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A Public Relations Perspective to Manage Conflict in a Public Health Crisis

Qi Qiu and Glen T. Cameron***

I. INTRODUCTION

As the area of health is becoming increasingly conflict oriented—manifest in issues from insurance and medical coverage, to international sales of prescription drugs, to personal issues such as right to life and death—strategic conflict management as a public relations instrument has a central role to play. By bringing public relations and conflict theory to health communication, this study presents a unique approach to public health crises that has been overlooked by prior research. Practically, it offers tools for using media and conflict management strategies to deal with the many inevitable conflicts that exist in health settings.

Taking China's SARS crisis as an example, this study applies social conflict theory and contingency theory of conflict management to analyze social conflicts and the role of strategic conflict management in a public health crisis. The emergence of an infectious disease now incurs multidimensional social concerns and conflicts, oftentimes all around the globe. However, in recent history few epidemics could match the turmoil and conflicts that the severe acute respiratory syndrome, known as SARS, aroused during its 2003 outbreak in nearly twenty countries. The World Health Organization (WHO) issued the "most stringent" travel advisories in its history.¹ Worldwide media followed the crisis closely. As a result, anxiety, tensions, and barriers arose at all levels of society and adversely impacted the tourism industry as well as local economies where SARS outbreaks occurred.

From this perspective the global SARS outbreak presents itself a perfect case for examining the life history of a health-based social conflict and the strategies developed to manage these conflicts. Employing a perspective of conflict management, this paper aims to investigate how social conflicts emerge, evolve, and settle in a public health crisis, and how various parties involved select strategies to manage the crisis and conflicts.

The present study particularly focuses on the SARS outbreak in China because it was a major battlefield against the disease that largely affected the fate of the worldwide SARS crisis. Framing analysis of media coverage of the SARS epidemic and organization information from the WHO is used to dissect specific

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1. The World Health Organization, SARS: Chronology of a serial killer, http://www.who.int/csr/don/2003_07_04/en/ (last visited April 6, 2007).

conflicts and strategies involved in China's SARS crisis. The discussion finishes with a checklist for planning strategic communication and conflict management during public health crises.

II. LITERATURE REVIEW

A. *Infectious Diseases as Major Public Health Crises*

In addition to accident-related public health crises such as the Chernobyl nuclear power plant disaster, outbreaks of infectious disease have been a major form of public health crisis.² A considerable amount of literature on the communication of infectious disease deals with HIV/AIDS; there are only sporadic studies on influenza, bovine spongiform encephalopathy (BSE), mad cow disease, the West Nile virus, and other epidemics. Glanz and Yang defined infectious disease as "a broad and diverse category of health threats that include drug-resistant infections, the HIV and AIDS, tropical diseases, and foodborne illness, and can be transmitted through air, food, water, vectors, blood transfusions, and human contact."³ Although not an infectious disease *per se* for its non-communicable nature, the anthrax bioterrorism attacks bore much similarity to an acute infectious disease like SARS in that they both threatened public health and demanded timely and accurate communication of risk and prevention.

Among infectious disease studies, of particular interest to this study are those employing a strategic communication perspective, or those focusing on public relations management and advertising campaigns. In terms of effects, Snyder tried to measure the effects of a pamphlet mail campaign against HIV/AIDS in Connecticut.⁴ They found mediocre effects of campaign messages on audiences' intentions to change their behaviors. Others looked into the exposure of AIDS information among different audience segments.⁵

Covello et al.⁶ and Gotham et al.⁷ both explored the organizational responses to the West Nile virus from a risk management angle. Similar efforts looked into the health administration's emergency response system and communication monitoring efforts during anthrax attacks.⁸ Tacke constructed a concept of "globalization of risk" to examine how it was interpreted differently by business associations

2. Karen Glanz & Haiou Yang, *Communicating about Risk of Infectious Diseases*, 275 J. AM. MED. ASS'N 253-56 (1996).

3. *Id.* at 255.

4. Leslie B. Snyder, *The Impact of the Surgeon General's Understanding AIDS Pamphlet in Connecticut*, 3 HEALTH COMM. 37-57 (1991).

5. C.R. Hofstetter et al., *Patterns of Communication About AIDS Among Hispanic and Anglo Adolescents*, AM. J. PREVENTIVE MED., Jul.-Aug. 1995, at 231-37.

6. Vincent T. Covello et al., *Risk Communication, the West Nile Virus Epidemic, and Bioterrorism: Responding to the Communication Challenges Posed by the Intentional or Unintentional Release of a Pathogen in an Urban Setting*, J. URBAN HEALTH, June 2001, at 382-91.

7. Ivan Gotham, *West Nile virus: A Case Study in How NY State Health Information Infrastructure Facilitates Preparation and Response to Disease Outbreaks*, *Journal of Public Health Management and Practice*, Sept. 2001, at 75-86.

8. S.J. Robinson & W.C. Newstetter, *Uncertain Science and Certain Deadlines: CDC Responses to the Media during the Anthrax Attacks of 2001*, 8 J. HEALTH COMM. 17 (2003); see also C.E. Prue, C. Lackey, & J.M. Gantt, *Communication Monitoring: Shaping CDC's Emergency Risk Communication Efforts*, 8 J. HEALTH COMM. 35 (2003).

in the German meat industry that was influenced by the mad cow disease.⁹ Noticing the interaction between media and organization, Quarantelli argued that mass media often failed to report the ineffective management of organizations in emergency situations.¹⁰

A central concept in these organization-oriented infectious disease studies is risk communication, a managed effort to communicate the complexities and uncertainties of risk.¹¹ The introduction by this study of conflict management to the communications surrounding an infectious disease outbreak continues the theme of organizational behavior in health crises, but with a new perspective, and is expected to help expand the pool of health communication literature.

B. Social Conflict Theory

Different from conflict theory that deals with the mundane aspects of conflict and observable behavior,¹² Rubin, Pruitt, and Kim,¹³ approached social conflict with a focus on the psychological underpinnings of physical confrontation. They defined conflict as "perceived divergence of interest, or a belief that the parties' current aspirations cannot be achieved simultaneously."¹⁴ The reason for this dimension is that compared with reality, perception has a more immediate effect on behavior; hence, it is more useful in anticipating the action. The present study will adopt this perceptual angle of social conflict because in a public health crisis like SARS, the conflicts are latent and mostly result from a perceived danger of the outbreak and the actions or inactions of the other party.

In their social conflict theory Rubin et al. proposed a dual concern model in evaluating conflict style and strategy, which postulates that the conflict style is determined by concerns about both the party's and other's outcomes.¹⁵ Depending on the intention to consider the interests of either one party or the other, the strategy ranges from avoiding, to contending, to yielding, to problem solving. Regarding conflict escalation, three conflict models—the aggressor-defender model, the conflict spiral model, and the structural change model—were put forward. Although higher levels of perceived divergence of interest and lower levels of stability will induce heavy escalation, de-escalation eventually supersedes escalation and leads to a settlement of the conflict. At this late stage, concerns of power balance and stability resulting from social bonds or even threat are growing stronger.

9. Veronika Tacke, *BSE As an Organizational Construction: A Case Study on the Globalization of Risk*, BRITISH J. SOCIOLOGY, June 2001, at 293.

10. E.L. Quarantelli, *The Social Science Study of Disasters and Mass Communication*, in BAD TIDINGS: COMMUNICATION AND CATASTROPHE 1-20 (Lynne M. Walters, Lee Wilkins, & Tim Walters eds., 1988).

11. Caron Chess et al., *The Organizational Links Between Risk Communication and Risk Management: The Case of Sybron Chemicals Inc.*, RISK ANALYSIS, Sept. 1992, at 12, 431-38; see also Vincent T. Covello, *Risk communication: An Emerging Area of Health Communication Research*, in COMMUNICATION YEARBOOK 15, 359-73 (S. A. Deetz ed., 1992).

12. Jörg Rössel & Randall Collins, *Conflict Theory and Interaction Rituals: The Microfoundations of Conflict Theory*, in HANDBOOK OF SOCIOLOGICAL THEORY 509-31 (J.H. Turner ed., 2002).

13. JEFFREY Z. RUBIN, DEAN PRUITT, & SUNG HEE KIM, SOCIAL CONFLICT: ESCALATION, STALEMATE, AND SETTLEMENT (2d ed. 1994).

14. *Id.* at 5.

15. *Id.*

In addition to a perceptual view of conflict, the strategy management aspect of Rubin et al. makes their approach to social conflict more relevant to this study than other social conflict paradigms.¹⁶

C. Contingency Theory of Conflict Management

Cameron and his colleagues developed a contingency theory that attempts to explain and predict how public relations practitioners will relate to various stakeholders in response to a matrix of factors emerging during conflict. Because conflict management is a key element of public relations scholarship, and because public relations can be perceived as the “managed conduct of conflict in public forums,” Cameron et al. argued that “contingency theory has been described as a theory of accommodation or a theory of public relations.¹⁷ Perhaps it would be more accurate to cast it as the contingency theory of conflict management.”¹⁸ As such, this study will label the contingency theory as a theory of conflict management applied to the high-conflict arena of health care.

The basic concept in contingency theory is a continuum ranging from pure accommodation on one end to pure advocacy on the other. While an accommodating organization gives in its own interests to accommodate the interests of its stakeholders, an advocating organization is most unlikely to do so. An organization’s stance toward a given stakeholder at a given time, represented by a certain point along the continuum, is decided by a wide range of factors. A matrix of these factors derived from extensive qualitative and quantitative research by Cameron and colleagues is organized into internal and external factors, or predisposing and situational factors.¹⁹ A complete list of the contingency factors is provided in Appendix B.

In addition to the dynamics of accommodation and advocacy, the contingency theory explores the ethical facets of accommodation, which corresponds to two-way, symmetrical communication in the excellence theory of public relations.²⁰ According to the excellence theory, a two-way, symmetric communication is an ideal way of practicing public relations when an organization uses dialogue, compromise, and collaborative problem solving in dealing with any of its stakeholders.

Cancel, Mitrook, and Cameron argued that an accommodative stance may not be inherently ethical.²¹ On the contrary, “accommodation of morally repugnant publics may be unethical. . . . From the worldview of an organization and its public relations professionals, the organization’s position may be the only morally defensible one.”²² There are external situations that proscribe accommodation.

16. *Id.*

17. Bryan H. Reber, Fritz Cropp & Glen T. Cameron, *Impossible Odds: Contributions of Legal Counsel and Public Relations Practitioners in a Hostile Bid for Conrail Inc. by Norfolk Southern Railroad*, 15 J. Pub. Rel. Res.1, 1-25 (2003).

18. *Id.*

19. A.E. Cancel, M.A. Mitrook & Glen T. Cameron, *Testing the Contingency Theory of Accommodation in Public Relations*, 25 PUB. RELATIONS REV. 171 (1999).

20. J.E. Grunig, *Two-way Symmetrical Public Relations: Past, Present, and Future*, in HANDBOOK OF PUBLIC RELATIONS 11-30 (R.L. Heath ed., 2001).

21. Cancel, Mitrook & Cameron, *supra* note 19.

22. *Id.* at 173.

For instance, legal and regulatory constraints such as antitrust laws would prohibit two parties from collaboration. Also, accommodation is logically impossible when two stakeholders are locked in an intense moral conflict. Under this situation, to accommodate one public would be to do so at the expense of the other.²³ An interesting development of the contingency theory applied it in an international setting where the variables were at work for the Bush administration to select its stance toward a foreign conflicting public and make a decision about China's most-favored-nation (MFN) status.²⁴

The common ground of social conflict theory and contingency theory of conflict management lies in their reference to an organization's concern about the interests of either the party (organization) or the other (stakeholder) in its selection of a conflict strategy or stance. While the conflict theory focuses more on the nature and evolution of the conflict, the contingency theory tilts toward a management and communication aspect of the conflict. An integration of conflict theory and contingency theory thus provides a complementary and sound framework to address the following research question of this study: How would social conflicts emerge, evolve, and settle in a public health crisis, and how do various parties involved select strategies to manage the crisis and its conflicts?

The strength of contingency theory in dissecting global conflict evidenced by Zhang, Qiu, and Cameron makes it applicable to potential health crises involving international conflict.²⁵

III. METHOD

This study probed the research question as it applied to China's SARS crisis. Major media coverage of the outbreak was content-analyzed to identify both the social conflicts induced and the factors affecting the stances and strategies of both the Chinese government and the WHO. News stories are a good place to identify conflicts and strategies involved in a public health crisis because they document historical events and record details of conflict resolution. Additionally, documents such as press releases and timelines released by the WHO, the party that directly oversaw the global SARS outbreak and that represented the international health community, were analyzed as a first-hand account of its conflict management strategy. Documents from the Chinese government were not included because they were not available to the public.

Rather than quantitative categories, this study used descriptive framing analysis to identify social conflicts and conflict management strategies. News media are believed to present and interpret news events through "frames," defined as central organizing ideas of news content that are promoted through the use of selection, emphasis, and interpretation.²⁶ As a result of the framing process, in

23. C. Richard Yarbrough et al., *Tough Calls To Make: Contingency Theory and the Centennial Olympic Games*, 3 J. COMM. MGMT. 39 (1998).

24. Juyan Zhang, Qi Qiu & Glen T. Cameron, *Contingency Approach to International Dispute Resolution: A case study* (Paper presented at the annual meeting of the International Communication Association, Marriott Hotel, San Diego, Cal.) (on file with author).

25. *Id.*

26. TODD GITLIN, *THE WHOLE WORLD IS WATCHING: MASS MEDIA IN THE MAKING & UNMAKING OF THE NEW LEFT* (1980); see also James W. Tankard et al., *Media Frames: Approaches to Conceptu-*

which some aspects of a perceived reality are made more salient than others, a particular interpretation of daily events emerges. Specifically, such interpretation may explain what the problems are, what causes the problems, and what may solve the problems.²⁷

Using framing analysis as a method, the present study attempts to identify and analyze the frames in the media coverage of SARS and WHO documents. In these documents, "frames" are interpretations as to how the SARS crisis evolved, and how various parties responded to and managed the crisis. News stories and editorials from *The New York Times* and *Xinhua News Agency*, as well as WHO documents, were analyzed. The time frame analyzed was from November 16, 2002, when the first case of SARS was found, to July 5, 2003, when the WHO announced the conclusion of global SARS outbreak. *The New York Times* was chosen because it is usually considered one of the most prestigious newspapers in the U.S.²⁸ Also, the paper's Chinese reporting force enabled it to follow the Chinese SARS crisis closely. *Xinhua* is China's largest official news agency, the SARS stories from which were used by most state-controlled newspapers representing the other side of the story. All WHO materials were retrieved from its website (<http://www.who.int/en/>).

The following section presents the evolution of China's SARS crisis chronologically. The media and organizational interpretations are identified and analyzed in light of the theoretical concepts regarding conflict development and factors affecting conflict management.

IV. FINDINGS OF THE CASE STUDY: MANAGING SARS CONFLICT

A. Prelude: Alerted by the Virus

When the first few cases of a mysterious pneumonia appeared in China's Guangdong Province in November 2002, nobody would anticipate it to bring about a large-scale crisis. Within three months it spread to Hong Kong, just south of Guangdong and other regions in Southeastern Asia. The Chinese government stayed low key in reporting the disease, and ensured that the atypical pneumonia was effectively "under control."²⁹

In mid-March, the World Health Organization (WHO) issued its first global alert over the identified severe acute respiratory syndrome, or SARS, following reports from China and cases among hospital staff in Hong Kong and Vietnam.³⁰

For the media, the WHO global alert represented a "highly unusual step," a "pretty radical decision,"³¹ and a "rare" action.³² The coverage further interpreted

alization and Measurement (Aug. 7-10, 1991) (paper presented at the Association for Education in Journalism and Mass Communication, Boston, Ma.).

27. Robert M. Entman, *Framing U.S. Coverage of International News: Contrasts in Narratives of the KAL and Iran Incidents*, J. COMM., Dec. 1991, at 6-27.

28. James J. Zaffiro, *Global Journalism: A Survey of the World's Mass Media*, 23 J. MODERN AFRICAN STUD. 542 (1983).

29. Xinhua News Agency (Feb. 11, 2003) (pneumonia outbreak under control in Guangzhou); Xinhua News Agency (Feb. 12, 2003) (Guandong brings atypical pneumonia under control).

30. WHO issues a global alert about cases of atypical pneumonia; Cases of Severe Respiratory Illness May Spread to Hospital Staff (Mar. 12, 2003), available at <http://www.who.int/mediacentre/releases/2003/pr22/en/>.

the alert as a “managed conduct of conflict” by the organization.³³ “Officials at the W.H.O. realized they had to take drastic action, even though that action might have devastating economic consequences in Asia and elsewhere.”³⁴ The alert, therefore, demonstrated a first, conscious effort of the WHO to manage the crisis in an advocative manner. And as a result initial social conflicts and confrontation associated with a public health crisis emerged.

B. Phase I – Conflict Escalation: From Accommodation to Advocacy

The failure of scientists to find a cure and the increasingly integrated global economy quickly made the then-regional infectious disease now global and agitated public anxiety. They wondered: were the Chinese government and the health ministry doing a good job battling against SARS in the best interests of the public?

1. Underreporting, Access Denial, and Patient Hiding

When the Western media began to investigate and disclose the underreporting of infected cases by the Chinese government, the spontaneous conflict against natural force transformed into social conflict. A *New York Times* story of March 20 disclosed previously unreported potential cases in a Beijing military hospital.³⁵ It also gathered testimonial accounts from a reporter at a large newspaper in Guangdong that “the government has ordered Chinese journalists not to report on the outbreak of the strange pneumonia.” The Western media accused the Chinese government of underreporting the number of SARS cases and misleadingly optimizing the situation in order to maintain its image as an effective battler against SARS, all at the expense of public health.³⁶

Nevertheless, in this newly crystallized conflict between public health and the Chinese government, the media never meant to represent public health. With a stated objective to ensure the “attainment by all peoples of the highest possible level of health,”³⁷ the WHO views itself and is viewed as an independent and disinterested embodiment of public health. While the U.S. media perceived a divergence of interests between the Chinese government and public health, such conflict manifested in the conflict between the Chinese government and the WHO that undertakes a surveillance role over public health.

Continuing with a frame depicting a misbehaving Chinese government, the media found that WHO experts were denied access to the Guangdong Province

31. Denise Grady, *Fear Reigns as Dangerous Mystery Illness Spreads*, N.Y. TIMES, Apr. 7, 2003, at A1.

32. Lawrence K. Altman & Keith Bradsher, *Rare Health Alert is Issued by the WHO for Mystery Illness*, N.Y. TIMES, Mar. 16, 2003, at 1-1.

33. Grady, *supra* note 31.

34. *Id.*

35. Elisabeth Rosenthal, *Doctors say China Minimizes Pneumonia Outbreak's Extent*, N.Y. TIMES, Mar. 20, 2003, at A10.

36. Grady, *supra* note 31.

37. WHO – Constitution – the first two chapters, available at <http://www.ldb.org/iphw/whoconst.htm>.

twice by late March.³⁸ The WHO, nevertheless, managed the conflict in its own way and downplayed confrontation regardless of the media frames. The organization's SARS chronology stated that "China government gives WHO team permission to travel 'immediately' to Guangdong on April 2," "All team requests for access to sites and interviews with health staff at all levels are readily granted."³⁹ Even though the WHO did not adopt a totally yielding strategy characterized by concerns about the other party's outcomes, the organization indeed at this stage stood at an accommodative end along the continuum of contingency theory. The self-claimed stance of the Chinese government during this period also seemed to be an accommodative one. Xinhua released three stories in mid-March to highlight its cooperation with the WHO.⁴⁰

Yet the WHO's accommodation did not last long. April 2 brought an important change in the organization's strategy. At the same time it acclaimed the Chinese government's cooperation, the WHO issued a travel warning, alerting "persons traveling to Hong Kong and Guangdong [to] consider postponing all but essential travels."⁴¹ The advisory showed a clear contending or pure advocacy strategy, in contrast with the previously discussed accommodative stance toward the Chinese government. It is interesting that in its chronology the WHO emphasized that this is the "most stringent travel advisory issued by [the] WHO in its 55-year history." The message implied here is that the organization has an accommodative characteristic, being "a United Nations agency that rarely confronts member states."⁴² Under some situations when the public good is at risk, however, the WHO views the confronting travel advisory as the only ethical thing to do in order to protect public health, even at the price of "devastating economic consequences."⁴³ At this time, to be accommodative may become unethical, as contingency theory suggests.

As the cure of SARS remained unknown and as the virus expanded to Beijing, the political and economic center of China, a crucial stage in China's SARS crisis befell. Following the travel advisory, the WHO moved to heavier contentious tactics by assailing China's efforts to play down SARS, which reinforced its strong contending and adversarial strategy, indicating an escalating social conflict.⁴⁴ A month after investigative media began to appear, the WHO acknowledged its function and admitted its confrontation with the Chinese government. In its chronology about April 10, the WHO noted that a "growing number of investigative media reports suggests that cases in Beijing military hospitals are not frankly reported." On April 14, the WHO team in Beijing failed to secure permis-

38. Lawrence K. Altman & Keith Bradsher, *China Bars WHO Experts From Origin Site of Illness*, N.Y. TIMES, Mar. 26, 2003, at A7.

39. See *supra* note 1.

40. Xinhua News Agency (Mar. 18, 2003) (WHO appreciates China's effective handling of atypical pneumonia); Xinhua News Agency (Mar. 19, 2003) (China informs WHO representative on pneumonia control).

41. The World Health Organization, *SARS Outbreak - WHO Investigation Team Moves to Guangdong China New Travel Advice Announced* (Apr. 2, 2003), available at <http://www.who.int/mediacentre/releases/2003/pr29/en/>.

42. Joseph Kahn, *China Discovers Secrecy is Expensive*, N.Y. TIMES, Apr. 13, 2003, at 4-7.

43. Denise Grady, *Fear Reigns as Dangerous Mystery Illness Spreads*, N.Y. TIMES, Apr. 7, 2003, at A1.

44. Erik Eckholm, *The SARS Epidemic: China Admits Underreporting its SARS Cases*, N.Y. TIMES, Apr. 21, 2003, at A1.

sion to visit military hospitals. It was during this period of time when Chinese hospitals were reported to have hidden patients from WHO inspectors: "Chinese doctors and other sources have said that authorities in Beijing ordered them to hide patients with SARS from the WHO experts in an attempt to downplay the epidemic."⁴⁵

Although the Chinese government continued to show its cooperation with the WHO,⁴⁶ their actual, increasingly adversarial stance became clear by contending that tourism in China was "safe," that SARS may not have originated from China, and that SARS was not incurable.⁴⁷

The conflict escalation took place in the form of the aggressor-defender model. The aggressor, the WHO, aimed to change China's handling of SARS, placing it in conflict with the Chinese government, the defender. When its mild contentious tactics did not work, it moved to heavier tactics. More than once the WHO team in Beijing expressed strong concern over inadequate reporting of SARS cases in military hospitals. The pressing attitude of the WHO showed that it would not yield to the Chinese government to any degree but would maintain an advocacy stance that required the other party to conform.⁴⁸

2. *Peripheral Conflicts*

In addition to the central social conflict between the WHO and the Chinese government, peripheral conflicts also contributed to an escalating conflict. By June 2003, about seventy-one countries and regions had adopted quarantine measures toward Chinese citizens.⁴⁹ At a local level, Beijing's suburban residents erected traffic barriers to prevent residents of Beijing from coming across the boarder; a building quarantined for SARS patients in suburban Tianjin was attacked by local residents who opposed to the location of the hospital.⁵⁰ The University of California – Berkeley campus turned away students from Chinese mainland, Hong Kong, and Taiwan (Murphy, 2003, May 11).⁵¹ Neither the WHO nor the Chinese government attempted to manage these conflicts.

C. Phase II – De-escalation: Final Accommodation in the Face of a Common Threat

April 20, 2003 indicated a significant and dramatic change in China's SARS crisis. On its eve, China's top leaders encouraged officials not to cover up cases

45. Warren King, *Guided Optimism Emerges on SARS; Identification of Virus May Lead to Vaccine*, SEATTLE TIMES, Apr. 21, 2003, at B1.

46. Xinhua News Agency (Apr. 3, 2003) (Health Ministry – China Cooperates Well with WHO).

47. Xinhua News Agency (Apr. 4, 2003) (Tourism in China is safe – Senior Official); *see also* Xinhua News Agency (Apr. 5, 2003) (SARS may not originate from China – WHO Official); Xinhua News Agency (Apr. 19, 2003) (SARS is not Incurable – Recovered Patients).

48. Joseph Kahn, *China Discovers Secrecy is Expensive*, N.Y. TIMES, Apr. 13, 2003, at 4-7.

49. Quarantine Measures adopted by 71 countries due to SARS. (June 24, 2003), available at <http://news.sina.com.cn/c/2003-06-24/1838262008s.shtml>.

50. 500 Chinese villagers attack hospital, stone ambulances (May 8, 2003), available at http://www.fofg.org/news/news_story.php?doc_id=479.

51. Dean E. Murphy, *Berkeley Campus Eases SARS Curbs on Some Asian Students*, N.Y. TIMES, May 11, 2003, at 1-6.

of SARS. Then, on the next day, the mayor of Beijing and the minister of health were removed from their positions; Beijing authorities confirmed 339 previously undisclosed SARS cases, many times higher than previously reported, and the traditional week-long May Day holiday was cancelled.⁵²

These measures indicated that the Chinese government, in a defender position, yielded to the WHO's adversarial strategy and changed from an adversarial to an accommodative stance with a commitment to harsh measures and open information, as the WHO expected. Beginning on April 21, the Chinese health ministry released a daily update on the SARS epidemic to the public until August 16 when the illness disappeared. Beijing announced that it would close all public schools for two weeks in late April. Many public and entertainment facilities were temporarily closed. From this perspective, the WHO, as an aggressor, succeeded in overwhelming the defender with a contending and advocacy strategy.

However, the WHO's firm stance was not the only element that brought about the Chinese government's yielding strategy. Global scrutiny and international pressure were intense.⁵³ Suppression of tourism and the broader economy, as well as distaste for conflict escalation prevented China from employing further antagonistic tactics.⁵⁴ Economic analysts estimated that China's SARS-related cost would be \$2.2 billion, the largest economic casualty ever related to a public health crisis. The Chinese economy was actually shrinking at an annual rate of two percent in the second quarter of 2003. This fear of external and internal threat is also one of the contingency theory variables that influence a party's stance. Concerns about social stability, at the same time, had the effect of being a check on the Chinese government. A social bond inevitably existing between the government and its people forced the Chinese government to prioritize stability over instability in this situation.

1. Watchful Third Party

Rubin, Pruitt, and Kim discussed the third-party effect in their theoretical approach to social conflict.⁵⁵ They noted that watchful third parties often assume the role of mediator, and many times help with conflict resolution. They defined "third party" as "individual or collective external to a dispute who tries to help them reach agreement."⁵⁶ Although the definition highlights the role of professional or quasi-professional mediators, in the context of high-profile international conflict the media and public opinion, represented by informed stakeholders, represent an important third party who is watching and sometimes plays a role in conflict resolution. Actually, the media are asserted to "bear a special responsibility in times of crisis to fill what journalists often call the watchdog function."⁵⁷

52. Eckholm, *supra* note 45; see also Xinhua News Agency (Apr. 20, 2003) (Official on Measures for SARS Control in China).

53. Grady, *supra* note 31; see also Eckholm, *supra* note 45.

54. Keith Bradsher, *Outbreak of Disease Brings Big Drop-Off in China's Economy*, N.Y. TIMES, Apr. 28, 2003, at A1.

55. RUBIN, PRUITT & KIM, *supra* note 13.

56. *Id.* at 197.

57. Richard C. Reuben, *Fear and Risk in "Times of Crisis": The Media's Challenge*, 60 MO. L. REV. 1123, 1125 (2004).

“Because the formal structures of government . . . turn to [the media as a] public forum for information, the media have the capacity . . . to check its distortion with the corrective lens of perspective.”⁵⁸ In the case of SARS, the extraordinary amount of media attention played a crucial role in both the WHO’s and the Chinese government’s selections of strategy and stance to deal with the conflict.

Following the media’s investigative stories, the WHO pressured Beijing authorities for access to hospitals and to an undisclosed number of cases, thus reinforcing its adversarial strategy. Amid extremely negative reports from Western media revealing the Chinese government’s “terrible gamble,” “suppressed information,”⁵⁹ and “dirty secret,”⁶⁰ the Chinese government seemed to have no choice but to yield to the WHO and the public opinion it represents and to repair its “shredded credibility.”⁶¹ The strategy shift by both sides shows that instead of simply being a recorder of happenings and a channel to reach other public entities such as the foreign governments, business circles, or the general public, the media has become a player itself in a public health crisis like SARS. The investigative power of media makes it a stakeholder as important as any other in public health crises or conflict management.

2. *End of the War*

It was not until the Chinese government yielded to international pressure and the demands of the WHO that de-escalation began and the conflict between the two sides subdued. Nevertheless, the WHO still maintained its tough, adversarial stance toward the government even when the conflict between them de-escalated. In late April and early May, the WHO continued to expand its list of recommended travel areas and areas with recent local transmission. The organization did not loosen its stringent strategy until the number of newly reported cases showed a steady decline. It was not until then that the WHO expressed “wary optimism.”⁶² The WHO’s strategy suggests that even when the conflict de-escalated, the organization still chose a stance, in this case an adversarial one, to manage the situation as the contingency theory proposes.

V. DISCUSSION

The evolution of the SARS outbreak in China from public health risk to social conflict and full-scale crisis presents a unique case to analyze the conflict management strategy involved, as well as to probe the efficacy of social conflict theory and contingency theory of conflict management. The previous analysis indicates that two factors—a dual concern for self and others and contingency theory variables—were at work to affect the changing stances of the Chinese government and the WHO along a advocacy-accommodation continuum. In addition, contin-

58. *Id.*

59. Joseph Kahn & Elisabeth Rosenthal, *New Health Worry for China as SARS Hits the Hinterland*, N.Y. TIMES, Apr. 22, 2003, at A1.

60. Joseph Kahn, *China Discovers Secrecy is Expensive*, N.Y. TIMES, Apr. 13, 2003, at 4-7.

61. Eckholm, *supra* note 45.

62. Lawrence K. Altman, *WHO Expresses Optimism China Can Control SARS*, N.Y. TIMES, May 21, 2003, at A14.

gency theory's postulation that accommodation may not be inherently ethical in certain situations is supported.

Although the conflict theory and contingency theory are applicable to analyze the SARS crisis, they fail to highlight the influence of the media on both sides' strategy decisions, which was paramount as shown by this study. In addition to documenting the involvement of a public health crisis, news stories emphasized what caused the crisis, and how the parties involved reacted. By disclosing China's suppression of information and speculation as to the causes behind it—such as officials' lack of direct accountability to the public—the U.S. media put forward a responsibility frame that accused the Chinese government of causing a worldwide health crisis. These media frames partly contributed to the WHO's gradually adversarial position toward the Beijing government, which eventually pressured the Chinese government to yield to the WHO and the international community. At the same time they analyzed strategy changes by both the Chinese government and WHO, the media themselves affected their decisions by becoming a major force of global scrutiny and international pressure. As discussed earlier, this role of media-as-stakeholder and not simply as a means to reach other stakeholders, offers meaningful implications for public relations practitioners managing conflicts.

From this perspective, the investigative media play an important role of watchful third party in a public health crisis like SARS. The interaction among the WHO, the Chinese government, and the investigative media thus could be integrated into the dynamics of social conflict and strategic conflict management.⁶³

As shown in the model, the WHO and the Chinese government each in their selection of a strategy had to consider either to insist upon its own interest or to yield to other's interest. This is represented by a perceptual continuum between the two parties. In the case of the SARS eruption, the WHO mainly maintained a contending strategy that advocated its own interest: the public health objectives it represents. The Chinese government, on the other side of the conflict, yielded to the other's interest with an accommodative stance. In addition to other contingency theory variables, the investigative media have considerably influenced the decisions of both sides. An active, informed, and elite component of the world's population, mostly engaged by media messages regarding SARS, furthered the influences of media messages.

63. See *infra* Figure 1.

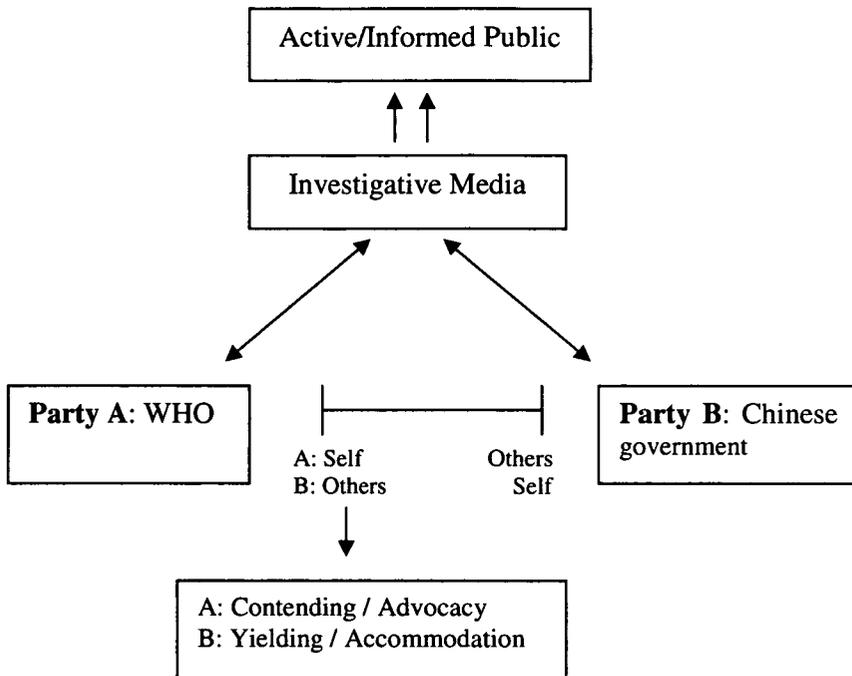
Three Party Interaction in Conflict Management

Figure 1

This conceptualization could serve as a starting point to establish a renewed checklist for strategically managing public health risk and crisis. Covello proposed a checklist of ideal practices that are purely accommodative to be included in public health risk and crisis plans.⁶⁴ His suggestion included: accept and involve stakeholders as legitimate partners; listen to people; be truthful, honest, frank, and open; coordinate, collaborate, and partner with other credible sources; meet the needs of the media; communicate clearly and with compassion; and plan thoroughly and carefully. Excellent as they are, the contingency theory suggests that a less definitive checklist might function better to alert health communicators of a health risk or crisis because not all accommodations are inherently ethical or effective. Such a checklist would include:

- Identify key stakeholders and determine how their interests would be affected by the crisis;
- Decide whether media will be a stakeholder itself or as a means to reach other publics;

64. Vincent T. Covello, *Best Practices in Public Health Risk and Crisis Communication*, JOURNAL OF HEALTH COMMUNICATION, June 2003, 8(Suppl. 1): 5-8.

- Formulate messages to be communicated with various stakeholders and the objectives of communication;
- Anticipate how media would react to the messages and carry out their own investigation;
- Pay attention to context, risks, and preventative measures, which are key elements for truthful and open communication;
- Anticipate how international community such as international organizations and governments of other countries will react to the situation; and
- Identify ways to communicate directly with the general public, either through consumer groups or by ways of direct mailing, website or hotline.

VI. CONCLUSION

To further test the model as applied to the case of SARS, interviews with both WHO and Chinese officials would reveal rationales of their conflict management strategies. Also, the examination could expand from China to other countries involved in the SARS outbreak and compare how conflict management was developed differently. The results of these investigations are expected to shed light on health crisis communication from an angle of conflict management, involving both the strategic communication perspective now prevalent in public relations and ways to cover conflict in news stories. As evidenced in this case study, the potential growth in methods and impact of health communication efforts through effective media relations is just emerging.

APPENDIX A

A Timeline of China's SARS Outbreak Against Conflict Scale and Stances of the Two Sides

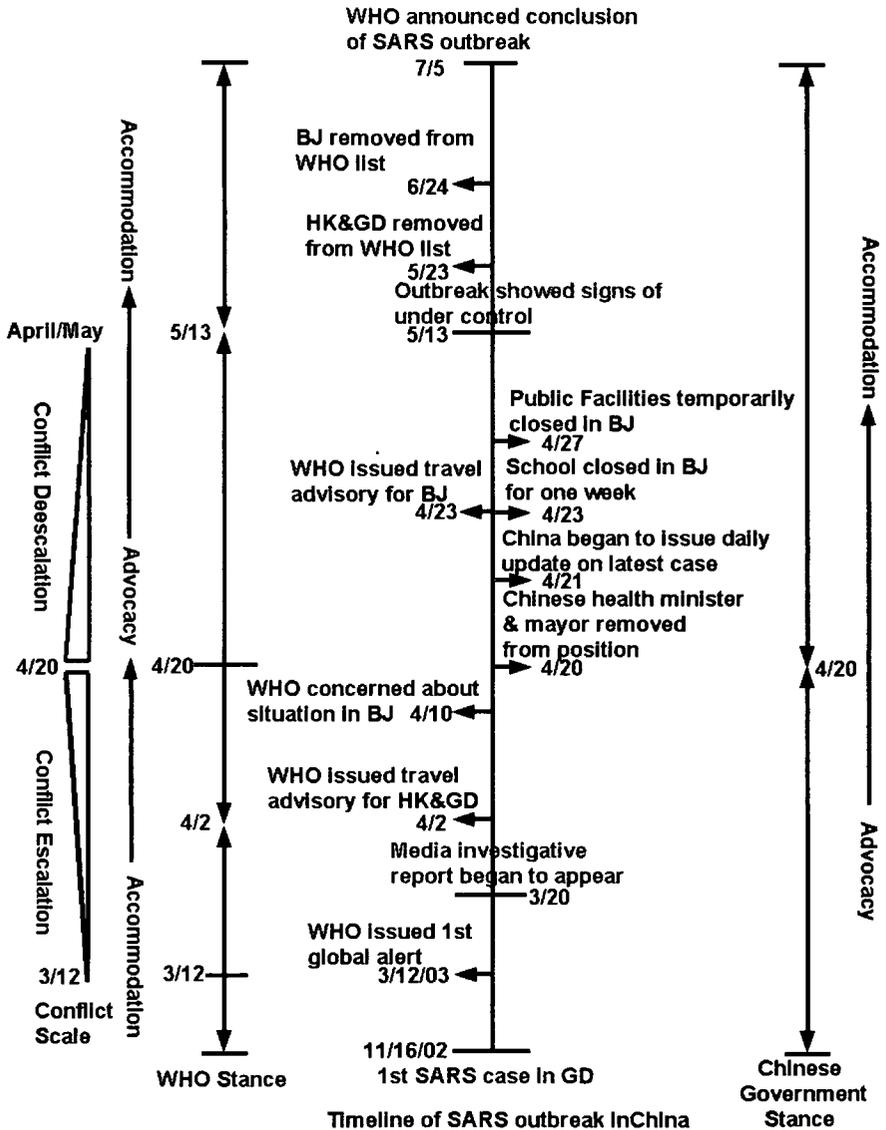


Figure 2

APPENDIX B

Potential Variables for a Contingency Theory of Conflict Management

Internal variables

1. Organization's characteristics
 - a. Open or closed culture
 - b. Dispersed widely geographically or centralized
 - c. Level of technology the organization uses to produce its product or service
 - d. Homogeneity or heterogeneity of employees
 - e. Age of the organization/value placed on tradition
 - f. Speed of growth in the knowledge level the organization uses
 - g. Economic stability of the organization
 - h. Existence or non-existence of issues management personnel or program
 - i. Organization's past experiences with the public
 - j. Distribution of decision making power
 - k. Formalization: number of roles or codes defining and limiting the job
 - l. Stratification/Hierarchy of positions
 - m. Existence or influence of legal department
 - n. Business exposure
 - o. Corporate culture
2. Public relations characteristics
 - a. Number of practitioners total and number with college degrees
 - b. Type of past training
 - c. Location PR department in hierarchy: Independent or under marketing umbrella
 - d. Representation in the dominant coalition
 - e. Experience level of PR practitioners in dealing with conflict
 - f. General communication competency of department
 - g. Autonomy of department
 - h. Physical placement of department in building
 - i. Staff trained in research methods
 - j. Amount of funding available for dealing with external publics
 - k. Amount of time allowed to use dealing with external publics
 - l. Gender: percentage of female upper-level staff/managers
 - m. Potential of department to practice various models of public relations
3. Characteristics of dominant coalition (top management)
 - a. Political values: conservative or liberal/open or closed to change
 - b. Management style: Domineering or laid-back
 - c. General altruism level
 - d. Support and understanding of PR
 - e. Frequency of external contact with publics
 - f. Department perception of the organization's external environment

- g. Calculation of potential rewards or losses using different strategies with external publics
- h. Degree of line manager involvement in external affairs
- 4. Internal threat (How much is at stake in the situation)
 - a. Economic loss or gain from implementing various stances
 - b. Marring of employees' or stockholder's perception of the company
 - c. Marring of the personal reputations of the company decision makers
- 5. Individual characteristics (public relations practitioners, domestic coalition, and
 - a. Training in PR, marketing, journalism, engineering, etc.
 - b. Personal ethics
 - c. Tolerance or ability to deal with uncertainty
 - d. Comfort level with conflict or dissonance
 - e. Comfort level with change
 - f. Ability to recognize potential and existing problems
 - g. Extent to openness to innovation
 - h. Extent to which individual can grasp other's worldview
 - i. Personality: Dogmatic, authoritarian
 - j. Communication competency
 - k. Cognitive complexity: Ability to handle complex problems
 - l. Predisposition toward negotiations
 - m. Predisposition toward altruism
 - n. How individuals receive, process and use information and influence
 - o. Familiarity with external public or its representative
 - p. Like external public or its representative
 - q. Gender: Female versus male
- 6. Relationship characteristics
 - a. Level of trust between organization and external public
 - b. Dependency of parties involved
 - c. Ideological barriers between organization and public

External Variables

- 1. Threats
 - a. Litigation
 - b. Government regulation
 - c. Potential damaging publicity
 - d. Scarring of organization's reputation in community
 - e. Legitimizing activists claims
- 2. Industry environment
 - a. changing (dynamic) or static
 - b. No. of competitors / level of competition
 - c. Richness or leanness of resources in the environment
- 3. General political/social environment/external culture (level of constraint/uncertainty)
 - a. Degree of political support of business
 - b. Degree of social support of business

4. The external public (group, individual, etc.)
 - a. Size/number of members
 - b. Degree of source credibility/Powerful members or connections
 - c. Past successes or failures of public to evoke change
 - d. Amount of advocacy practiced by organization
 - e. Level of commitment/involvement of public's members
 - f. Whether the public has public relations counselors
 - g. Community's perception of public: reasonable or radical
 - h. Level of media coverage of the public has received in past
 - i. Whether representatives of the public know or like representatives of the organization
 - j. Whether representatives of the organization know of like representatives from the public
 - k. Public's willingness to dilute its cause/request/claim
 - l. Moves and countermoves
 - m. Relative power of organization
 - n. Relative power of public
5. Issue under question
 - a. Size
 - b. Stakes
 - c. Complexity