

# Tourism in a world with pandemics: local-global responsibility and action

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## Abstract

**Purpose** – *The purpose of this paper is to provide a swift perspective to JTF readers on the novel coronavirus outbreak that commenced in Wuhan, China in December 2019 and is currently ongoing. The study situates the current outbreak within prior pandemics and offers some directions for research and practice. Swift attention is needed to this event and the future of travel and tourism in a world where disease outbreaks and pandemics will become increasingly frequent due to increased travel and ease of access to destinations worldwide.*

**Design/methodology/approach** – *This paper draws from published academic research studies, as well as current media sources emerging, as the novel coronavirus situation is unfolding. In addition, the authors draw on the multidisciplinary expertise of the two authors (one based in tourism studies and the other an epidemiologist and public health expert).*

**Findings** – *This paper captures events on the novel coronavirus, as they are unfolding now, situates this in relation to the research literature on past pandemics like severe acute respiratory syndrome (SARS) and Ebola and draws some important directions to guide research and practice.*

**Research limitations/implications** – *This is a viewpoint paper and offers some emerging perspectives, issues and challenges arising in relation to the current novel coronavirus outbreak. This is situated more broadly in a large research literature that has been drawn on in a very succinct manner to ground this viewpoint. Future research will need to explore the larger literature.*

**Practical implications** – *This viewpoint offers the following valuable implications for practice at the local level and the regional/global level: countering misinformation and xenophobia through the communication of accurate facts related to the disease in question (the novel coronavirus in this case) is essential; close collaboration and cooperation between tourism stakeholders (including service providers and destination management organizations) and public health authorities; greater responsibility by residents and tourists to seek out correct scientific facts on the disease and take sensible precautions, as well as exercise care to those suffering the adverse impacts; and global coordination and attention to vulnerable destinations is needed more concretely (recommended in crisis management and recovery studies but not well implemented yet).*

**Social implications** – *As noted above under practical implications, this viewpoint identified important social implications in terms of inequities and injustices that arise during disease outbreaks like the novel coronavirus and prior outbreaks like SARS and Ebola. These range from discrimination and racism as well as inequities related to managing the impacts on vulnerable destinations whose health facilities may be far from adequate to handle such outbreaks and the challenges of misinformation among visitors and residents that indirectly or directly affect the destination.*

**Originality/value** – *This viewpoint is being submitted as the novel coronavirus epidemic is unfolding, and it is hoped that sharing it speedily via an open access journal will assist in better managing the research of what will continue to be an increasing future challenge for destinations and societies in a world of mobilities and increasing travel forecast.*

**Keywords** *Public health, Collaboration, Tourism industry, Responsibility, Mobiliites, Pandemics*

**Paper type** *Viewpoint*

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**W**hat a marvelous thing it is to be able to embark on a holiday, filled with anticipation, enthusiasm and perhaps trepidation if it is your first visit to a unique place or country. Travel and tourism can offer fun, rich experiences and ways to contribute constructively to conservation and communities one visits. However, in today's

globalized world, risks and challenges have increased with ease of travel and faster movement of goods, finance, knowledge and diseases. People are on the move, including workers, economic migrants, climate refugees and tourists. International tourism continues to grow. In 2019, international tourist arrivals rose to 1.5 billion, representing the tenth year of consecutive growth (UNWTO, 2020). By 2030, 1.8 billion people are forecasted to be traveling internationally (UN News, 2017).

Even more than before, governments and tourism industry stakeholders need to consider the costs, risks and impacts of global environmental dangers on travel and tourism. In the twenty-first century, two immense drivers of change to the tourism industry are climate change and global health emergencies. One example of such an emergency is the currently circulating novel coronavirus (2019-nCoV). Infection of humans with the 2019-nCoV originated in Wuhan, China in December 2019. Transmission of the virus is causing a crisis within China and the (still) small number of cases that are appearing worldwide is driving global action and *reaction*. Evaluation of a snapshot of current events raises a few key questions and brings to the forefront the need for strategic action to prepare for a future of intensifying threats to human health and social well-being in a world of increased travel.

### The novel coronavirus emerges

This is not the first time a coronavirus has taken the public health community by surprise. Most will remember the severe acute respiratory syndrome (SARS) coronavirus outbreak of the early 2000s, but many may not realize that another novel coronavirus Middle Eastern respiratory syndrome (MERS) is currently circulating in parts of the world. A concerning connection between these three viruses is that they all likely emerged from an initial zoonotic (animal to human) transmission event. While, like SARS, the 2019-nCoV transmits readily between people, MERS has more limited human-to-human transmission, although those infected with MERS have a higher risk of dying due to the infection.

SARS was the first real global health emergency experienced by many members of today's society. When SARS first broke out as an atypical pneumonia in Guangdong Province in southern China in November 2002, it spread rapidly throughout China and Southeast Asia. On April 2, 2003, the World Health Organization (WHO) declared Guangzhou and Hong Kong as high-risk tourist destinations and shortly thereafter declared several areas within China as epidemic zones. International tourists were warned not to visit, while an increasing number of countries started to restrict Chinese travelers from entering their countries (Zeng *et al.*, 2005; see also CDC SARS Response Timeline). A similar scenario is emerging with the 2019-nCoV and there are some knowns and many unknowns about its transmission and case-fatality.

After announcing the emergence of the 2019-nCoV on December 31, 2019 [with some delay given that cases were being detected earlier in December by local medical professionals (Buckley, 2020)], the Chinese Government undertook drastic actions to curtail the spread of the virus. These actions included imposing numerous restrictions on gathering at events and travels within and outside the country during the high domestic and international travel period of the Lunar New Year [see impacts on Thailand and Japan for instance, with tour cancellations ordered by the Chinese Government (Yuda and Tani, 2020)]. Around 20 million people in Wuhan and two nearby cities were put under a complete travel ban, with no travel permitted in or out of the cities (The Economist, 2020). Numerous countries have also imposed various forms of travel restrictions and travel bans. Furthermore, many airlines are currently limiting or stopping flights in and out of China (Bloomberg News, 2020).

The US Department of State issued an advisory against travel to China on January 30, 2020 and soon after a travel ban was announced preventing entry to any foreign national arriving

from China (Maxouris, 2020). The USA declared a public health emergency on January 31, 2020. Two days later, the country instituted mandatory health screening at seven airports (New York, San Francisco, Seattle, Honolulu, Los Angeles, Chicago and Atlanta). Evacuated US citizens from high-risk areas of China were placed in a quarantine facility for 14 days, while other asymptomatic US citizens arriving from lower-risk areas of China were monitored at home by local health authorities.

While the WHO declared the 2019-nCoV outbreak to be a public health emergency of international concern on January 30, 2020, it currently “does not recommend any travel or trade restriction based on the current information available” (WHO Statement, 2020). WHO chief Tedros Adhanom Ghebreyesus stated that widespread travel bans and restrictions were not needed to stop the outbreak and “can have the effect of increasing fear and stigma, with little public health benefit” (Bashir, 2020). A look at some actions and reactions to this rapidly changing landscape raises challenging questions for the travel and tourism industry and calls for greater responsibility and care from local residents and travelers.

### **Actions and reactions in the travel and tourism context**

As of February 6, 2020, over 600 deaths had been recorded in China from the 2019-nCoV (New York Times, Live Update), a number much higher than the 349 deaths recorded during the SARS epidemic which lasted from 2002 to 2003 (WHO, Summary of SARS cases). In addition, there have been over 30,000 confirmed cases in China, with additional cases identified in over 25 other countries. While most deaths have occurred in China, there have been two deaths outside of the country (CDC, Global Map). On February 4, 2020, more than 60 people on the Diamond Princess cruise ship moored in Yokohama Bay were confirmed as having the 2019-nCoV, according to the Japanese Health Ministry (Berlinger *et al.*, 2020). Based on previous experiences, some hospitality-related stakeholders may be better prepared, in terms of emergency preparation and working with customers (Hung *et al.*, 2018).

Learning from SARS, various tourism researchers have called for proactive crisis response and management planning (Mair *et al.*, 2016). Unfortunately, coordinated crisis management and communication plans have rarely been implemented effectively at the local or country level. The issues are not merely economic recovery, destination image management, media management and promotion (common industry-related themes). Pandemic diseases, such as Ebola and SARS, have also resulted in discrimination and misinformation related to the countries central to the outbreaks (Cooper, 2005; see also Tam, 2018). The current 2019 outbreak is also raising backlash against Chinese populations inside and outside the country as discussed hereafter.

### ***Managing discrimination and fear within and outside China***

Fear and concern emerging around the current coronavirus outbreak is being manifested in forms of discrimination and xenophobia that have little basis in medical facts. Incidents are being reported about local resident reactions and avoidance of Chinese restaurants, etc. (see Aguilera, 2020 on role of social media, and Fang, 2020, on disease racialization and SARS). The British Columbia Centre for Disease Control (Canada) took to Twitter to control some of the misinformation being spread about the coronavirus (O'Brien, 2020; see also Emevu, 2020; Tham, 2020). Many Wuhan residents traveling elsewhere in China or abroad are experiencing discrimination, exclusion and marginalization, including being denied access to hotels in other parts of China, while some residents in locations under a lockdown lack access to adequate medical services and provisions (Gan, 2020).

The current situation reinforces a key principle for an *informed* civil society. Residents must be well informed with facts from reliable health authorities. The hospitality and tourism industry has a valuable role to play in developing a strong health communication strategy,

including providing medical facts about virus transmission and sensible steps to reduce risk of infection ([Appendix](#)). They must also manage misinformation and ensure a “just” hospitality towards their guests. To meet these responsibilities, the following are needed at the local level:

- Strong linkages between hospitality and tourism businesses, destination management organizations and public health authorities (there is strong reliance on local health authorities for surveillance, monitoring and treatment of this novel coronavirus).
- Support for the population groups facing discrimination and racism by the hospitality and tourism industry ([Phelan and Gostin, 2016](#), on the “saving” of visitors).
- The need for local residents and other important tourism stakeholders (including tourists and service providers) to be well informed and to exercise an ethic of care toward groups that stand to be marginalized, excluded and misrepresented due to their ethnicity or origin.

### *Local-global collaboration for coordinated action and fair distribution of resources*

With increasing numbers of travelers taking to the air, much greater responsibility and care will be called for on the part of tourism service providers as well as residents and visitors to manage the transmission and spread of infectious diseases. However, extensive research on crisis management and recovery show challenges in coordination and knowledge sharing during and subsequent to a crisis. One review of post-disaster, post-recovery research published between 2000 and 2012 (including weather-related disasters and pandemics) identified:

[...] an urgent need to encourage tourism operators to engage with crisis preparedness and disaster-management strategies and the importance of gaining a better understanding of the consumer response to disastrous events ([Mair et al., 2016](#)).

The study also showed that:

[...] knowledge sharing and collaboration within the industry is seen as vital [...] However, there is little evidence from the studies in the review to suggest that this has been taking place. Indeed, much of this review has focused on a lack of existing crisis management plans, lack of communication and reactive responses ([Mair et al., 2016](#), p. 19).

[Novelli et al. \(2018\)](#) noted that much research has been devoted to crisis management and recovery, but few studies have addressed health-related crises in developing countries and even fewer have addressed the indirect threat of epidemics on their tourism industries. Their study on the impact of the Ebola crisis on tourism in The Gambia (where no outbreak was recorded) showed “devastating consequences” on the country’s tourism industry and highlighted the importance of consumer perception and preparedness and proactively tackling the issue of crisis management failure ([Maphanga and Henama, 2019](#); [WTTC, 2018](#)).

Global crises, such as disease outbreaks and pandemics, raise serious questions about the preparedness of global and regional tourism-related institutions to coordinate crisis management and recovery actions. The challenges are not simply economic. Issues of justice arise as vulnerable destinations and poorer populations are often disproportionately burdened by disease outbreaks. These communities often lack adequate resources to mitigate and recover from outbreaks. Vulnerabilities also exist with respect to their citizens abroad during disease outbreaks. For instance, there are around 4,600 African students studying in Hubei Province (Wuhan is the capital city), but neither they nor other African nationals have embassy or consulate representation in Wuhan ([Williams, 2020](#)).

Calling for worldwide cooperation within travel and tourism, Gloria Guevara, President and CEO of the World Travel and Tourism Council (WTTC) said that information sharing and “cooperation between public and private sectors within Travel and Tourism is essential to mitigating the impact of the coronavirus [...]” (WTTC, 2020). The United Nations World Tourism Organization (UNWTO) is a key player in the global tourism domain and has been providing active updates on the 2019-nCoV outbreak. While it has no regulatory power, the UNWTO offers a platform for communicating and representing global tourism interests (critiques of it being a neoliberal organization notwithstanding). The “latest news” section on its website on February 5, 2020, provided the organization’s formal statement regarding the current coronavirus outbreak, with further links to information regarding sustainable tourism and resilience.

<https://unwto.org/unwto-statement-on-the-novel-coronavirus-outbreak>

[www.unwto.org/sustainable-development/resilience-of-tourism](http://www.unwto.org/sustainable-development/resilience-of-tourism)

## Moving forward

More and more, countries and destinations will need to assess the impacts of the 2019-nCoV and future pandemics using both monetary *and* non-monetary metrics. These values should also be evaluated in relation to other structurally engrained, institutional conditions and global factors such as climate change, that are increasing vulnerability of less affluent regions already struggling to build resilience after disease outbreaks and related social backlash (e.g., from Ebola, Zika virus and HIV/AIDS) (Novelli *et al.*, 2018). The issues are related to not only economic and resource needs but also intangible injustices resulting from discrimination, racism, emotional responses and fear. Addressing these must be part of every crisis preparation, planning and response strategy. Lessons learned from past pandemics include:

- *responsibility* and *care* are needed for residents and local communities during the chaotic initial stage of a possible/actual pandemic;
- service providers and workers within the hospitality industry must be knowledgeable and prepared so that guests are not turned away inappropriately due to fear that they may be carrying the novel coronavirus;
- communication channels must remain open between key tourism and hospitality stakeholders and the local and regional public health authorities as part of a proactive strategic response plan (see also Tam, 2018);
- global institutional structures beyond those like the UNWTO and WTTC are needed to help the tourism industry prepare and respond to global health emergencies (see, for example, McKercher and Chon, 2004; Sönmez *et al.*, 2019);
- additional research is needed on the indirect effects of health-related crises on vulnerable destinations, especially in developing countries; and
- emerging themes from the 2019-nCoV outbreak and from prior pandemics point to the benefit of incorporating approaches to justice (e.g., Jamal, 2019) to help inform research and practice.

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## Further reading

CDC Global Map "Confirmed 2019-nCoV Cases Globally", As of 11:00 a.m, available at: [www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html](http://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html) (accessed 4 February 2020).

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## Appendix. Practical considerations for travelers

What should you do if you are considering traveling internationally during a pandemic? Travelers need to be well-informed about the disease and understand the risks involved with traveling. For example, there are knowns and unknowns regarding transmission and mortality at this stage of the 2019-nCoV outbreak, and the knowledge base is changing

rapidly with immense scientific and medical efforts and resources being expended by countries worldwide. While it is important to be aware of this unfolding situation, it is also important to maintain perspective. For most of the US population, influenza infection is still a much greater risk, with tens of thousands of Americans dying from the seasonal flu each year (CDC Influenza estimates, 2020). Websites associated with the WHO and country-level health agencies, such as the US Centers for Disease Control and Prevention (CDC), are excellent resources for up-to-date information. See, for instance:

- WHO advice for public regarding the 2019-nCoV:  
[www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public)
- CDC information on the 2019-nCoV:  
[www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

There are a number of practical responsibilities that you are weighing when you travel to any place that is experiencing a health emergency, including a disease outbreak. These considerations should not be viewed in isolation, but holistically, with close attention to the context and situation at the destination. For instance, in addition to concerns regarding your own health and safety, will you be in the way of first responders (Huang, 2020)? A physician or public health expert visiting the region may be beneficial, but a leisure tourist lacking medical skills or relevant experience may be a distraction or burden during such a rapidly evolving situation. There is also a worry that countries with poor public health infrastructure could suffer considerably if an outbreak of the 2019-nCoV was to occur in their region, e.g. certain African countries that are already facing other health crises (AP News, 2020). Understanding the risks and being well-informed about your destination are important principles for responsible travel (see the guide to travelers on the CDC site referenced above).

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