

The Devastating Effect of the SARS Pandemic on the Tourist Industry - Catherine Feeney

“Looking at underlying drivers of disruption, concern over a future pandemic is consistently affirmed across sectors and geographies” - (Bird, 2013)

Recent Business Continuity Institute surveys have demonstrated that pandemic is a threat taken very seriously across all sectors. The UK Government considers pandemic as a “Tier 1” threat to the country’s economy and security, alongside terrorism, war and cyber threats. With the position of global watchdog against health threats, the World Health Organisation (WHO) advises us that we can expect more pandemics in the future. Unfortunately, the WHO is unable to tell us when, what form they might take on and what effect they might have on both humans and animals. However, history has taught us that pandemics can devastate the population.

While positioning Tourism as a major global industry, this study looks at the effects of a pandemic on that industry by considering the case of the ‘Severe Acute Respiratory Syndrome’ (SARS) between 2002 and 2003.

The very nature of pandemics, are considered unpredictable and have severe health risk implications. SARS is highly contagious and potentially fatal condition for which there is no known cure. With a very mobile global population, SARS quickly spread from South-East Asia with cases being reported across the globe. The consequential threat this presented to the tourism industry was immense. The rapid and negative reaction of the travelling public during the crisis caused much hardship throughout the Tourism industry.

The Tourist Industry - Fragility versus Resilience

History has also demonstrated that tourism is a fragile industry when faced with health and safety threats to travellers. Consumer confidence will quickly evaporate in reaction to adverse events such as terrorism, natural disasters, high profile disasters, civil unrest and health concerns.

London's 7/7 bombing is estimated to have cost the UK capital's tourist economy £4 billion sterling (Mueller & Stewart, 2011). The 9/11 attack on the World Trade Centre saw close to 600,000 jobs lost of which 279,000 were in the tourist industry (Cortright & Lopez, 2007).

The capsizing of the Costa Concordia in 2012 resulted in 32 deaths while the economic cost to the wider cruise industry ran into hundreds of millions of dollars (Associated Press, 2012). Even the author was offered a buy-one-get-one-free holiday as cruise companies struggled to fill their ships.

The cost in human fatalities from the 2004 Asian Tsunami was horrific with the immediate economic outcome being felt most acutely in the tourist industry. In the case of Thailand, the estimated 8,000 fatalities was a comparatively small percentage of the disaster total for those reported killed or missing. Tourism accounts for 6% of the country's GDP although income from the six Thai provinces directly affected by the tsunami was as much as 90%. Moreover, in the six months that followed the disaster, hotel occupancies in Phuket plunged from 63% to 27% (Nidhiprabha, 2007).

The tourist behaviour with regard to Thailand can be compared to the reaction that Israel experienced albeit in response to terrorism. During 2000 Israel welcomed close to two and half million visitors (Carrison, 2005). But in October 2000, widespread and continued violence broke out as the second *Intifada* began lasting over four years with tourist numbers dropping by sixty-six percent (Schulze, 2008). Lost tourism income amounted to billions as hotel occupancy dropped as low as twenty percent while security costs soared. But it was not entirely a negative experience for the industry. To survive, hotel operations had to become lean, learning how to recalibrate their breakeven occupancies from forty-five to fifty percent to less than thirty (Carrison, 2005). Paradoxically, Israeli tourism benefited from the Intifada becoming well positioned to exploit more peaceful times.

In the case of SARS, global tourism felt its affects.

Developing a strategy for resilience is essential in enabling the minimisation of disruption, particularly in sustaining businesses for an important and essential global industry. This is paramount for tourism destinations and their products in the eventuality of exposure to health risks especially in the case of a serious pandemic. Travel and tourism is heavily

dependent on an intact environment, whether this is the natural, cultural, social or human or animal health environment. Although the sector is resilient it can be easily affected by negative events (Glaessar, 2010).

The Economic Importance of Tourism in the Emerging Millennium

“The business volume of tourism equals or even surpasses that of oil exports, food products or automobiles” – United Nations World Tourism Organisation (UNWTO, 2014)

Sometimes referred to as a “Social Phenomenon”, the significance of tourism is considerable. It is now deemed one of the *“major players in international commerce, and represents at the same time one of the main income sources for many developing countries”* (UNWTO, 2014). There are various definitions of the tourism industry. For example:

“It (tourism) comprises the activities of persons travelling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes not related to the exercise of an activity remunerated from within the place visited” - (Dale, et al., 2005)

The importance of tourism growth to emerging countries is enormous:

“Modern tourism is closely linked to development and encompasses a growing number of new destinations. These dynamics have turned the industry into a key driver for socio-economic progress” - (Ambedkar, 2013)

This ‘driver’ presents itself as a significant business opportunity. Indeed some nations have seen this as a panacea for managing some of their economic problems. There are issues arising from this but the industry’s significance through support by the agency of (UNWTO, 2014) in their statement that *“the contribution of tourism to economic well-being depends on the quality and the revenues of the tourism offer”*. Enabling assistance to “destinations in their sustainable positioning in ever more complex national and international markets”, through this support it “points out that particularly developing countries stand to benefit from sustainable tourism and acts to help make this a reality” (Mohammed, 2013). Thus

providing opportunities to sustain and develop future tourism products for the benefit of the destinations.

Support for the significant business case and proven economic impact of tourism is outlined at (UNWTO, 2014) as shown in *Figure 1*.

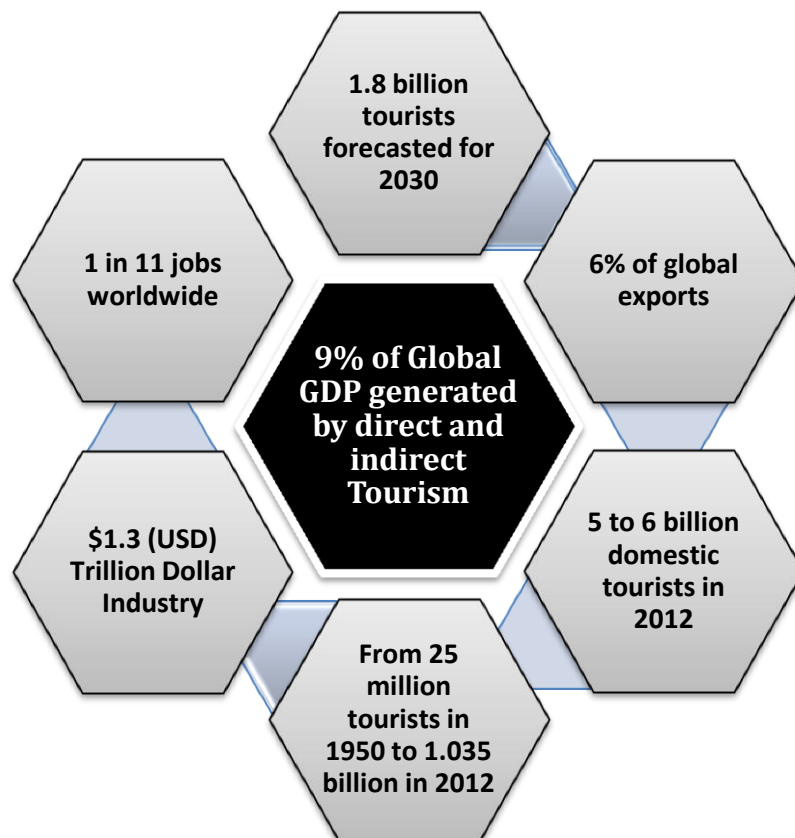


Figure 1: Facts and figures: 'Why Tourism Matters'

The UNWTO also states that that the industry of "Tourism is key to development, prosperity and well-being" and provides opportunities for all nations. Despite the global economic downturn, tourism has still continued to flourish although its growth has fallen short of predictions made at the turn of the century.

The tourism industry provides a diversity of sectors and products and it is acknowledge that ninety percent consist of small to medium enterprises (SME's). Their differing natures in the provision (albeit types of customer service and related products) can present difficulties in trying to develop homogenous solutions for their Business Continuity.

The result of world globalisation and a growing accessibility has produced travellers that are evermore seeking to explore. In 2012 there were 1 billion international travel arrivals. Expectations are that this will rise to 1.8 billion (see [Figure 1](#)) by 2030 WTTC (World Travel & Tourism Council, 2013, p. 1)]. Travelling by air predominates at 52%, Road 40%, Water 6% and Rail by 2%.

Typical Health Issues Threatening the Tourism Industry

Health risks can generate apprehension among travellers. Pandemics are predominately linked with Influenza due to the historical predominance of the virus as the principal contagious disease. Even so, conditions such as AIDS, foot and mouth disease, pesticide contamination, malaria, mosquitoes plus West Nile fever pose health hazards and also stimulate far greater demand for safety and hygiene than ever before (Richter, 2003, p. 340). Some destinations particularly in developed countries have a greater level of acceptability for travellers. Moreover, the increase in mobility during the last twenty years has enabled the tourism industry to develop even further products to entice tourists.

Tourist anxiety is often fostered by the threat of exposure to communicable diseases. This can be further complicated when epidemiological investigations are unable to provide timely warnings to the tourism industry, SARS being a point in case. This can be further compounded by any inability of local and national public health services to respond to emerging threats. Countries, particularly developing nations, may need support from international non-governmental organisations (NGO) such as International Red Cross, Médecins Sans Frontières and Disaster Emergency Committee.

Background to Managing Crises in Tourism

“SARS was actually a major trigger for the pandemic preparedness work for the travel, tourism and aviation sector” - (Glaessar, 2010)

Prior to SARS, the majority of research on tourism crisis issues had concentrated on economic and financial impacts. Significant questions had been raised regarding the reactive nature of tourism research versus the development of greater predictive capacity and theory generation. This observation comprehends the necessity for swift responses and

premeditative processes to enable supporting precarious health crises affecting the industry. However, until recently the dearth of available literature on risk management in relation to health crises has been disadvantageous in monitoring the industry's progress and its responses (Hall, 2010).

Even so, the identification of major risks in tourism has not been totally neglected. Several authors had identified noteworthy risks that currently impinge on the tourism industry. (Richter in Reisinger, Y; Mavondo, F.) 2006, outlines five of these:

- 1] Terrorism (Richter, 2003)
- 2] War and political instability (Sonmez, et al., 1999)
- 3] Health (Richter, 2003),
- 4] Crime (Dimanche & Lepetic, 1999)
- 5] Cultural and language difficulties (Basala & Klenosky, 2001).

Sources of academic texts utilised for this chapter have primarily originated in the last fifteen years. Coincidentally some of our worst crises affecting the Tourism industry occurred during this time. The concern surrounding the 'spread of disease' due to the phenomena of international tourism from a political science perspective has now received some much needed attention (Richter, 2009).

The effects of globalisation on tourism, and the risks previously outlined by Richter, provides concerns on how health issues are dealt with. Although arriving from the discipline of medical study of tourists, research points to a "steady increase in international travel as a driving force in the global emergence and spread of infectious diseases" (Perz, et al., 2001). Some eight years later, Dwyer comments on managing sustainable tourism in his "Health Risks and Security" section, showing a similar concern on the "Emergence and spread of infectious diseases driven by increased international travel" (Dwyer, 2008).

The essentialness of providing coherent planning in supporting a multifaceted tourism industry in the event of health threats to business has been recognised by the UNWTO (Glaessar, 2010). During the intervening years UNWTO have been empowered through their

experiences of dealing with serious health issues. This has enabled development of a framework to manage health threats that affect large numbers of travellers. UNWTO have collaborated with other UN agencies and predominately the WHO.

The SARS Pandemic - A Catalyst for Change

“Despite relatively few human casualties, SARS was an economic tsunami—creating US\$30 to \$50 billion in losses over a period of just a few months” - (TASW, 2011, p. 103)

One major illness that provided a catalyst for the UNWTO to focus and develop its strategies to promote efficiency in predicting and planning for challenging threats to health situations was SARS. Originating in Guangdong, China in November 2002 it continued through 2003 with cases being treated across twenty-six countries (Guan, 2003, p. 276). It presented a challenging situation due to the rapidity of the fallout that stalled travelling and seriously affected the tourism industry.

The Chinese authorities initially attempted suppressing news of the virus to avoid any detrimental effects on its economy and to prevent panic amongst the population (Goldin, 2013, p. 22). It was three months after the initial outbreak in Guangdong before the Chinese Ministry of Health advised the WHO that there were over three hundred cases of this condition which we now know as SARS.

Unaware of the condition and its seriousness, Hong Kong was totally unprepared for the outbreak that followed. A Chinese doctor who had been treating SARS patients in Guangdong checked into the Metropole Hotel and infected several guests most of whom were overseas visitors. They subsequently returned home to destinations that included Vietnam, Singapore and Toronto, taking the virus with them (Sui & Wong, 2004). In fact SARS was already spreading even before the WHO knew of its existence.

March, 12th 2003, the WHO issued an unprecedented Global warning about SARS. The message was unambiguous - this new mystery virus presented a threat to everyone on the planet. Strong recommendations were also issued about travel restrictions to infected areas

while airports introduced thermal imaging detectors insisting that anyone who appeared to have a temperature should have a medical (BBC World, 2003).

“Although we had developed a war plan, we never thought we would have to use it” – Dr Julie Hall, WHO, 2003.

The WHO launched its War Plan designed to identify, isolate and eradicate new diseases. It also persuaded some of the best micro-biologists in the world to work together, something that had been hitherto unprecedented. It was in a Hong Kong laboratory that the SARS virus was identified as being from the ‘Coronavirus’ group and related to the common-cold. Researchers concluded that it would spread like the common-cold with tiny droplets being inhaled after an infected individual coughed or sneezed. Conversely Influenza is far more infectious as it can hang in the air. However, it was concluded that SARS can survive for up to twenty-four hours on a surface such as a door handle or a lift button and this may have facilitated some of the cross-infection. This prompted people to be more vigilant with regard to their personal hygiene and in particular to more frequent washing of hands.

Quarantining victims plus anyone known to have been exposed to SARS was considered to be the only way to contain the disease. Hong Kong saw residents of entire apartment blocks placed in quarantine while in Toronto as many as 10,000 were also “invited” to go into isolation. Some schools and hospitals similarly faced the same fate.

On the ground in Hong Kong, most restaurants, bars and cinemas remained empty while the wearing of protective face masks became the norm (Ling, 2013). Airlines cancelled flights to and from the territory as passenger numbers plummeted as much as 77% in April 2003. Between March and May 2003, hotel occupancies rates dropped from 79% to 18%. (Sui & Wong, 2004). The Metropole subsequently rebranded itself as the Metropark Hotel perhaps in an effort to shed any lingering stigma from the SARS legacy (Goldin, 2013).

“It looked like Hong Kong had no more future as it appeared as the epicentre of SARS and people would not want to travel there” – Gary Ling, Reuters (Ling, 2013)

For Tourism, SARS presented a doubled edged threat. Similar to other industries, it needed to cope with the pandemic's effect on its own workforce but it also had to survive while its customers stayed away.

The devastation of Asian Tourism from the SARS outbreak was according to the (WTTC, 2003) in (McKercher & Chon, 2004, p. 716) "estimated that up to three million people in the industry lost their jobs in the most severely affected jurisdictions of China, Hong Kong, Singapore, and Vietnam and that the "Tourism arrivals [of] 70% ... or more across the rest of Asia, even in countries that were largely or totally disease-free" proved to be a particularly difficult time for the industry. The lack of cohesive planning was reflected in "this region['s] wide tourism collapse" They further identified that it "can be attributed more to how governments reacted to the perceived threat of the disease rather than to the real public health danger posed" and consequently proving ineffective in managing the threats to the tourism industry.

As a result the SARS outbreak resulted in a 1.2% decline in international tourism arrivals in 2003, a 41% drop in East Asia alone in the month of April (Wilder-Smith, 2006, p. 53). Moreover, the "unprecedented 'WHO' advice against non-essential international travel", contributed significantly towards this.

The Aftermath

Figures published seven years on demonstrated that the "pandemic economic and societal consequences can be enormous". The ultimate after effects illustrate that the results of the devastation were not able to be accurately measured for several years after the event. This concluded that "SARS affected 26 countries, had 8,098 cases, 774 deaths and caused economic losses of US\$ 60 billion", far larger financial damage than initially anticipated (Glaessar, 2010).

Consequently as the catalyst for reflecting and activating change as outlined by Glaesser (2010) in his seminal document for the UNWTO (Toward a Safer World) consideration was given to the following points:

1.	What are the key things that exist now as a result of pandemic preparedness that did not exist 5 years ago?	<p>It was concluded that three triggers which pre-empted pandemic planning and preparedness:</p> <ul style="list-style-type: none"> a. SARS b. The 2009 Mexican 'Avian Flu' outbreak c. The International Decade for Natural Emergency Plans (1990-1999) whereby 'National Emergency Plans' (NEP) were developed in many countries <p>Major challenges included: Communications, Sensitivity, Tourism as of unprecedented global importance and Logistics.</p>
2.	What are the key achievements of pandemic preparedness for our sector?	<ul style="list-style-type: none"> a. Information Management – importance of alerts b. High importance of targeted, two-way communication, balanced information and case management.
3.	What are the most critical gaps that remain in pandemic preparedness in tourism sector?	<ul style="list-style-type: none"> a. Branding and communication issues b. Complacency c. Fast and sincere reporting d. International travel
4.	What are the key lessons that have emerged from the pandemic	<p>Pandemics are economically detrimental to the travel and tourism sector, particularly when insufficient information is published not only during but after an emergency is over (usually due to a dearth of available information). Also the planning for threats from health risks has lacked a cohesive approach and not just those predominating from developing countries.</p> <p>The responses resulted in development of strategic reaction that provided the framework for managing threats to a multi-faceted industry. Future research will provide more in-depth knowledge and resources to manage different situations. The transparency of the UNWTO, WHO and TERN enables the Tourism industry to reflect and manage their Business Continuity and Resilience strategic planning for the benefit of all.</p>

Figure 2: The Catalysts for Change (source Glaesser 2006)

The responses resulted in development of strategic reaction that provided the framework for managing threats to a multi-faceted industry. The prospect of future research by UNWTO will provide more in-depth knowledge and resources to manage different situations. The transparency of the UNWTO and WHO enabled Tourism to reflect and better manage their Business Continuity arrangements while improving its resilience.

Lessons Learned

The Tourism Industry was clearly not prepared for SARS and it suffered badly both economically and in job losses. The aftermath would have been better focused on what the industry has done to prepare itself for any future significant health threats. This included the creation of Tourism Emergency Response Network (TERN) in 2006 although the 2004 Pacific Tsunami disaster was also influential in its creation (UNWTO, 2006).

What Went Well

The very nature of the Tourism industry as outlined previously, consisting of up to 90% of SME's managing at predominately micro economic level required strong leadership from an international perspective.

“Singapore learned from the 2003 SARS pandemic the importance of addressing non-health issues and having a single, national-level mechanism for decisive decision-making” (TASW, 2011, p. 41)

Establishing a cohesive but collaborative approach emerged through leadership from the UNWTO (Glaessar, 2010, p. 3). They surveyed that from “mid 2008 the integration of travel & tourism into the National Emergency Structures ... (& National Emergency Plan's [NEP])... and procedures from member states of UNWTO” thus providing integration of “travel and tourism into the NEP”. This fundamental position also illustrated that for the majority of countries an additional “Pandemic plan”, particularly in those countries that “depend strongly on tourism” was an essential preparation to run concurrently with the NEP.

The excellent collaborative development by UNWTO for TERN has enabled the network to grow since the necessity for interconnected planning as a result of SARS.

What Could Have Been Done Better

The provision of an ‘intact environment’ for travel and tourism (Glaessar, 2010). This could have been managed through:

- Complete awareness of pandemic situation and its restrictions
- Simulation exercises

- Strong communication at all levels (local, national and international) through various agencies and the constant vigilance of the industry that will fully enable pandemic preparedness and its consequences.

Managing the external or macro environments to assist in providing resources to enable all countries to have a level playing field in promoting holistic planning for health crises is a global issue.

Enabling the remaining 28% of UN countries without an NEP is a critically essential component towards maintaining global coherent responsiveness (Glaessar, 2010).

What Did Not Go Well

The delay by China in alerting the WHO of the health crisis developing in Guangdong Province which left Hong Kong unaware and grossly exposed to the pandemic.

Of great concern to UNWTO was the assistance provision available to 'newly industrialised countries'. Managing pandemics in countries where Public Health Departments do not have the depth of resources currently available in developed countries can provide situations where pandemic situations will require support from the UN and other NGO's to assist in arresting the spread of contagious diseases.

Other Observations

"SARS was not the killer disease that the WHO War Plan had been designed for. But maybe it was a dress rehearsal" - (BBC World, 2003)

World travel conditions for Tourism have improved and grown exponentially, consequently co-ordination of services related to managing communicable diseases health prevention. Support for co-ordinated Public and NGO's to provide communication and maintain the affected areas to ensure Tourism can continue. This has been established as a relatively new feature of this current century.

The role of Public Health organisations when managing a health crisis is paramount. Governments at all levels and in co-operation with the relevant NGO's provide a cohesive response to managing contagious outbreaks.

Tourism thrives when it's safe to travel, responsibility for ensuring health and safety is a considered given and beneficial to all stakeholders. Sharing information and methods of operation can eventuate in prevention of disseminating further strains of pandemic illnesses.

Subsequent Improvements in Tourism Health Crises Management

Managing the control of monitoring global health issues in a crisis in relation to tourism is overseen by the UNWTO. They have clear and established guidelines in dealing with such emergencies. Their co-ordination with various organisations particularly the WHO in the event of pandemics and health crisis's is paramount.

The United Nations in 2006 under the auspices of UNWTO and the World Economic Forum (Forum, 2006) established the Tourism Emergency Response Network (TERN). This was in reaction to the severe conditions encountered from the 2004 Indian Ocean Earthquake and resulting catastrophic Tsunami. TERN consists of the world's leading tourism associations who collaborate on strategies for managing crises.

UNWTO developed the initiative for working closely with the travel trade resulting from these adverse conditions of the various threats to tourism businesses, both on a national and global level. UNWTO established the importance of TERN and realises the statement of how it is "characterized by its independence and inter-dependency where each partner works for the common good of a single cause: make travel and destinations safe for tourists".

It has established "basic guidelines" that consist of the following:

- work closely with the UN System;
- share real time information and ideas;
- give clear, concise and geographically specific public messages;
- seek close media liaison to better spread information as necessary;

- be activated for regional and global emergencies of relevance for the travel and tourism sector or, if so requested, by one of the TERN members.

Under the umbrella of the UNWTO there is the panel of 'Risk and Crisis Management Programme' members. They provide "mitigation strategies, actions and instruments to evaluate risks of global and local importance through capacity building workshops in the following areas:

- Emergency Planning for Tourism
- Tourism Risk Analysis, Early Warning and Mapping
- Crisis Coordination at the National and International Level
- Crisis Centre
- Crisis Communication
- Recovery Techniques

The national organisations disseminate this information to their "Health Protection Agencies" usually the Public Health authorities, who manage any health crises particularly in relation to travellers and tourism.

In Summary

Managing threats and developing resilience to safeguard tourism has come a long way in the last fifteen years. Closer collaboration with international governmental and NGO's has provided a more cohesive and constructive approach to enabling whole areas of the globe to manage their communications and consequently their resources. Planning for eventualities has assisted in the majority of countries closely monitoring events to ensure provision for a safe environment for all residents, travellers and tourists alike.

There is one vital lesson that requires consideration when developing methods to better manage the threat of pandemics activating a serious detrimental effect on the tourism industry. Some research supports the argument that Tourism is not just a potential victim of pandemics, with the explosion witnessed in global travel it can also be part of the problem.

Works Cited

- Ambedkar, B., 2013. *National Seminar on Contemporary tourism planning : introspecting problems and prospects*. [Online]
Available at: www.bamu.net/workshop/acad2012/contemporaryplanning_tourism.pdf
[Accessed 04 01 2014].
- Associated Press, 2012. *Costa Concordia disaster could cost cruise industry hundreds of millions*. [Online]
Available at:
http://www.nola.com/business/index.ssf/2012/01/costa_concordia_disaster_could.html
[Accessed 08 01 2014].
- Basala, S. & Klenosky, D., 2001. Travel-Style Preferences for Visiting a Novel Destination: A Conjoint Investigation across the Novelty-Familiarity Continuum. *Journal of Travel Research*, 40(2), p. 172.
- BBC World, 2003. *SARS - The True Story*. [Online]
Available at: <http://www.youtube.com/watch?v=MXPae0uEQM>
[Accessed 14 01 2014].
- Bird, L., 2013. *Horizon Scan 2013 - Survey Report*, Caversham: Business Continuity Institute.
- Carrison, D., 2005. *Business Under Fire - How Israeli Companies Are Succeeding in the Face of Terror and What We Can Learn*. New York: AMACOM.
- Cortright, D. & Lopez, G., 2007. *Uniting Against Terror*. Massachusetts: Massachusetts Institutes of Technology.
- Dale, G., Marvel, A. & Oliver, H., 2005. *Travel and Tourism*. Oxford: Heinmann.
- Dimanche, F. & Lepetic, A., 1999. New Orleans Tourism & Crime: A Case Study. *Journal of Travel Research*, 38(August), p. 19.
- Dwyer, L., 2008. *Megatrends underpinning tourism to 2020: analysis of key drivers for change*, Australia: CRC for Sustainable Tourism Pty. Ltd..
- Forum, W. E., 2006. *WEF*. Geneva: WEF.
- Glaessar, D., 2010. *Toward a Safer World: The Travel, Tourism and Aviation Sector*. [Online]
Available at:
<http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CCwQFjAA&url=http%3A%2F%2Fdtxtq4w60xqpw.cloudfront.net%2Fsites%2Fall%2Ffiles%2Fdocpdf%2Funwtotowardasaferworld.pdf&ei=RMn8UveOGu-v7Aa-poGgAg&usg=AFQjCNF6VqD3ocZxSU1hO8pjsKoEyYld>
[Accessed 13 01 2014].
- Goldin, I., 2013. *Divided Nations: Why global governance is failing, and what we can do about it*. 1st ed. Oxford: Oxford University Press.

- Guan, Y. e. a., 2003. Isolation & Characterization of Viruses Related to the SARS Coronavirus from Animals in Southern China. *Science*, 302(5643), p. 276.
- Hall, C., 2010. Crisis Events in Tourism: subjects of crisis in tourism. *Current Issues in Tourism*, 13(5), p. 401.
- Ling, G., 2013. *Witness: SARS - the epidemic that shook Hong Kong*. [Online]
Available at: <http://www.youtube.com/watch?v=ZgBEQZNbGrc>
[Accessed 18 01 2014].
- McKercher, B. & Chon, K., 2004. The Over-Reaction of SARS & the Collapse of Asian Tourism. *Annals of Tourism Research*, 31(3), p. 716.
- Mohammed, A., 2013. *Tourism – an Economic and Social Phenomenon*. [Online]
Available at: <https://madrastourist.wordpress.com/tag/world-tourism-organization/>
[Accessed 20 01 2014].
- Mueller, J. E. & Stewart, M., 2011. *Terror Security and Money - Balancing the Risks, Benefits and Costs of Homeland Security*. Oxford: Oxford University Press.
- Nidhiprabha, B., 2007. *Adjustment and Recovery in Thailand - Two Years after the Tsunami*, Tokyo: Asian Development Bank Institute.
- Perz, J., Craig, A. & Schaffner, W., 2001. Mixed outbreak of parainfluenza type 1 and influenza B associated with tourism and air travel. *International Journal of Infectious Diseases*, 5(4), pp. 189-191.
- Richter in Reisinger, Y; Mavondo, F., 2006. Cultural Differences in Travel Risk Perception. *Journal of Travel & Tourism Marketing*, 20(1).
- Richter, L., 2003. International Tourism & its Global Public Health Consequences. *Journal of Travel Research*, 41(4), p. 340.
- Richter, L., 2009. Power, Politics, and Political Science: The Politicization of Tourism. In: T. Jamal & M. Robinson, eds. *The SAGE Handbook of tourism Studies*. London: Sage, p. 189.
- Schulze, K. E., 2008. *The Arab - Israeli Conflict*. 2nd ed. Harlow: Pearson Education Limited.
- Sonmez, S., Apostolopoulos, Y. & Tarlow, P., 1999. Tourism in Crisis: Managing the Effects of Terrorism. *Journal of Travel Research*, 38(1), p. 13:18.
- Sui, A. & Wong, R. Y., 2004. *Economic Impact of SARS: The Case of Hong Kong*, Hong Kong: The University of Hong Kong.
- TASW, 2011. *BEYOND PANDEMICS: A WHOLE-OF-SOCIETY APPROACH TO DISASTER PREPAREDNESS*. [Online]
Available at: www.towardsaferworld.org
[Accessed 12 01 2014].

UNWTO, 2006. *About the Tourism Emergency Response Network (TERN)*. [Online]
Available at: <http://rcm.unwto.org/content/about-tourism-emergency-response-network-tern-0>
[Accessed 04 03 2014].

UNWTO, 2014. *Why Tourism*. [Online]
Available at: <http://www2.unwto.org/content/why-tourism>
[Accessed 17 01 2014].

Wilder-Smith, A., 2006. The severacute respiratory syndrome: Impact on travel and tourism. *Travel Medicine & Infectious Dsease*, 4(2), p. 53.

World Travel & Tourism Council, 2013. *Tourism for Tomorrow*, London: World Travel & Tourism Council.

WTTC, 2003. *Special SARS Analysis: Impact of Travel & Tourism (Hong Kong, China, Singapore & Vietnam reports)*, London: World Travel & Tourism Council.