A strike in the time of COVID-19 pandemic: The 2020 health workers’ dispute in Hong Kong

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Abstract
A short health workers’ strike held in early 2020 in Hong Kong at the start of the Covid-19 pandemic demonstrates the importance of democratic framing of social movement unionism. A trade union was established during a period of massive civil unrest against the local government in 2019 and then proceeded to organise a strike within 2 months of formation to pressure both their employer and the government to enhance citizen and health workers’ safety as the pandemic entered Hong Kong. The paper explains the organisation, progress and reaction to the strike by different stakeholders. The case exemplifies mobilisation through strong democratic trade unionism and provides an example of social movement framing that combined membership and societal interests. The strike represents the last instance of successful independent union mobilisation in Hong Kong as governance shifted from laisse-faire industrial relations that favoured the local capitalist elite to state authoritarianism focussed on obedience to the national political elite.

Keywords
Strike, Hong Kong, union democracy, Covid-19, health employees, social movement framing

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Introduction

Health workers face stressful periods during pandemics, aware of the medical issues involved, expected to be on the front lines in protecting society, and often the first to start dying when appropriate resources are not adequately provided. When soldiers go to fight wars, they get paid bonuses, when nurses go to fight a pandemic, they get spat at by ill-informed patients. One of the earliest named victims of the severe acute respiratory syndrome coronavirus (SARS-CoV)-2 virus which causes the Covid-19 pandemic was the Wuhan whistleblowing doctor LI Wenliang, who sought to bring attention to the danger and was sanctioned for his actions (Green, 2020).

In Hong Kong, Covid-19 occurred within a context of mass civil unrest and acrimonious government societal relations. This paper examines the case of a short strike in February 2020 designed to force a mainly public-sector hospital authority and government to act quickly to prevent the spread of the virus and provide protective equipment to hospital workers. The strike was organised by the Hospital Authority Employees Alliance (HAEA), a union established in December 2019.1

The purpose of the paper is to provide at one level a descriptive record of a remarkable strike and at another, to reinvigorate discussion concerning union democracy. The tendency to see democracy as a compromise between leadership and grass-root demands (Connolly, 2020) tends to obviate democratic processes in legitimating sensitive or controversial actions, such as health care workers striking during a pandemic. In the context of neoliberalist-leaning states (Howell, 2021) and totalitarian regimes, democracy provides a subversive legitimacy to trade unionism.

We argue that the strike itself, though short, was largely successful in its aims. However, the broader movement in which the union was established, and the ideals espoused were completely crushed within a year as Hong Kong came under more direct control from the central Chinese government and draconian policing. Nevertheless, we wish to focus on one of the last examples of pluralist industrial relations in Hong Kong and to draw attention to democratic unionism in framing mobilisation and social movement unionism (SMU) in promoting joint membership—public interests. The limit of both our paper and its focus is that when an authoritarian regime decides to crack down, its monopoly on violence replaces reasoned debate; state-enforced unitarist ideology replaces a version of pluralism which strongly favoured employers. Our analysis also proposes a contrasting view to some of those who consider the new unions formed during 2019 and 2020 were organised for purely political aggression directed at the government (Chan and Pun, 2020: 36–37) and the strike action (Leung, 2020) but forms of political protest, both of which fall outside the realm of real trade unionism.

The paper briefly examines the contested situation of Hong Kong a mass movement that began in 2019 before examining relevant theories on social movement and union democracy. The method and case study of the strike will then be outlined, followed by an analysis and conclusion.
Context to the strike

Following the US government and consequently also the United Nations’ decision to change recognition as to which government ruled China, relations with Taiwan became haphazard. When a Hong Kong resident was suspected of murder in Taiwan, the Hong Kong Government announced in March 2019 that a law should be enacted to allow formal extradition arrangements with Taiwan, but also added similar provisions for Beijing. Mass protests began against the law, particularly provisions that might enable Beijing to legally extradite anyone critical of the Chinese Communist Party. In a context where some individuals had already been disappearing from Hong Kong to resurface months later confessing their crimes, there was widespread fear of legalising the process (SCMP 2019). In a repeat of the 2014 protests, the debate quickly moved from a weak (by design) legislature to mass rallies. By August 2019 the size of peaceful marches grew to almost a quarter of the entire population. As with the 2014 protests, the police became the main instrument to ensure regime power. The role of the police, unlike in 2014 became increasingly aggressive, firing 30,000 ‘crowd control’ projectiles from June to December 2019 alone, compared to 87 in 2014.

Despite the government withdrawing the draft law in September 2019, the anti-extradition movement was the surface of a deeper current of unrest against elite governance, spawning those who sought confrontation, and other dialogue. Some also sought to organise strikes and others a movement to establish new democratic trade unions which were variously aligned with the existing democratic union confederation (disbanded in 2021), independent or forming a new loose association.

By January 2020, society became aware of a new problem, the spread of the Covid-19 pandemic. In 2003, nearly 300 Hongkongers died from the SARS-CoV, including eight healthcare workers, which spread from mainland China to Hong Kong with a similar feeling of secrecy from the Chinese authorities. Globally, thousands of healthcare workers have died in the battle against the Covid-19 pandemic since late 2019, but the 1-week strike staged by HAEA in early 2020 to stop a repeat of what happened in 2003 in many respects succeeded in their efforts to protect members and slow the spread. In this context, and the context of ongoing civil unrest, this strike was a political act, but also a demonstration of an open, democratic, and peaceful alternative to submission to state authority. This marks the trade union’s essence in authoritarian contexts as distinct from debates about union reform in global north democracies.

Union activism theories

Since the advent of systemic union decline in most of the industrial and post-industrial economies in the late 20th century two main schools of theory have sought to explain union renewal: mobilisation theory (Kelly, 1998) and more conflicted discussion around SMU. This section will draw on both approaches to discuss dispute framing or leadership focus by unions and emphasise aspects of framing in non-democratic contexts. Framing will then address the issue of democracy as a principle of the organisation (control) and framing of issues themselves, albeit implicitly.
Framing

Kelly (1998) argued that a sense of injustice is a condition but not sufficient means by which union organisers are able to mobilise members to pursue a particular policy objective. Blyton and Jenkins’s (2013) compared union strategies in the garment industry facing factory closures and the London Minimum Wage movement to argue that unions struggle to engage wider injustice concerns. Zajak et al. (2018) in contrast, argue unions and social movements can cooperate under certain circumstances, such as when cooperation is framed around an issue strategically rather than ideologically. In the SMU literature, the idea of framing is used to explain how unions broaden contention. Fairbrother (2008: 213) defines SMU as having ‘a local focus, is more engaged, embedded in the workplace and equally important in the community, where a distinctive and transformative union identity may be forged and promoted’.

Tarrow (2011) discusses injustice framing or grievance as the emotional driver for the process of framing, blending dissension into the cultural normativity of injustice amidst the struggles with individuals’ private thoughts and propaganda from the authority for cultural legitimacy. Samuels (2003) goes further in urging that a ‘bricolage’ (diverse assemblage) is acquired by establishing innovative ideas and strategies on the foundation of the normative frame for progression based on a comparison of communist trade union leadership in Italy and Japan after the collapse of the Soviet Union. In the global north, at least, much of the SMU discussion grew out of the split within the US labour movement in which some called for and favoured unions which were seen as moving from service-based to socially based forms (Fletcher and Capasin, 2008), and this was seen as a fundamental reformulation of the meaning of unionism.

Scipes (2014) makes a distinction between the global north having a choice of business (service providing) and social justice unionism, but for many global south regimes there is a rather different choice. Workers in situations of either weak democracies or outright authoritarian states are forced to choose between political unions controlled by or acquiescent to the states which are there often to control workers (Taylor, 2000; Scipes, 2010) or social unions formed as alternatives in a struggle with the regime (confusingly, Moody (1997) refers to these as ‘political’ unions). Seidman (1994) exemplifies the struggles of social unions in the cases of Brazil and South Africa, where shop-floor workers aligned their demands with the public to galvanise a working-class movement against autocracy. At one level, this demonstrates classic SMU or mobilisation framing but in the context of authoritarian regimes, as we will go on to demonstrate, this takes on an altogether more fundamental democratic element, a challenge to non-democracy.

Democracy as framing

Hodder and Edwards (2015) call for a need to draw a distinction between the meaning of unions (their essence) and the practice of strategy. Their interest in this connection is that we cannot understand an action, such as union renewal, without first understanding the essence of the union itself. The SMU literature often simplistically categorises types of
union essence as diecast forms which often are reduced to good–bad typologies, often without recognising Hyman’s (2001) nuanced union form being derived from some compromise of pressures between class position, economic and social/cultural context. A common distinction is between top-down organising and bottom-up mobilisation, in which service unions are top-down and social unions are bottom-up, although (Moore 2011) shows this is always a tension in practice, which reflects a more fundamental discussion on trade union democracy.

Biagi (1988: 200) appears to make a distinction between external and internal union democracy. External democracy is explained by Gumbrell-McCormick and Hyman (2019) outlined Webb’s Fabian argument that trade unions were the key to economic democracy, just as Kautsky (2019 esp. 316–317) argued worker organisations would form the bedrock of the transition from capitalism to socialist social democracy (Berger, 2002). Luxemburg (2006: 49–56) argued unions were undemocratic so long as they did not challenge the basis of capitalist relations. Biagi’s comparison of internal union practices finds problems so undemocratic procedures. Weber (1978: 1395–1397) saw unions as stifled by bureaucratisation and Gumbrell-McCormick and Hyman (2019: 101–105) summarise discussions over the problems between representation and decision-making or involvement and leadership. They note studies highlighting problems of centralism and bureaucratization or ossification but also hold out hope that modern information technology will allow deeper contact with members although citing Geelan and Hodder’s (2017) study of a disappointing use within Union Solidarity International, established to support inter-organisational networking.

Leadership and democracy are clearly important aspects of the mobilisation thesis, but it is the SMU writers who discuss direct democracy as crucial to social movements. Kelly (1998: 122) sees direct democracy as transitory to more complex forms of decision-making in larger unions. Whilst in much SMU literature focussed on the global north draws important concerns over union democracy in non-SMU unions as lacking membership diversity (Fletcher and Gapasin, 2008: 182–186) as evidence of a lack of democracy but does no more than implying SMU democracy in the claim they represent most citizens’ interests, whilst Reiss (2005: 43-44) implies that narrow union democracy impedes wider social justice. This has something of an ironic echo of Stalin’s view that narrow labour union democracy is syndicalism at the expense of the working class (Lenin, 1966: 321–336). A union’s essence is its democracy, its voluntarist membership and collective action, just as much as votes and discussions.

In this paper, we also hope to show but cannot prove that union democracy carries a particularly poignant meaning in contexts of authoritarian regimes, challenging the idea that democracy is a compromise. The importance of genuine internal participative democracy as a statement of and living in truth in the face of an elite lie (Havel, 2018) is a progressive act in itself.

**Research method used**

The research on which this paper is written forms part of a broader project examining a 100-fold increase in new unions in Hong Kong being conducted in real-time from
mid-2019 to late 2020. This case examines the strike activity of one of these new unions and draws on a mixed-method of extensive documentation, two 90-minute interviews and repeated text communication with one strike organiser, discussions with several organisers and participants through social media platforms and direct observation. Interviews with two none-participating health workers and 30 organisers of 20 other unions, five of which planned support activities were also undertaken. Our approach was deliberately inductive because the information was collected as the event progressed and ended.

Social media played an important part in the research, with chat groups, Facebook and other postings providing information, viewpoints and rumours, all of which helped to understand the case as it progressed. Numerous interviews were conducted with activists, journalists, civil society organisations and politicians with an interest in the strike, before and over the 18 months since. Several news sources were monitored, producing approximately 90 discrete news items from mostly local sources directly concerning the strike. We were, thus, able to compare interviews and chats with observations and primary documents, and in many cases also triangulate with news reports.

For most of the descriptions of the events of the strike, we can corroborate facts through observation, informants (including interviews and social media postings) and formal news outlets. To allow readers to check our findings, we quote mostly pro-government media where possible. This is because the 2021 crackdown on dissent has meant independent media is being forced to close, social media platforms removed and widespread arrest of activists. For the same reason, we have deleted all our records, except for unattributable interview scripts. The research was conducted in a climate of deep social conflict but a pluralist atmosphere. The paper is written in an altogether changed atmosphere of fear and intimidation among a section of society.

**Background to strike**

In preparing for a change of Hong Kong’s sovereignty from the UK to China in 1997, a mini-Constitution, the Basic Law (1997) was drafted which includes a provision guaranteeing the right to strike. In practice, the legal framework remains heavily weighted to allow employers near unilateral discretion, as evidenced by routine criticism in periodic reviews by the United Nations Committee on Economic, Social and Cultural Rights and by the Committee of Experts on the Application of Conventions and Recommendations of the ILO (e.g. CEACR, 2021).

One pro-government union leader interviewed claimed this reflected Hong Kong’s ‘first world economy but third world industrial relations’, it also reflects a state apparatus designed by British colonials to protect mercantile then capitalist interests which is maintained since 1997 by China’s Communist Party for the same reason (Fong, 2014).

As part of the 2019 movement, several strikes and worker-led acts of civil disobedience occurred. Many working people from all occupational groups became more active in supporting the protest movement, leading to several dismissals in the civil service, Cathay Pacific Airlines, schools and universities, and the targeting of journalists who reported sympathetically. Several strikes were called and an initiative to form new unions
began (Chan, 2020; Liu, 2021; Taylor, 2021). One of the early new unions formed was the Hospital Authority Employees Alliance (HAEA) in December 2019.

From the start, HAEA emphasised procedural democracy, bottom-up decision-making and engagement with societal stakeholders, be their fellow unions in the industry or patients. Whilst its Facebook pages and Telegram group were active. It was here news of Covid-19 was discussed. As one interviewee explained: ‘at the end of December [2019], we already know that the epidemic in China is very serious. At the start of January, we learnt that other than Wuhan, such outbreaks happened in other provinces as well.’

**Outline of the strike**

The HAEA is a union focussed on employees in the Hospital Authority (HA), Hong Kong’s public sector health provider. The HAEA applied on 22nd November 2019 to register as a trade union, and approval was granted on 4th December 2019 (Registry of Trade Union, 2019). On 31st December 2019, the government in Wuhan, China, confirmed that health authorities were treating numerous patients with a new illness (Taylor, 2021), later identifying a new virus and the likelihood it was cross-species in origin. At the time, there was no publicly available evidence that the virus was transmissible to humans.

In the 21st century, the people of Hong Kong have become accustomed to dangerous cross-species viruses, with the main examples being SARS (2003), avian flu (1997, 2008), swine flu (2009) and then Covid-19 (2019 to date). A pattern emerges where first, rumours spread of a deadly illness somewhere in China, followed by official denials and punishment of whistle-blowers. Then instances of severe illness or death begin to be reported in Hong Kong’s hospitals, but the Hong Kong government prevaricates whilst it seeks either direction or permission to act from Beijing. As an HAEA union representative explained, ‘the climate in the society has made the government keep opposition to the citizens, politics has to override everything’. After SARS in 2003, people began reacting to these outbreaks by disbelieving China’s official line, distrusting Hong Kong government announcements and self-organising, mainly through improved hygiene and caution.\(^2\)

In January 2020, the Hong Kong government formed a Steering Committee to issue orders and coordinate the government’s response to what was initially labelled as pneumonia. These meetings made three major policy decisions: enhance public education and publication, improve sanitation on public transport and its facilities, and the installation of thermal image system for the purpose of disease monitoring.

On 22nd January 2020, the day a visitor from Wuhan, the epicentre of the Covid-19 pandemic, was preliminarily confirmed as infected, HAEA made its first and foremost demand on border control, that no tourists should enter Hong Kong from mainland China. The union promptly reprimanded the government’s refusal to mandate restrictions on tourists using a high-speed rail linking Wuhan to Hong Kong used by the first infected case and reluctance to close the border. On 23rd January 2020, Hong Kong officially registered its first two cases of Covid-19, both arrivals from Wuhan. On the same day,
the government Steering Committee announced the introduction of health declarations for tourists entering Hong Kong via the high-speed railway.

On 24th January, three additional cases from Wuhan were confirmed. HAEA called for its members to vote at an Emergency General Meeting (EGM) on 1st February to decide whether to strike to pressure the government (HAEA, 2020a), should the latter reject an introduction of border control measures forbidding tourists entering from mainland China. On 26th January, HAEA amended and extended its demand into ‘five demands’ and 40 other unions issued a statement in support of the HAEA demands. The initial demands were (HAEA, 2020e):

1. Prohibition of tourists entering Hong Kong through border crossings with China.
2. An appeal to the public to wear facemasks.
3. Demand the HA supply of sufficient isolation wards and suspend all non-emergency services.
4. For the authorities to act in response to incidents where Covid-19 patients were absconding from treatment facilities and assurance of workplace safety.
5. Supply of sufficient support to medical practitioners taking care of patients under quarantine, such as personal protective equipment (PPE), washing contaminated clothing etc.

On 28th January, Apple Daily (2020) published an interview with HAEA’s vice-chair, who indicated that numerous complaints were received about insufficient and deficient PPE in hospitals (Lee and Cheung, 2020). One hospital administrator and HAEA interviewee claimed:

“We have received so many complaints in some hospitals with serious allegations. Many self-protection equipments have been continuously reused under their employers’ command, such as safety goggles and N95 face masks.

48 unions issued a statement of support to the strike with criticism of the government’s ‘inaction’ to combat the pandemic. By the end of 28th January the HAEA has received more than 15,000 applications for membership (HAEA, 2020a).

On 30th January, the first local person-to-person transmission case was confirmed. The HAEA publicly exposed that the surgical masks in several hospitals failed to meet WHO’s level 2 standards. For the first time, HA contacted the HAEA to arrange a 1-hour meeting on Sunday 2nd February. HAEA called the short meeting length an indication of a lack of sincerity, although HA did propose concessions (Wong and Tang, 2020a). Various unions distributed white ribbons and flyers to show support for the strike plan in different districts throughout Hong Kong (Ho et al., 2020). The HAEA encouraged this, and later the practice continued as a gesture of solidarity during the strike, with many patients and outpatients also wearing them.

On 1st February, without a government response, the EGM took place on the premises of a college (Ming Pao, 2020a). At 8:50 p.m. the result was announced that 3123 votes out of 3164 votes supported the strike movement. The union also demanded that the CE
attend the negotiation between the union and HA on the following day (HAEA, 2020c). The union would evaluate the risk of a possible community outbreak daily, to determine whether the strike should proceed. That day, HA’s CEO emailed every HA employee indicating that he understood some union members’ dissatisfaction with the government but warned a strike would harm medical services and patients’ rights. He urged the staff to not strike (Ming Pao, 2020b).

The EGM decided that the union executive would launch the strike if at least 4000 members committed to participate, although 9000 members had already made such a declaration (HAEA, 2020d). Declarations took the form of the written pledges in which members wrote their full names and intention. The idea was that seeing masses of signatories of identifiable employees, the HA would understand the seriousness of the dispute and counter any government claim that the union acted nefariously. As a senior union organiser explained:

The more the members, the higher the bargaining power. By our strong bargaining power, [we] hope the HA could really work out something. The aim of the strike declaration is the hope that our [members] can sign their real names and commit to launching a strike. Then, we can use the figures to negotiate with HA, like we would have X members participating in the strike, so the Authority please come up with some solutions so that the strike shall not be conducted.

The strike motion had two stages. The 3rd of February was designated as the first stage and involved staff withdrawing non-emergency services. To be, and shown to be, responsible to the public, the strike adopted a publicly well-known procedure used for local weather emergencies, announcing colour codes to demarcate who should work and who should be absent. The union expected 3000 participants for the first day. The second stage would entail all members for the remaining 4 days but would only occur if the HA failed to respond to demands by a set deadline. The strike would be deferred should a community outbreak occur. The strike was limited to paid-up HAEA members, and they were required to sign a strike declaration form and notify their work line manager of their strike intention.

Whilst retaining the five demands slogan, the content had changed, as a strike organiser explained ‘We have to make our move according to government policy change and amend the move of ours and brainstorm new tactics. Also, we have to look at the reactions and responses of HA’. The EGM not only approved the strike but in place of demands 2 and 4 new demands were adopted, namely ‘the HA should announce clear policies to ensure sufficient supply of appropriate PPE’ and ‘the HA should make a public announcement that no strikers would be punished’ (HAEA, 2020f).

On 2nd February, the HAEA chair elaborated the details for the public of the strike starting the following day (Ming Pao, 2020c). Strikers would sign in at seven hospitals between 9 a.m. and 12 p.m., depending on shifts, in different districts of Hong Kong. The second stage of the strike would be launched if the government failed to act on the demands and members would sign in but then rally at HA’s headquarters. HAEA had already applied to the police for permission to hold the rally in compliance with
local legislation (Headline Daily, 2020). When it became clear the CE would not attend, the HAEA cancelled the planned meeting with HA (Chan, 2020).

Day 1 (3rd February 2020): The HA indicated that 2700 medical workers participated in the strike (Sing Pao Daily News, 2020). HAEA indicated that there were more than 2500 participants (Cheng et al., 2020). In response to the first day of the strike, HA initiated their Head Office Major Incident Control Centre to allocate human resources and claimed approximately 50% of the non-emergency services and operations were being cancelled (Law, 2020a). The HA emailed every employee to inform them the HA did not support the strike, that employees were not allowed to participate in the strike at work and, slightly menacingly, that strikers must obey the law (without elaboration). Additionally, the conservative Association of Private Medical Specialists of Hong Kong had recruited over 80 doctors and 100 nurses to provide services in the public hospital, dispatched to support HA’s service that day (Inmediahk, 2020), although it remains unclear how much they were paid. The first day of the strike ended with the union meeting senior HA management at 8 p.m. in the HA headquarters, and general union members were allowed to attend. The HAEA announced that the negotiation collapsed after 29 min, with HA’s CEO refusing to promise no future punishment of strikers or help pressure the government to close the border, claiming that he did not understand the meaning of a “complete border closure” (Hong Kong Economic Journal, 2020).

Day 2: The day marked the first local Covid-19 death. HAEA indicated that at least 7000 members participated in the strike, including 4500 nurses (Chan and Leung, 2020). HA indicated that 5000 practitioners did not work that day (Cheung, 2020). Like the first day of the strike, the discrepancy between the HA and the HAEA figures can be understood by non-HAEA members joining the strike or being absent without leave. The Association of Private Medical Specialists of Hong Kong indicated that 137 doctors were recruited to assist the HA during the strike (Wen Wei Po, 2020).

Day 3: At around 10 a.m., a few hundred demonstrators, including legislative and district councillors, led by the HAEA union staged a short march to the government headquarters, to demand an open dialogue with the CE. They handed in a letter and petition to a government official (Kwong, 2020). Meanwhile, the HA indicated that more than 5100 absentees (Ming Pao, 2020d), and HAEA indicated around 4500 members joined the strike. Two other newly formed unions in the transport sector indicated they would ballot members to join the HAEA strike.

Day 4: HA and HAEA held a 90-min negotiation with the HAEA but then indicated disappointment that no progress were made (Ming Pao, 2020e). In the negotiation, a list of eleven workplace demands was made, including improving service to patients, arrangements to reduce potential contamination and refined demands for non-victimisation of strikers (HAEA, 2020g). Management failed to fulfil various demands, including the recognition of the trade union, the promise of no punishment to strikers, or assurances to supply of sufficient medical support, etc. (Am730, 2020a). The HAEA reported that 6400 medical workers participated in the strike, but the HA claimed only 5000 workers were reported to be absent from duty, including approximately 220 doctors and 3000 nurses. More unions began discussions on taking strike action (Tang et al., 2020).
Day 5 (7th February 2020): HAEA attempted further negotiation with HA management and hundreds of medical workers gathered on the 4th and 5th floors where the HA management’s offices were located to demand a meeting. Management refused, but the HA released two statements criticising the union’s action to lead the workers in the action (Chan, 2020). After failing to reach a consensus in the previous day’s negotiation with the HA, the HAEA launched online balloting from 10 a.m. to 6 p.m. among its members. If 6000 members supported the extension of the strike, the strike would continue until 12th February. Eventually, among the 7000 members who voted, around 4000 members opposed continuing the strike and so the HAEA announced its end (Hau and Tsang, 2020). As a strike organiser explained: ‘even if the executive committee and some of the members are hoping to extend the strike, we hear voices that a longer strike shall not make the government respond to our demands’. The HA welcomed the decision and hoped employees would quickly return to work to provide services to the patients (Cheng, 2020).

Assessing the outcome of the strike

There were three categories of demands: limiting the virus spread primarily through border closure, improved work practices to enhance health worker safety, and later, guarantees of non-retaliation against strikers. These represent both traditional union demands and the broader interests Fairbrother (2008) argues are indicative of SMU.

The CE talked tough on the strikers (Headline Daily, 2020) and blamed them for harming patients (Oriental Daily, 2020) but simultaneously defended open borders citing WHO’s urging against the closure of borders. Whilst remaining belligerent towards the strikers through 2020 (Kwan, 2020), the CE closed the border on 23rd March. More telling, although she made one statement about the need for PPE procurement, she avoided getting caught in the details of the dispute. The CE, whilst delegitimising the strikers’ cause framed their act as intent on harming the people. Political elites from Thatcher’s characterisation of the UK 1980s miner’s strike (Milne, 1994) to the current Myanmar junta (AFP 2021) like to blame strikers for creating hardships for citizens as means to shore up their own threatened legitimacy.

Other government officials appointed by the CE, with Beijing’s approval, were more ambivalent. The Secretary for Labour declared the strike legal (K Wong, 2020) and the Chief Secretary (deputy to the CE) in a blog post expressed his utmost respect to the frontline workers, stating he believed that in such a critical moment, the citizens hoped that the health workers can use their professional spirits and the faith of ‘doctors as parents’. He stressed that solidarity and health workers should not easily go on a walkout (RTHK, 2020a). Whilst it was probably meant as a criticism of the walkout it also acknowledged the sincerity of their action. The Secretary for Food and Health, the government chief for the HA, in one radio interview expressed that she was worried about the strike in two aspects: first, the emotion of the frontline health workers; second, the service by a public hospital. She cried when she was talking about this situation (Cheung and Wan, 2020).
Although the CE blamed the strikers for harming patients and exacerbating the crisis, the CE began to look increasingly politically motivated in stubborn resistance to the border closure. The HAEA had framed the border closure demand as a purely public safety issue but the CE was seen to act based possibly on national sovereignty, although it is possible the business elite were pressuring the government to protect their interests, which were best served by an open border. Wuhan was already entering isolation from the rest of China in January. Whatever the politics of the CE’s stance, contributed to politicising the strike. An example of this was a curious announcement on 27th January of free medical treatment to non-Hong Kong residents which would have encouraged ‘medical tourism’ of Covid patients or suspected patients travelling to Hong Kong for treatment. This policy was scraped the following day in the face of incredulous outrage. (Ming Pao, 2020f).

Nevertheless, through incremental steps, the border was closed. On 27th January, residents from and visitors to Hubei Province were restricted from entering Hong Kong (HKSAR Government, 2020a). Restrictions on some visa types reduced cross-border public transport and closure of several ports of entry began 2 days later (HKSAR Government, 2020b). Then the number of border crossing points was reduced to three on 3rd February (WY Wong, 2020). Belatedly, CE finally announces compulsory 14-day quarantines for anyone entering Hong Kong from mainland China and the borders closed on 8th February (WL Wong, 2020). In an interview, the HAEA chair observed that ‘I won’t call the strike as a failure. The government is in fact gradually giving response to our demands. I believed that without the strike, such government reaction shall not be introduced that quick’. It is possible to claim that the strike delayed border closure, with the CE petulantly wishing not to be seen to be pressured by the strike but given the track record of the previous 2 years, it seems likely the government would have acted passively and deferred the whole crises to others by default.

Thus, the dispute was framed differently by the government and the union but in a context in which the government’s lack of unity reflected its internal conflicts. The CE was increasingly preoccupied with Beijing but her officials were locally focussed. For the union, whilst their framing in terms of public interest was successful, strikers themselves found conflicts between this and personal Hippocratic responsibilities. As the strike organiser interviewed explained:

Some of our members really hope to go back to work as the emerging coronavirus cases are local, and the patients we need to rescue are no longer tourists from outside, but our people from Hong Kong. We must get back to our work positions to help the Hong Kong people.

At the start of the strike, the public duty in the face of government negligence was the key frame but by the end of the week, this was replaced by a sense of duty to care for the sick as the crises worsened. This has two implications. First, government machinations were entirely irrelevant to the strikers unless and until the demands were met. Second, framing was not a leadership issue but a democratic process. As a union executive explained:
Even though some voices from outside said that our insistence shall help push for the full closure of the border, the eight executives do not have the power to determine whether the strike should go on; each of our members has the free will to decide whether they follow the union’s suggestion. Since each member is an individual, they mustn’t follow the decision made by the executive committee.

The second set of demands was more focussed on the HA, as the direct employer, and received less public interest. The HA’s Chair and CEO each gave statements, emails and social media postings which may broadly be summarised as understanding public concern at the pandemic crisis, urging the government to restrict the borders and being conciliatory to strikers whilst opposing the strike (Y Chan, 2020). The CEO moved quickly from a pro-government stand to one closer to the bulk of employees. Thus, on 30th January he welcomed the government’s new policies to reduce the flow of people to Hong Kong (Ming Pao, 2020g) but by 2nd February he now believed that most health workers agreed that the reduction of tourists from mainland China helped control the epidemic (Am730, 2020c). On 3rd February, he disagreed with the strike whilst recognising both the strikers and HA shared an identical goal to prevent the epidemic from spreading (K Wong, 2020). Three days later, after a private session between himself and the HAEA, he indicated he learnt a lot of opinions and would actively follow them up; he expressed an appreciation for discussions (Wong and Tsang, 2020b). He revealed that the union representative and HA have made consensuses in several aspects, including the disease prevention work, the protection of staff safety and the patients’ service (Sky Post, 2020).

The HAEA demands to ensure worker and patient safety and the HA seems to have been more responsive in informal dialogue with the strike committee. The HA agreed on 30th January that employees working in high-risk areas should receive $500 (GBP 50) as a special daily rental allowance (Ming Pao, 2020f). This was in response to the HAEA pointing out that workers on Covid-19 wards went home with contaminated clothes to their crowded flats and this was dangerous for spreading the virus to old and infant relatives. The allowance was given so they could stay at a hotel, though this shifted the burden to hotel workers. On 31st January, the HA announced that any medical practitioners that require quarantine after taking care of Covid-19 patients or suspected patients were able to take leave without counting against sick leave allowances (Am730, 2020b). This, however, excluded most hospital staff who would come into contact with such patients. Although there was no announcement, there is also possible evidence that hospital wards were reorganised to improve isolation, largely like early HAEA demands.

On 4th February, the CE announced that along with establishing quarantine centres and tightening quarantine monitoring, the government was prioritising the purchase of medical equipment and resources (Law, 2020b). In the weeks following the strike, this also became problematic, as media pictures showed police in full hazmat gear and ambulance staff in basic PPE overalls. It also took time for there to be enough PPE for medical staff, with cases of health workers having to re-use PPE for more than a day. Nevertheless, the strike helped protect members and possibly added weight to HA
requests for government help in the procurement of PPE. As an interviewee explained, the HA ‘won’t admit that they are responding to our demands, but they are indeed working on the demands we requested …. Their gradual actions and policies are responding to our demands, but surely they won’t tell the public they do it under the demand of the union’.

The third area of no reprisal for strikers was more complex. On 27 November 2020, the HA announced that strikers would not be paid for the days they were on strike but that no further action would be taken (RTHK, 2020b). With no legal protection for unions or strikers, resisting this would be difficult; even in cases of legally proven unfair dismissal, an employer is not obliged to re-employ such workers. There was a view that the strike was the start of an active labour movement in Hong Kong, working across sectors, job grades and a broad social movement. By mid-2020, Beijing had decided to crush dissent and mass arrests began, including the head of the HAEA. In 2021 there was an investigation on its union registration status.

**Internal dynamics of the strike**

For a union established less than 2 months prior, mobilising the strike was a major achievement, especially given several of those on the union committee had not been union members prior to December 2019.

One union official interviewed indicated that whilst the pro-democracy Confederation of Trade Unions had been supportive and helpful in advising the HAEA, there was little experience in organising a strike. This is especially prevalent in Hong Kong where almost all strikes begin as wildcat workplace stoppages. The interviewee explained they made mistakes, but the situation was complex. For example, whilst many members could use social media to communicate, others were less tech-savvy. Moreover, most social media channels restrict the size of participants. For some meetings, Facebook Live was used but in-person meetings for the EGMs were thought essential to ensure access for everyone. It is possible to categorise the in-person meeting as formal democracy, but in social media as a functioning democracy because only in the latter could all members really speak up and have their ideas analysed, debated and developed by others in real-time and a sense of collective participation flourish.

The Chair of HAEA explained the role of leadership as:

Even though I am the chair, I do not want people to see us as possessing a supreme title like leadership. Rather, we believe that the contribution of everyone can be consistent, no matter what position, department and job they are at. We do not hope that the executive committee becomes the one who makes the decision, our wish would rather be for all members to take one more step forward to work more on their position. When everyone is willing to do so, the power could be very big.

Hospitals are very hierarchical institutions in which to work, with ranking, status and power highly differentiate. HAEA had members from across the sector and so the
quote was part of conscious levelling, as well as making democracy central to the union. The decision to set the strike ballot with a review after the first day and a new ballot after a week formed part of the participative approach. The fact the second ballot ended the strike greatly surprised the leadership and onlookers but the mood among strikers changed once the first death due to Covid-19 occurred on the second day of the strike, and it seems many union members felt obliged to help their co-workers meet the imminent crisis their strike was largely meant to avoid.

**Conclusion**

The strike demands drew from a sense of injustice focussed on both governments as employer and protector. Improved workplace safety procedures and equipment were core workplace demands of critical importance to hospital workers, as well as to reduce the chances of transmission among patients. There was a range of political, social and economic reasons for the conflict in which the strike occurred (Lee et al., 2019) and several of these grievances influenced the strikers’ support and sense of injustice. It was, thus, a political action, as any strike is, and strikes which involve aspects of public policy activism (Hamann, 2004) necessarily are overtly so.

The framing of issues and target in an authoritarian context is especially contentious as the aspect of the challenge to authority is interpreted as a threat to the regime. This strike was framed by members as an act of self-sacrifice for the public good. The strike was meant to highlight, engage and persuade society in general to the broader justice-framed cause (Fichter and Greer, 2004). This was partly to address member concerns about the efficacy of the strike and party to inform public opinion. The significance of the strike is the way these two issues combined, such that the union was basically setting up a political choice for society in which they were invited to choose between public medical workers’ view of public safety or the government’s view. This choice placed the public hospital management in a difficult position, as it knew the union was right but could not openly agree. For the government, and particularly the CE, this framing was more threatening, as authoritarian states depend on performance legitimacy. When a democratic organisation appears more legitimate the regime is threatened. However, ultimately the crisis was diffused because health workers’ duty to care for the sick meant the strike was cut short. Ultimately, this broke the momentum developing for a series of strikes in other sectors in support of the HAEA demands.

Finally, around leadership, most heavily criticised for its top-down leanings in much of the literature, this case demonstrates the alternative, leadership based on union democracy, itself as a political act in a context where the government had already moved to crush public protests with ruthlessness. The act of elections for trade union leadership, of strike ballots and of lists of demands are transparent acts of ensuring bottom-up participation, including unmoderated social media applications and open debate preceding votes demonstrated good governance in marked contrast to state repression. The evolving demands and the vote to stop the strike when the leadership wished to continue reinforcing the contrast
with an authoritarian government. It is possible to interpret these acts as unions forming in opposition to authoritarian regimes (Scipes, 1992; Webster, 1988).

There are limits to the use of mobilisation arguments as neither a unifying cultural identity (Gerbaudo, 2013) or class mobilisation (Park, 2007) had explanatory power to this research. The cultural ‘us’ might be framed in terms of being health workers, but this acted to inhibit the desire to strike, not promote activism. It is possible to argue the cultural identity was as ‘Hongkongers’ against the ‘Chinese’ other and this probably was an influence for some strikers, but the demands made, and our research findings point to a material basis of conflict against poor governance, putting lives at risk. The unity across social classes within the general union was very much focused on the issue at hand, and it is difficult to see this broadening into a wider opposition, and it is, thus, a negative rather than progressive movement in that there is a common ‘them’ but not a common version of what the mode of or relations in production should be.

After the strike, a wider electoral movement was developed to run a US-style open primary for pro-democratic candidates seeking election in the Hong Kong legislature. The HAEA Chair stood in the primary and was among 47 candidates arrested under a draconian new law imposed by Beijing (NSL, 2020). Conviction carries a possible life sentence. The HAEA office was raided on 27th May 2021 (Inmediahk, 2021). In the chilling climate, HAEA union membership declined from 20,000 in early 2020 to 6000 in early 2021. Whilst the strike was successful to a point, in authoritarian contexts, it is not possible to be transformative without being revolutionary. This strike was not and nor was it intended to be revolutionary.

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Notes
1. Although our research indicated 20,000 members in January 2020, only 3156 voted for the strike and 7000 voted for its discontinuation, making active membership probably closer to the latter figure, approximately 8.8% of the sector.
2. E.g. in December 2019 one author was offered a mask in the street by a stranger as a polite hint.
3. It is now widespread practice that university, college and school management will discipline any employee who lets such community-based activity take place on their premises without prior approval.

4. Developed mainly for typhoons which can cause flooding, building, and tree damage with injuries and occasionally fatalities.

5. Under international pressure regulations changed in 2020 to allow for reemployment but not reinstatement, though this untested in law as of February 2022.

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Bill WK Taylor teaches political-economic philosophy, policy, Chinese politics as well as employment relations in China and Hong Kong. Research focuses on collective labour rights within countries in Asia, especially China and aspects of state and employer control, labour process and labour resistance. Bill has been a Senior Fulbright and Japan Foundation scholar as well as holding several academic and policy research grants. Previously, Bill worked on the China-EU Human Rights Dialogues and has briefed a number of government delegations to Hong Kong and currently works with local labour NGOs.

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