanwhile, the central government provided financial support to those serving home quarantines and those hospitalized because of SARS to help defray part of the costs ("May 15," 2003).

Our brief analysis here illustrates numerous factors that helped to shape national quarantine policies; namely, local infrastructural and social conditions; cultural values; political structures, and the scale of the outbreak. China is a much larger country than Singapore and faces far more variables when dealing with emerging epidemics because of its size and its complicated ethnoscape. China and Singapore do share similar values such as Confucianism, collectivism, and patriotism, which contribute to their use of similar values in their SARS campaigns. Ding (2013b) did not report much reference to human rights in mainstream and grassroots discourses about SARS in China, which is not surprising given the national focus on its people's war against SARS and on individual contributions to such efforts.

Singapore's quarantine policies may not be readily applicable to countries and regions that endorse Western, individual-centric human rights. Installing video-cameras for home surveillance may appear unimaginable to people who cherish notions of individual freedom. In

emerging outbreaks like SARS, national and regional authorities have to communicate and negotiate constantly with their citizens to gradually modify risk reduction policies such as quarantines and to find a mutually acceptable balance point between individual freedom and communal well-being. This conclusion is not surprising when one considers Lyotard and Thebaud's (1985) emphasis on decision makers as "a listener, not an author," who should wade through ethical dilemmas and make judgments on a case-by-case basis (p. 72).

### **Alternative media findings and implications for intercultural research**

This study is limited in scope due to the lack of access to a wider range of mainstream and alternative media discourses. Located in the U.S., we have limited access to Singaporean newspapers and know little about local print or online media in the country. The fact that we studied media coverage ten years after the outbreak made it difficult to find traces of online discourses. This issue of access is further complicated by the strict media control that Singaporean government imposes on its Internet. Ungar (1998) identifies both talk radio and the Internet as alternative media for the voice amplification of public concerns and recommends the search of both media to "locate a signature of public concern" in global risks (p. 280). It would be helpful to explore how grassroots forces and local communities viewed official quarantine policies by collecting online discussions, personal stories, and other unofficial narratives as the outbreak unfolded. Such materials, however, would require real-time research and data collection, which are challenging when one researches from abroad after a decade. Our efforts to locate Singaporean news reports about SARS mentioned or cited in related works almost always led to a broken link.

These limitations raise important questions about intercultural research: How can outside scholars collaborate with cultural insiders to acquire local materials and culturally informed perspectives? Can cultural outsiders still conduct intercultural research when only limited access is granted? Can one study alternative media, particularly digital discourses, long after the closure of historical events when little archival data is available for such transient discourses? These questions deserve further scholarly attention from intercultural communication researchers.

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