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**The Making and Unmaking
of Civic Solidarity:
Comparing the Coping Responses
of Civil Societies in Hong Kong
and Taiwan during the SARS Crises**

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**THE MAKING AND UNMAKING
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During the outbreaks of SARS in 2003, civil societies in Hong Kong and Taiwan came to their own self-rescue in different ways when the governments failed effectively to contain the crises in the early stages. Conventionally, civil society in Hong Kong has been characterized as "pacified" as compared to its more "contentious" counterpart in Taiwan. A similar comparison applied in the SARS crises: Hong Kong society demonstrated a high degree of medical professionalism, civic solidarity, and moral unity, whereas in Taiwan, both health workers and ordinary citizens were highly contentious and demoralized at the early stage of the crisis. Nevertheless, state-society relations also showed some changing patterns of tensions, conflicts, and collaboration as the crises unfolded. Comparing Hong Kong and Taiwan, we show how civil societies, in their interaction with the state, responded to the crises differently in the two places, and we explain how their different responses were mediated through differences in their civic cultures, state-society relations, extent of institutionalized trust, and public health systems.

Key words: SARS, civil society, health, Hong Kong, Taiwan

Introduction: the Importance of Civil Society

In 2003 the Severe Acute Respiratory Syndrome (SARS) had started as a flicker of fire in Southern China that then spread across the region and the globe.¹ Hong Kong and Taiwan were two of the most affected societies, even though the latter could have benefited as a latecomer in the crises. In both places, the SARS crises not only exposed the weaknesses of the state but also became a touchstone of the vitality of civil society and exposed their vulnerabilities. Much of the current discussion has focused on the institutional failures of the state during the crises, while civil society has received much less attention. The concept of civil society not only underlines a realm of civic action, voluntary associations, networks, and social movements that lie outside the state² but also raises questions about the political and socio-cultural bases for the nurturance of generalized or institutional trust and civic solidarity in society and between the state and civil society.³

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1. The first case of the disease reportedly occurred in Guangdong in mid-November 2002.
 2. Robert Putnam, *Making Democracy Work: Civic Traditions in Modern Italy* (Princeton: Princeton University Press, 1993); Alberto Melucci, "Social Movements and the Democratization of Everyday Life," in John Keane, ed., *Civil Society and the State* (London: Verso, 1988).
 3. Jean Cohen, "Trust, Voluntary Association and Workable Democracy: The Contemporary American Discourse of Civil Society," in Mark E. Warren, ed., *Democracy and Trust* (Cambridge: Cambridge University Press, 1999); Russell Hardin, *Trust and Trustworthiness* (New York: Russell Sage Foundation, 2002); Agnes S. Ku, "Beyond the Paradoxical Conception of 'Civil Society without Citizenship,'" *International Sociology*, vol. 17, No. 4 (2002), pp. 529-48; Edward Shils, "The Virtue of Civil Society," *Government and Opposition*, vol. 26 (1991), pp. 3-30; Piotr Sztompka, "Mistrusting Civility: Predicament of a Post-Communist Society," in Jeffrey C. Alexander, ed., *Real Civil Societies* (London: SAGE, 1998); Lynne G. Zucker, "Production of Trust: Institutional Sources of Economic Structure, 1840-1920," *Research in Organizational Behavior*, vol. 8 (1986), pp. 53-111. Modern society, understood in the famous *Gemeinschaft vs. Gesellschaft* thesis, is characterized by a relatively low degree of trust between strangers contacted in daily life. Institutions of modern society—from formal organizations to traffic rules—have been built, to a great extent, to reduce the risks and uncertainties in daily routines. Among these institutions, furthermore, a good proportion of them are

In Hong Kong and Taiwan, civil societies came to their self-rescue when the governments failed to effectively contain the crises in the early stages. They nonetheless responded quite differently. Conventionally civil society in Hong Kong has been characterized as “pacified” as compared to its more “contentious” counterpart in Taiwan.⁴ A similar comparison applied in the SARS crises: Hong Kong society demonstrated a high degree of medical professionalism, civic solidarity, and moral unity, whereas in Taiwan, both health workers and ordinary citizens were more contentious and demoralized at the early stage of the crisis. Nevertheless, as the crises unfolded, state-society relations also showed some changing patterns in the process. A comparison between the civil societies in Hong Kong and Taiwan therefore begs a deeper analysis of the dynamics of civil society beyond their apparent contrasts. In this article, taking Hong Kong and Taiwan for a comparative analysis, we shall show how civil society, in its interaction with the state, responded to the crises differently in the two places, and we shall explain how their different responses were mediated through differences in their civic cultures, state-society relations, and public health systems.

The Outbreaks and the Early State Failures in Hong Kong and Taiwan

In Hong Kong, in February 2003, several disparate cases of some unusual infection were reported to the health authorities

intertwined with the apparatus of the modern (national) state—for instance, lawmaking and law enforcement agents, classification schemes, nomenclatures and language, schooling, and education and knowledge production. See Ferdinand Tönnies, *Community & Society (Gemeinschaft und Gesellschaft)* (East Lansing, Mich.: Michigan State University Press, 1957); Anthony Giddens, *The Consequences of Modernity* (Stanford: Stanford University Press, 1990); Pierre Bourdieu, *Practical Reason: On the Theory of Action* (Cambridge: Polity Press, 1998).

4. Hsin-huang Michael Hsiao and Alvin Y. So, “Economic Integration and the Transformation of Civil Society in Taiwan, Hong Kong, and South China,” in Shu-min Huang and Cheng-kuang Hsu, eds., *Imagining China: Regional Division and National Unity* (Taipei: Institute of Ethnology, Academia Sinica, 1999).

from different hospitals. On March 10 more than ten medical staff in Ward No. 8A at Prince of Wales Hospital showed signs of pneumonia infection and fever. After a retrospective search, the index patient was identified as coming from Guangzhou (China) on February 21. Within just a day, he infected six other people at the hotel where he stayed the night before. These people, in turn, spread the disease across Hong Kong, Vietnam, Singapore, Toronto, and around the world. The news of increasing infection across the world prompted the World Health Organization (WHO) to send out a global health alert on March 15.

All this happened at a time when little had yet been known about the disease. Nevertheless, the Hong Kong government showed a "no cause for panic" mentality and only adopted a reactive and pacifying strategy that failed to effectively contain the spread of the disease at the beginning. Even after the outbreak at the Ward 8A of Prince of Wales Hospital, the government rejected a request to shut down the hospital (until a few days later), and was adamant that the outbreak would not spread into the community. The official line that infection had not spread to the community held for two weeks until the end of March when the virus broke out in residential blocks at Amoy Gardens and other places. Even then, quarantine measures were not imposed until after half of the residents had left the infected block—thus spreading the infection more widely.

In Taiwan, the first SARS cases were reported in mid-March. A returning Taiwanese businessman and his wife were found infected by an unknown, atypical pneumonia, which WHO later named SARS. Thereafter, sporadic cases of SARS appeared, all of which were believed to be transmitted from outside. In sharp contrast to mainland China, Hong Kong, and Singapore, where there was a severe outbreak of the epidemic, Taiwan fared rather well during the same time. While the first two SARS patients were successfully cured by the medical team at the NTU Hospital, the government of Taiwan took this chance to boast about its so-called "three-zero" record: zero death, zero infection, and zero exportation of the disease. In contrast to the low profile response by the Hong Kong government, the government of Taiwan, content with itself, charged the event with a high-profile political overtone concerning its relationship with the People's Republic of China (PRC). Yet ironically, despite the

self-proclaimed “three-zero” record, the government of Taiwan soon proved to be less than effective in handling the outbreak. On April 23, the SARS event entered a new stage as seven infected cases were found in the Taipei Municipal Heping Hospital. The cases increased rapidly afterwards.

Given the low alertness of the state, civil society came to its rescue, but in different ways in the two places. In Hong Kong the government was struggling to maintain a sense of order and normality when in fact the situation was careening out of control. It was civil society—including the medical profession—that called for public alert and came to the rescue. Local and global pressures put the government under vigilant watch. The government was losing much credibility and yet in the process, the health profession under the Hospital Authority helped the government win back some sympathy and maintain civic trust among the people. By and large, the civil society of Hong Kong—the churches, neighborhood associations, and other voluntary organizations—was greatly revitalized during the SARS outbreak. There emerged an unusual, albeit somewhat inflated, interlude of civic and moral solidarity in society during the crisis.

In Taiwan, civil society also came to the rescue at a time when the state as well as the medical system was in disarray. Yet in contrast to Hong Kong, civil society in Taiwan was highly demoralized when SARS first broke out, as sentiments of distrust and self-interest prevailed. The social movement organizations (SMOs) did play a more positive role in revitalizing civil society, but it came at a later stage of the crisis. There has been a “generalized distrust” lying deep under civil society that, in turn, has been entangled with Taiwan’s nationalist politics. The SARS crisis uncovered such a generalized distrust and its resultant fragility of civic solidarity.

Still, the responses of civil society in the two places were more complicated than the apparent contrasts. In Hong Kong, the moments of unusual civic solidarity were preceded and followed by challenges, tensions, and conflicts; state-society relations remained fragile under the present system. In Taiwan, while the vitality of civil society manifested itself in various yet sometimes conflicting ways, it was not free from manipulations by political forces and existing social cleavages. In the following, we shall illuminate how the differences, the changes, and the

tensions reflected differences in state-society relations or the civic cultures in the two places at large.

Civil Society in Hong Kong: Subtle Resistance, Civic Solidarity, and Latent Tensions

In Hong Kong, despite relative quiet, civil society remains quite diversified within itself: The charity and welfare associations and the conservative political groups are on cordial terms with the government, whereas the SMOs and the democratic parties take a more dissenting political position.⁵ Such diversity makes way for certain fluidities and tensions in state-society relationship. There is an uneasiness in the relationship due to increasing distrust in political leadership because of its poor performance and a lack of democracy. This, however, is a far cry from total distrust in the institutions. On the one hand, the British colonial legacy, in the absence of democracy, has left behind a system based on rationality, the rule of law, and administrative efficacy, which are the bases for a moderate degree of generalized trust in Hong Kong. On the other hand, that legacy has been undermined by a series of crises, scandals, and fiascos since the handover in 1997, most notably a rising democratic consciousness in the transitional period in the 1980s and the 1990s.⁶

During the SARS outbreaks, the people were on the alert even though the government tried to sound the “no cause for panic” bell. Precisely and ironically, it was the government’s slow responses that spiraled up public fear, leading finally to a social crisis. Civil society, however, did not show militarism or confrontation with the government. Rather it responded first with subtle resistance, then with fear and anxiety, and finally

5. Tai-lok Lui and Kin-man Chan, “Between the Family and the Political Society—The Formation of Civil Society in Hong Kong,” (in Chinese) in Jo-wai Chan and Man-to Leung, eds., *Political Theories in China* (Hong Kong: Oxford University Press, 2001).

6. Agnes S. Ku, “The ‘Public’ Up Against the State-Narrative Cracks and Credibility Crisis in Post-Colonial Hong Kong,” *Theory, Culture and Society*, vol. 18, No. 1 (2001), pp. 121-44; Ming Chan and Alvin So, *Crisis and Transformation in China’s Hong Kong* (New York: M. E. Sharpe/Hong Kong: Hong Kong University Press, 2002).

with an unusual sense of civic and moral solidarity. The interlude of solidarity was nonetheless underpinned with some latent fragilities and political tensions that were yet to emerge after the crisis.

We argue that the lack of democracy as well as diminishing trust explained much of the early resistance and the latent tensions that surfaced later, while the unusual interlude of solidarity, which stood in sharp contrast to the case of Taiwan, was mediated through a certain degree of basic trust in the institutions. Despite poor political leadership, generalized trust seems to remain in society for several reasons: The government, past and present, adheres to a benevolent kind of paternalism in the absence of democracy; the people have great faith in professionalism (most markedly in medical professionalism, and in journalistic professionalism to a lesser extent, during the SARS crisis); and civil society has had a tradition of self-reliance and voluntary aid among the charity and welfare associations since colonial times. All these have helped nurture a civic culture of relative pacifism, or mild resistance in the event of opposition. Over the past two decades, political consciousness has been on the rise, and a democratic discourse that presses the government for public accountability has been taking root. Yet during the SARS crisis, the mass media turned instead to sensationalist appeals to moral heroism and unity, whereas political parties submerged the democratic agenda under the discourse of solidarity until the crisis died down. This section will look into how civil society interacted with the state in the unfolding of the crisis in Hong Kong.

Open and Subtle Resistance Against the Government

At the very beginning of the outbreak, there was resistance coming from the medical professionals, parents, the media, health organizations, and other kinds of civil associations. The resistance took different forms, varying from subtle, open challenges to the official stance, to individual escapes and public outcries. Such challenges put strong pressures on the government though they remained generally mild rather than militant or fierce in tone. The medical profession, for example, presented a compassionate and yet most powerful challenge against the

state in the public. On one hand, the medical professionals mostly worked under the Hospital Authority that was part of the state. On the other hand, they retained a high degree of professionalism under the system that could sometimes straddle the state and civil society over medical matters. During the SARS crisis, for instance, they contested the government's "no cause for panic" message by calling for public alert. Professor Chung Sheung-chee from the medical school of the Chinese University of Hong Kong said to the media, "It is a fine line between causing panic and taking enough precautions. In a situation like this, I put myself on the safe side."⁷ A most striking moment came when Professor Chung, tearful and wearing a facemask, later revealed in a media briefing that the cases had originated in the community. Contradicting the government's official line that the virus had not spread to the community, he said, "a crisis is out there."

To play down the danger of the epidemic, all the senior government officials, including those who are themselves doctors, rarely wore facemasks in public places for the first few weeks. However, this "no cause for panic" message did not work in the society where people trusted themselves more than the government. For instance, the official line was subtly yet openly challenged by the senior medical staff from the Hospital Authority, who always put their faces under masks in public and in private. Many doctors had been staying away from home for fear of infecting their family members. The Public Doctors' Association, the Patients' Rights Group, and the Alliance of Patients' Mutual Help Organizations all criticized the government's lack of alertness.

Then, on the front of education, parents and school principals made government directives *de facto* ineffective by resorting to individual escape and public pressure when the government failed to institute effective control measures. The Education and Manpower Bureau at first had set only very general precautionary guidelines for schools. School principals and pressure groups such as Education Convergence complained about the less than useful and concrete guidelines by the government. While schools sent out similar health advisories to parents, some parents took to issuing individual alerts among themselves. By

7. *South China Morning Post* (Hong Kong), March 25, 2003.

March 21, after the Department of Health confirmed that five students had been infected with the disease, some schools cancelled classes and some parents pulled their children out of school. A few days later, as alarming figures pointed to a community outbreak, more schools decided to suspend classes on their own initiatives.

Internationally, pressures were coming from organizations such as the Centers for Disease Control, based in Atlanta, USA, and WHO. Uncertainty and risks were stressed by these international agencies. Like it or not, Hong Kong could not stay away from international pressure and the effects of the global travel alert issued by WHO. The government was repeatedly slow in taking urgent measures to stop the spread of the disease. It was also slow in responding to the warnings and outcries from the community until pushed by the circumstances, both locally and globally. As the number of infections continued to climb and conflicting information circulated even within the medical community, public panic began to dominate media headlines. By then the crisis had turned into one of public confidence in society. Then on March 27, the government finally admitted that there was a widespread pneumonia outbreak, which was followed by community-wide measures to curb the spread of the disease. Once having admitted an outbreak in the community, the government immediately shifted from the low-profile "no cause for panic" position to a high-profile appeal to people's hygiene consciousness and the public's confidence in the medical system.

The medical system was not without other problems, as shown in the continual disputes over the availability of PPE (personal protective equipment) to the health workers. Nevertheless, in the process, the relative effectiveness of the public health system in certain respects had helped the government win back some public sympathy: the relative efficiency in identifying the virus by the medical scientists,⁸ the transparency of the system, and the fact that many frontline doctors and nurses were risking their lives, with Hospital Authority chief Ho Siu-wai and his colleagues even falling prey to the virus. The health professionals in Hong Kong, on the whole, demonstrated a

8. Hong Kong claims to be the first to have identified the virus as coronavirus.

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remarkable sense of professionalism and a strong ethos of self-sacrifice. This contrasted quite markedly with the situation in Taiwan, and the difference, as we shall argue below, lies between a centralized public-hospital system in Hong Kong and a privatized health system in Taiwan. In other words, it was not political leadership but health professionalism, as institutionally affiliated with the state, that helped restore some public sympathy in Hong Kong in the later stages.

A Community in the Making and Unmaking

The people's first responses to the crisis might be described as largely individualistic, as a strategy for personal safety.⁹ Yet over time the crisis also became a chance to build "community." People from different sectors, organizations, the mass media, and the government all celebrated the spirit of care, mutual help, and self-sacrifice. The health profession, in particular, won the most public acclaim for selfless devotion. For a while, the process of community building developed with a certain degree of self-consciousness through collective experiences, media discourses, and initiatives from particular individuals and groups. However, the process of community building was by no means automatic, all-inclusive, or innocent of power and inequality.

For weeks the health crisis cast a deep gloom in the society, and the people found themselves living in a city beset by fear and anxiety.¹⁰ The toll of infection and death was rising; the people were walled off behind facemasks and the closed doors of hospitals and quarantine shelters; retail, tourism, education, and transportation sectors were plunged into a tailspin; the WHO

9. People initially cut themselves off from normal socializing. There were even instances of discrimination against medical staff, who belonged to the high-risk group, when they looked for temporary accommodations outside home. There were reports of discrimination against doctors looking for rentals as temporary accommodation and people living close to the affected areas.

10. A survey announced by the Chinese University of Hong Kong on March 20, 2003 showed that 75 percent of respondents feared the pneumonia outbreak could spread to their community and 53 percent worried that they would contract the disease. *South China Morning Post*, March 22, 2003.

issued a travel advisory against the city as well as the region. A confused and worrying situation in mainland China further dimmed the picture. A return to normal life seemed far off. But as the days passed, the realization grew that the whole society might have to live with the virus in some form for a long time. With it came the sense that somehow people had to find the will from within to get through the crisis, both individually and as a community. Privately, email and telephone messages about personal health care flew in and out in multitudes; publicly, psychologists talked of ways of relieving depression and religious groups appealed to the people's spiritual strength and sense of solidarity. On March 31, some fifty Catholic, Protestant, and Buddhist groups organized public prayers and called for community efforts to overcome the crisis. Some religious leaders urged the people to forget the government's faults for the time being and rally behind its emergency campaign.

Then in the haze of fear and dreariness, the mass media found inspiration in the "unsung heroes" of doctors and nurses in the SARS battle. Reports told of how many doctors and nurses had been risking their lives, working around the clock under enormous stress, and isolating themselves from their families. Despite concern about insufficient protective gear and other supplies, they displayed calm, persistence, and professionalism. As individuals, medical professors and doctors talked of the Hippocratic Oath and their personal calling to reinstate their professional ethos. Doctors from the private sector volunteered to carry out surgery for free for patients affected by the suspension of services at the Prince of Wales Hospital, the epicenter of the outbreak. Looking back, a nurse said with pride: "if I were asked to choose, I would still be willing to go to the front line. All these works are worthwhile. I am one of the participants."¹¹

In the community, people were moved and they sent cards, flowers, masks, and soup in an effort to show support for front-line medical staff at the Prince of Wales Hospital. Public discourses on such quiet heroism abounded: "they are as brave as any soldiers in battle, living up to the highest motives of their calling."¹² During the outbreak, a few public doctors and nurses

11. Sau-ying Chan, "Setting Aside Fear to Comfort the Afflicted," *South China Morning Post*, April 27, 2003.

sacrificed their lives. The community together mourned their deaths with love and tears, and their bodies were buried with the highest honors at Gallant Garden.

At the same time people were seeking to help in material terms. One of the first massive fundraising campaigns was organized by Albert Cheng King-hon, host of Commercial Radio's talk show "Teacup in a Storm." The program received donations from about 15,000 people for the purchase of facial masks for all frontline medical workers, as many had complained on air about not having enough of them.¹³ Various other fundraising projects were launched by charity groups, media organizations performing arts groups, and the business sector, among others, including Project Shield, We Care Education Fund, and Business Community Relief Fund for Victims of SARS. Some were aimed at medical staff, and some at the SARS patients or their surviving family members. Mutual help aside, an emerging sense of civic responsibility found wider expression, in the ways people voluntarily took precautionary measures to protect both themselves and others.

However, the community-building process also revealed certain hidden traces of sensationalism, power, inequality, and division. For instance, while there were special funds set up for the SARS victims, who became the symbol of a collective wound, might society not be forgetting, and hence diverting time and resources from, patients and victims who were suffering from other diseases, pains or causes? While the community projected heroism onto the frontline doctors and nurses, didn't the society overlook the numerous cleaners and other workers who also toiled for long hours in the high-risk settings? More importantly, while the community was finding solace in such heroism of self-sacrifice through the risks and deaths of doctors and nurses, especially through the repeated appeals of the mass media and government officials, was this not diverting attention from the clinical blunders, administrative flaws, and social injustices in the

12. Editorial, *South China Morning Post*, April 17, 2003.

13. The public nonetheless was harsh on the medical staff in management positions in the Hospital Authority. One problem seemed to be that the cluster leaderships in different regions became bottlenecks in implementing policy, supplying resources, and in relaying back information.

system that were also to blame for the outcomes that could have been avoided? Would it not then be reinforcing a flawed and unjust health institution through a myth of heroism?¹⁴

Perhaps we may say that the community-building process was a mixed blessing that both showed solidarity and idealism and concealed darker alleys of oversights, abuses, and wrongdoing. The media in particular appeared to be a two-edged civic institution in rallying and empowering civil society via transparency and public appeals, while inflating the "community" through sensationalism.

While there was a fine line between a deep and an inflated kind of civil solidarity, the government was quick to capitalize on such initiatives from the people and sought to regain credibility and play a leading role over the community. For example, on April 19, as a first attempt to boost civic responsibility and public morale buttressed by a business-led initiative (Operation Unite), the government mobilized 30,000 civil servants and 10,000 volunteers to cleanse and disinfect all parts of the city. Top officials engaged before television cameras in the public show of street cleaning, eating, and shopping to raise public morale. As soon as the outbreak began to show signs of dying down, the government quickly prepared to build up the image of a hygienic city and revitalize the economy through further programs and measures. The "community" that was in the making began to slide into a different form.

Civil Society in Taiwan: Community Demoralized and Re-moralized

Civil society in Taiwan has a rather short but robust history. It had been repressed under the authoritarian rule of the Kuomintang (KMT; Nationalist Party) and had only emerged during the democratization process in the late 1980s. Before then, social movements

14. Shun-hing Chan, "Reflections on Women and the Right to Healthy Life," paper presented in the forum on "Atypical Healthy Living—Imaginations and Practices," organized by the Centre for Social Policy Studies, Department of Applied Social Studies, Hong Kong Polytechnic University, and eleven other organizations, Hong Kong, July 2003.

and voluntary associations were either banned or restricted by the KMT-run state. Freedom of speech was limited, and most mass media were either controlled or strictly censored by the state. Since the late 1980s, Taiwan has witnessed a rapid expansion of social movement organizations, voluntary associations, and the public spheres (in terms of newspapers, magazines, and radio and TV stations). Although many scholars and analysts celebrate the burgeoning and maturing of civil society in Taiwan, there are a few features that deserve our special attention.

First, compared with Hong Kong, civil society in Taiwan has been a rather contentious one. Although it is quite normal that civil society is diversified rather than homogenized, civic solidarity in Taiwan has been particularly fragmented and fragile. To be sure, civic solidarity has been undermined by deeply entrenched social cleavages concerning ethnic conflicts and, above all, splitting national identities. As the latter two are highly politicized issues, the formation and development of civil society in Taiwan have been shaped by political forces to a great extent. As a result, civil society in Taiwan is characterized by a low degree of institutional trust, which we shall discuss in a later section.

Second, as soon as civil society was released from the repression of the state, the mass media were "colonized," to use Habermas' term, by capitalism or commercialism. The highly competitive nature of the media market in Taiwan has led to sensationalism and cynicism. These qualities have been exacerbated by long-time ethnic rivalries and contending national identities. This background is essential to our understanding of the situation in Taiwan, as the mass media was the crucial player in creating the widespread public paranoia about SARS.

Against such a backdrop, we find that civil society in Taiwan was rather self-destructive when SARS first broke out on the island. Before the outbreak on April 23, the media had played a moderate role in bringing information about SARS to the public and in urging the government to take necessary precautions. However, as soon as SARS broke out at the Taipei Municipal Hoping Hospital, sensationalist journalism set in. Rumors, hearsay, and unverified information, along with sensational exaggerations and distortions, were repeated live on day-long TV newscasts. The media not only created a huge panic in society; it also nourished a

paranoia about SARS by spreading unverified information and distorted stories.

The demoralization of Taiwanese society reached its height when frontline medical professionals—including both doctors and nurses—gave up their battle in the name of individual or worker's rights. When the Taipei city government decided to shut down the Hoping Hospital in order to contain the epidemic, some medical workers literally "escaped" from the hospital at the time of shutdown, caught on camera as they were climbing out of windows or jumping off the fence. Later on, some of those who were confined in the hospital gathered to protest in front of the media cameras, demanding that they should be let out instead of being confined. While issues concerning medical and professional ethics were immediately raised, it also became clear that the problem was far more complicated than it appeared. The protests and resignations of medical workers were understood partly as a lack of professional ethics, partly as a signal of distrust of the health authorities. Many medical workers stepped out to accuse the health authorities of adopting incorrect strategies in fighting the anti-SARS battle, while administrative backups and material supplies of PPE proved far from enough. As a doctor made clear, "to ask us to stay at the frontline [to fight SARS] means nothing less than sending us to the grave." While some of the medical workers threatened to kill themselves if they were kept confined in the quarantine area, collective resignations of doctors and nurses were also observed in a number of hospitals. The chaotic and demoralizing scenes were broadcast live on TV newscasts, making more and more people lose their faith in the medical profession and believe that the entire situation was out of control.

On the side of ordinary people, the situation was not much better either. A good number of those who were put in home quarantine by the health authorities did not follow the order. Many of them went out shopping or went to school as usual. Seeing that the order of home quarantine was not being strictly obeyed, both central and local governments had to make extra efforts to monitor people to ensure that quarantine measures were followed.¹⁵

15. In retrospect, however, it has to be noted that the scale of home quarantine

More importantly, the SARS crisis brought to the fore one of the most fundamental problems within civil society in Taiwan, namely, the lack of trust. The demoralization of Taiwanese society manifested itself not only in defective professional ethics and a public panic largely brought about by sensationalist journalism, but also in the breakdown of interpersonal relationships. In addition to discrimination against medical workers, which was also observed in Hong Kong, the paranoia about SARS reached such an extent that people suspected each other, including family members, of being potential SARS carriers. Some people were rejected by their family members and prevented from returning home simply because they had just flown back from Hong Kong or mainland China.

Moving from individual to regional or institutional levels, we can observe similar patterns of behavior. When the health authorities decided to move some of the SARS patients from Taipei to Hsinchu city and Hsinchu county, the city mayor and the county governor led a local crowd to block the road to stop an ambulance carrying SARS patients to the Hsinchu Hospital, as they feared that the disease would be spread to their neighborhoods. Similar incidents took place in other areas. For instance, residents in a southern town protested against handling garbage from Hopping Hospital in their neighborhood. In the city of Kaohsiung, residents tried to prevent the opening of a SARS hospital. On the institutional level, many hospitals refused to accept SARS-suspect patients or even conceal the cases to avoid troubles. This was directly related to the state's public health policies and its national health insurance system. Public health policies in the past few decades have been heavily directed toward privatization and commercialization. Under the logic of privatization and commercialization, hospitals were reluctant to report SARS cases or mere suspects to health authorities. The reason was rather simple: If a SARS case was identified, other patients would be immediately scared away, leading to a severe decrease in hospital's revenues.¹⁶ These chaotic phenomena were manifes-

in Taiwan was extraordinarily large and unnecessarily excessive. It was itself a symptom of state's incapability in coping with the epidemic. For further discussion, see Zhi-wen Gao, *Panics at the Time When the Political Plague Is Spreading* (Taipei: Yushanshe, 2003).

tations of the lack of solidarity or an insufficient sense of community in Taiwan. The island was thus divided into many small fortresses in which people isolated themselves from each other for self-interest and self-protection.

However, civil society was not self-defeating on the whole. Partly in response to the incapability of the state, and partly in response to the self-destructing media that contributed to the demoralization of society by fueling public panic, a number of SMOs banded together in an attempt to bring order back into society. For example, "The Social Security Anti-epidemic Alliance" was established in late April, while websites providing practical advice and information concerning SARS were made available to the general public by various social groups. In addition, not unlike Hong Kong, people came to organize themselves to clean up their environments, or to provide psychological and/or material support to the frontline medical workers and to those who were quarantined at home. With the efforts of these groups and organizations, society came to its own rescue before the eventual breakdown.

Regarding the mass media, there were efforts to counter its negative impact on society. A number of scholars and social movement activists launched a "SARS Media Watch" campaign to monitor TV broadcasts and newspaper reports. Under harsh criticism of its sensationalism that fueled fears and panic in society, the media responded by providing more coverage on the "positive side" of the story. Heroism abounded. Nurses and doctors who lost their lives due to SARS were characterized as "martyrs" of the nation (or the people), even though, ironically, some of them should have better been seen as "victims" because they were not even aware of having had contact with SARS patients. Singers and entertainers, along with TV and radio stations, gathered to raise funds for those who sacrificed or were in need of help during the crisis. TV commercials and newspaper

16. For a further critique of public health policies and the health insurance system, see papers by Ming-chi Chen, "State and Medical System at a Time When the Pestilence Spreads," and Kuoming Lin, "SARS and the Medical System in Taiwan," both presented at a conference on SARS and Taiwanese Society, organized by the Department of Sociology, National Taiwan University, Taipei, 2003.

advertisements joined to advocate “love” and “solidarity” to fight against SARS. Although these efforts may have had some therapeutic effects on the public, they can be seen, nonetheless, as a flipside of unreflective sensationalism that is pervasive in Taiwanese society.¹⁷

A newspaper commentary urged the public to face the “ugliness of Taiwanese people,” while an editorial in the *China Post* (May 19, 2003) directly called Taiwanese people “selfish.” Selfishness in Taiwanese society, however, cannot be easily equated with “egoism” or “individualism.” Rather, it is a pathological sign of lack of confidence in public institutions and interpersonal relationships. Ironically, Taiwan has been known to foreigners as a “warm” society in which people are friendly to outsiders and are willing to reach out to help others. How could such a “warm society” suddenly turn into a cold one in which people not only turned their backs to outsiders but also refused to help each other within the community they live in?

To explain such a puzzling phenomenon that involves a whole set of complicated issues regarding state-society relations, our attempt here is only meant to be exploratory and heuristic. To begin with, the failure of the state in coping with the SARS crisis has been, to a large extent, a result of the frictions and mistrust between the central and local governments. In turn, the friction and mistrust reflect the old social cleavages over splitting ethnic and national identities. While the central government is led by the pro-independence DPP (Democratic Progressive Party) that came to power in 2000, the local government of Taipei—the city most seriously hit by SARS—is led by the pro-unification (or anti-independence) KMT, a longtime political rival of the DPP. This gulf between central and local governments led to many crucial missteps and mishandlings during the SARS crisis.¹⁸ Similar frictions also prevail in the major media in Taiwan. As many observers have pointed out, the major media in Taiwan have been rather

17. For a discussion of how such unreflective discourses of “love” were a flip side of resentment and the lack of trust, see Horng-luen Wang, “Ressentiment in Modern Communities: Some Preliminary Reflections on Taiwan’s Experience,” paper presented at the conference on “Reimagining Taiwan: International Symposium on Nation, Ethnicity, and Narrative,” National Library, Taipei, December 20-1, 2003.

18. Zhi-wen Gao, *Panics at the Time When the Political Plague Is Spreading*.

critical of President Chen Shui-bian and his DPP government, while being much more friendly and sympathetic to Taipei's mayor Ma Ying-jou and his KMT team. By discrediting the state's efforts, feeding unverified information and biased criticisms, and creating paranoia, the media promoted widespread distrust among the public during the SARS crisis.

Furthermore, on a deeper level we find a general lack of institutional trust in Taiwan. As Wang has pointed out, certain institutions are necessary to provide society with representational, constitutive, and normative foundations.¹⁹ However, due to Taiwan's split national identity, entangled relations with the PRC, and ambiguous international status, many institutions, including classification schemes, nomenclatures, and norms, have not functioned properly. As a result, Taiwanese society has been living in institutional predicaments and/or crises for a long time. As nationalist politics have escalated since the 1990s, these institutional predicaments and crises have become more acute and perceivable. People have tended to have less and less faith in public institutions they deal with in their daily life.²⁰ In other words, trust in institutions may have eroded to a large extent because of Taiwan's nationalist politics. Such distrust was further exacerbated by the media during the SARS period, leading to a situation not unlike the "generalized distrust" that Sztompka observed and described in a post-communist society. The result was the apparent fragility of civic solidarity in society.

19. Horng-luen Wang, "Why Is Taiwan Making Trouble? Globalization and Taiwan's Rising Quest for Nationhood," in Chia-lung Lin and Yongnian Zheng, eds., *Nationalism and Cross-Strait Relationships* (Taipei: New Naturalism, 2001).

20. The following debates suffice to illustrate how and why institutional predicaments in Taiwan are becoming exacerbated: whether Taiwan is a "country" or not; whether people on Taiwan should be called "Chinese" or "Taiwanese" as a collective; whether the national title of the "ROC" (Republic of China) should be kept. During the SARS crisis, the rejection of Taiwan's participation in the World Health Assembly (WHA) was once again a reminder of such institutional predicaments—that is, Taiwan cannot easily fit itself in the institutional settings of the contemporary world, which has been structured on a nation-state model at least since the end of the World War I. For a full elaboration on how and why Taiwan has been caught in such "neither-nor" institutional predicaments, see Wang, "Why Is Taiwan Making Trouble?"

Indeed, the generalized distrust manifested itself not only in ordinary people's reactions and patterns of behavior during the SARS crisis, but also in the much-criticized reactions from front-line medical workers. The demoralization of the medical workers should be understood as not merely a lack of professional ethics; it also indicated the distrust of medical professions in the state's efforts and strategies in fighting SARS. In sum, the distrust between different members and sectors in society, between state and civil society, and between local and central governments eventually accounted for the overall chaotic situation in Taiwan.

Two coordinated surveys taken in Taiwan and Hong Kong during the period of the SARS outbreak form a good base for further comparisons.²¹ When asked why SARS became such a serious problem, people in both societies first attributed the reason to the PRC's concealing the epidemic situation from the outside world (see *Table 1*). The second highest attribution in Taiwan was made to the mishandling of the hospitals; the rate was 63.2 percent as compared to 41.4 percent in Hong Kong (ranked sixth). Another interesting discrepancy lies in people's evaluation of the media. 44.4 percent of the respondents in Taiwan blamed the mass media for making SARS become a serious problem, while merely 18.6 percent of the respondents in Hong Kong felt the same way. The discrepancy was the biggest among all factors asked in the questionnaire.²² Another large discrepancy lay in environmental sanitation. In other words, other than the China factor, the people in Hong Kong attributed the major causes more to political and administrative leadership as well as

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21. The survey, conducted by the Institute of Sociology, Academia Sinica, was taken during May 27 to June 13 in Taiwan, with success rate at 56 percent. A similar survey, conducted by the Chinese University of Hong Kong, was done in Hong Kong from May 27 to 30, with success rate at 61 percent. For further details about these two coordinated surveys, see Hei-yuan Chiu, Ying-hua Chang, Ly-yun Chang, Nan Lin and Chin-fen Chang, "Reports on the SARS Social Situation Survey," in Academia Sinica, ed., *The Fiend of the Spring, 2003: The SARS Epidemic in Scientific and Socio-Cultural Retrospect* (Taipei: Linking, 2003), pp. 151-2.
 22. Ying-hua Chang, "People's Attributions of SARS Becoming a Serious Problem and Its Social Impacts," in Academia Sinica, ed., *The Fiend of the Spring, 2003*, p. 160.

Table 1. Why Has SARS Become Such a Serious Problem?
Attributions by Ordinary People (percent)

	Taiwan	Hong Kong
Frequent interactions with mainland China	63.1	58.2
Mishandling by the hospitals	63.2	41.4
Poor environmental sanitation	34.6	59.1
Bad habits of people	51.1	53.7
Mishandling by the government	48.5	53.4
Exaggerations in TV reports	44.4	18.6
The PRC conceals the epidemic situation	74.8	70.2
Others	8.3	2.3
Don't know	3.2	3.8

Source: From Table 2-1 in Chang Ying-hua, "People's Attributions of SARS," p. 161.

Table 2. The Willingness to Help Others in Society (percent)

	2002 Taiwan	2002 Hong Kong	2003 Taiwan	2003 Hong Kong
Generally willing to help others	11.4	21.7	14.6	36.0
Only mind my own business	29.5	16.3	26.3	11.7
Half and half*	56.0	59.8	55.4	50.2
Don't know	3.1	2.2	3.6	2.2
Sample size (N)	1209	1005	1731	1018

* This option implies that the respondents are willing to help others 50 percent of the time, but that 50 percent of the time they would rather mind their own business.

Source: From Table 2-3 in Chang Ying-hua, "People's Attributions of SARS," p. 165.

the sanitary environment (including personal hygiene) than to the mass media, whereas the people in Taiwan showed distrust in the state, the health system, and the market-driven mass media. This may be taken as an indicator of a greater extent of generalized distrust in the present institutions in Taiwan.

The survey also reveals an intriguing fact worth further investigation. As Chang Ying-hua pointed out in his preliminary

report, in Hong Kong, the respondents who expressed a willingness to help others increased by 14 percent (from 22 percent to 36 percent) after the SARS outbreak (see *Table 2*). This implies that the SARS event may have had a positive effect on enhancing solidarity in Hong Kong. In contrast, such an effect on solidarity was absent in Taiwan.

In addition, based on the same survey, another study found that people had more confidence in particular individuals (e.g., specialists and/or scholars) than in institutions.²³ This, to a certain extent, supports our argument that institutional trust in Taiwan is rather weak. When a problem occurs, most people prefer to trust particular individuals rather than institutions in general. Ironically, people lack confidence in themselves, relatively speaking—namely, ordinary people, which, in turn, accounts for a low degree of interpersonal trust during the SARS outbreak in Taiwan.

Conclusion: Rethinking State-Society Relations

The outbreak of the SARS epidemic has provided us with a good touchstone to test state capacities and the vitality of civil society in Hong Kong and Taiwan. This article has focused on the coping responses of civil society in the early stages of state inefficacy in the two places. Civil society, in different ways, played a critical role during the crises: in coming to self-rescue, individually or collectively, when the state's measures were less than effective or when the state could not be trusted; in openly challenging the state when it was found to be telling only half truths; and in monitoring the state when it was expected to put the house in order. Civil society in the two places nonetheless showed varied responses to the crises: a high degree of medical or health professionalism and civic solidarity in Hong Kong, and much demoralization among health workers and ordinary citizens in Taiwan. We have demonstrated that civic culture, the mass media, the political system, and the health system were all

23. Ly-yun Chang, "People's Confidence in Hospitals, Health Officials, Scholars/Specialists and Ordinary People in Dealing with SARS," in Academia Sinica, ed., *The Fiend of the Spring*, 2003.

part of the causes mediating the different responses from civil society in the two societies.

As a caveat, the contrasts between the two places should not be exaggerated. In Hong Kong, despite the moments of civic and moral solidarity, state-society relations remained fragile in a system where democracy and trust in political leadership were lacking. The hidden political challenges against the government began to surface after the outbreak came under control toward the end of April. WHO's travel advisory against Hong Kong and Guangdong province was finally lifted on May 23. News headlines showed the financial secretary, Anthony Leung, taking the lead to celebrate in pubs late at night. Yet this was a time when the "community" was hijacked, as mentioned in the previous discussion, and when hidden tensions and political squabbles began to surface: On the one side, the government and the business sector sought to re-launch the city through programs and campaigns for consumerism; but on the other side, the Democrats and legislators set on the course of political investigation.

Under a far-from-fully-democratic system, Hong Kong's Chief Executive showed a weak sense of democratic accountability. He failed to institute mechanisms that could adequately assure government responsibility to the public. Initially, he ordered a government-led investigation to be led by the secretary for Health, Wealth and Food, Yeoh Eng-kiong. Lawmakers and health care professionals nonetheless questioned the impartiality and credibility of the committee, and they also questioned the efficacy of a committee with no legal powers to summon witnesses or seize confidential documents. Outside the political establishment, public discontent over the government mounted. After a huge demonstration by 500,000 citizens took place on July 1, 2003, the government conceded to some of the demands of the people, including the removal of Yeoh from the chairmanship of the investigation committee.²⁴

24. The monumental demonstration was probably directly related to the controversy over the national-security legislation, but it was also understood as an expression of the people's discontent with the general performance of the government. The medical profession, in particular, was very vocal in demanding an independent investigation of the SARS outbreak.

As for Taiwan, issues concerning political accountability and professional responsibilities were raised during and after the crisis. Under the pressure of public opinion, Twu Shing-jer, the director general of the Health Department, and Chiu Shu-ti, the head of Taipei Health Bureau, both of whom got into quarrels at the early stage of the SARS crisis, stepped down subsequently as the epidemic spread. A number of doctors, including the general director of the Hoping Hospital, were put under investigation for mishandling the SARS situation. Some were convicted and penalized. However, as discussed above, many of the problems exposed by the SARS crisis belong to institutions, not individuals. Although the responsibility of individuals was sought in the spirit of democracy, not enough reforms were undertaken on the institutional level.

When Taiwan was finally removed from the affected-area list by WHO, there were celebrations not dissimilar to those seen in Hong Kong. While state officials took this chance to boast about the effectiveness of their anti-SARS efforts, the entire society was celebrating the return to a normal life. With the sudden withering away of the epidemic, the SMOs originally involved in community-revitalizing and solidarity-building projects also stopped their projects rather abruptly. For instance, the websites of the "Media Watch" and "The Social Security Anti-epidemic Alliance" ceased to be kept updated after June. As most of these projects were task-specific in fighting SARS, it is quite understandable that these projects were discontinued or even abandoned as soon as SARS withered away. However, since many important, fundamental issues were raised by these SMOs during the SARS period, it remains to be seen whether and how these issues will be followed up by these activists and organizations.

The above analysis urges us to rethink the issue of state-society relations. The state and civil society have often been conceptualized in antipodal terms that are at odds with each other. In our comparative study, however, we find civil society and the state mutually shaping, containing, and mingling. In Hong Kong, while trust in political leadership was diminishing, civil society showed a certain room to grow, as professionalism and civic solidarity remained high during the SARS outbreak. The transformative potential of these social forces, however, was later transmuted under state paternalism and economic con-

sumerism. In contrast, Taiwân has a rather democratic system as well as robust social forces; but long-time social cleavages concerning ethnic and national identities, accompanied by the highly privatized health system, have seriously undermined institutional trust and civic solidarity within civil society during the SARS crisis. In both places, civil society has to come to the rescue when the state fails, but as this article shows, it has its own structural, institutional, and cultural limitations under the present system.

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