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Learning from the Past to Prepare for the Future: Similarities and Differences Between COVID and SARS for the Hotel Industry in Canada

Introduction

Before COVID-19 hit, tourism spending was projected to climb to \$293 billion in Canada by 2030 (CHTRC, 2013). However, these projections have been turned on their heads with the arrival of COVID-19. Since its onset in Canada in 2020, hotels, motels, and restaurants have been experiencing historically low occupancy rates dropping to 10% in the midst of the pandemic when restrictions were the highest (Global News, 2020a). Accompanying these restrictions was exceptionally high levels of lay-offs (250,000 hotel layoffs and 800,000 foodservice workers laid off or reduced hours at the height of the pandemic) and hotel closures (4,100 closures in Canada as of April 2, 2021) (Global News, 2020a&b; Restaurants Canada, 2020)). While the impacts of this virus may have come as a shock to many, destinations such as Toronto had experienced a smaller scale version of these challenges when they were hit by SARS in 2002-3. The crux of this paper looks to understand the similarities and differences that might exist between COVID 19 and previous large-scale events, specifically looking at SARS. Important attention has been paid throughout this study to see how, in light of the different contexts, degrees of localization of the event and reputational impact, and timeline of the event and recovery, lessons can be derived from both events. Departing from a traditional paper, this research goes directly into outlining the methodology as the paper itself is both a historical and contemporary review and comparison supported by industry interviews, concluding with industry supported recommendations.

Methodology

To facilitate this research, a two-pronged approach was taken. First, a historical comparative review was employed to examine how the SARS pandemic of 2002-4 and COVID pandemics of 2000 onward impacted the Ontario hotel sector and how the industry responded. Second, interviews of industry personnel—5 hoteliers in particular—were undertaken between July 22nd and 30th of 2020 to gain first-hand accounts of how the industry was impacted by SARS and COVID and the strategies that their organizations adopted to survive these two events. Questions that were asked of participants were broken down into two categories, one on pre-COVID and the other on post-COVID (see Appendix for interview questions). Pre-COVID questions were asked probing about large scale events focusing on 911, SARS, and the financial crisis. The questions pertaining to COVID, asked questions around the impact that it has had on the industry, what strategies their organizations and industry is applying, what they see the future of the industry being like post-COVID, and what strategies respondents would recommend the industry employ to be prepared for future large-scale events. Once the interviews were complete, responses were first categorized into pre and post COVID, and then sub-divided using the question themes used in the semi structured interviews.

To collect the interview responses, 12 invitations were sent out by the Ontario Restaurant Motel Hotel Association (ORMHA) for interviews, and five of those who were invited responded to the invitation. After the fourth interview saturation appeared to have been reached, which was

reaffirmed by the fifth interview response. This study utilizes the interview responses to elaborate on findings made from the first phase grey literature search and analysis.

Historical Context

The case of COVID-19 has parallels with, but also departs from, the experience of SARS in 2002-3. For instance, the immediate decline in hotel occupancy below 20% in March and April 2020 contrasts with the occupancy rates of hotels in Toronto where, once the outbreak of SARS became known in April 2003, a 36.5% year-over-year drop in demand was recorded (Lloyd-Jones, 2020). This decline continued through July 2003, when Toronto was removed from the WHO's 'area with recent, local transmission's list. By November 2003 the demand for rooms in Toronto rose to previous SARS outbreak levels and by the following year demand for rooms was higher than 2002. COVID-19's impacts on the hotel sector follows a different trajectory, in terms of the impact of occupancy and employment province-wide, and in the context of social distancing practices. But the business and public policy strategies pursued within the sector and by the province in the past, which supported recovery in the face of severe and prolonged disruption, mitigated reputational damage concerning hotels and restaurants as sites of transmission, and were integrated within wider programmatic tourism and business-development initiatives, hold important lessons for best practices in addressing the impact of the 2020 pandemic.

By April 17th, 2003, there were 306 probable or suspected cases of SARS in Canada, 251 of which were in Ontario, and 13 deaths: the cases and deaths were heavily concentrated in Ontario, and especially Toronto, and international health agencies and foreign governments warned against travel to the city (Abbate, 2003). In late April, the US Centers for Disease Control issued an alert for American visitors to Toronto, and the World Health Organization advised against non-essential travel to the city (Saunders, 2003). In this respect, the SARS pandemic was highly localised, with the hotel sectors in Hong Kong, where occupancy tumbled to 10% in late April 2003, Singapore and Toronto bearing the brunt of the impact (Leitch, 2003). By April, when Toronto hotel occupancies would normally be expected to be around 70%, the actual level was feared to be half that number, owing in part to the loss of two conventions representing 39,000 rooms (Galloway & Lewington, 2003). Because of its localized nature and the strong identification of the risk with Toronto, in June 2003, with 35 fatalities in Ontario, SARS turned Canadians' attention towards the US as a preferred travel destination, not least as the dollar strengthened (DeCloet, 2003), in particular Quebec residents (24%) indicated a stronger interest in US travel (in BC, at the other end of the spectrum, only 8% expressed this view). In part, this mitigated the negative impacts of cross-border travel associated with the introduction of passport requirements and other enhanced security measures in preceding years.

Unlike 2020, when the global travel sector was in robust shape when the world economy was hit by COVID-19 and international travel restrictions were adopted in March 2020, 2003 in general was a difficult year for the hotel sector, as travel had been impacted by the conflict in the Middle East. Increasing documentation requirements and lingering concerns over security dampened interest in travel. Indeed, the number of travellers to Canada between December 2002 and March 2003 had shrunk by 12.1% (McNish, 2003). In this context, SARS posed a new, and localised

threat to travel and accommodation sectors that were already weak—an altogether different set of circumstances in the winter and spring of 2020.

When SARS came to worldwide attention early in 2003, attention and concern focussed on hotels. The hotel was regarded as a centre of viral transmission, as attention turned in March 2003 to the ninth floor of a Hong Kong hotel, the Metropole, as interest focussed on how infections could be traced back to guests staying there between 12 February and 2 March (Wallace, 2003). Hotels then, were the subject of particular concern within the travel and hospitality sector, as the vectors for disease spread whose occupancy rates supplied a press-friendly index of the impact of SARS on the wider tourism and hospitality sector. By contrast, COVID-19's immediate and indeed lasting impacts have made deep impacts across a number of sectors, in consequence of which the hospitality sector had not been able to appeal for special measures to mitigate its impact at the time this paper was written.

One critical dimension of the SARS case is its highly localized impact, and the ways in which that played into the plans for recovery and reputational rehabilitation, focussed on tourism. Importantly, as well, in contrast to COVID-19, there was a strong concentration of the virus in Toronto, an identification of Toronto, alongside a handful of other global cities as a centre of disease transmission, and a proportionally high impact on the city's tourism and hospitality sectors, with particular implications for marginally employed people—immigrants, low-income workers and students, for instance. Unlike COVID-19, which had a broader employment impact and occurred during a period of robust employment, the impact of SARS on employment at the provincial and national level is hard to gauge, as the impact on national rates was less detectable and, even then, less attributable to the virus. National and provincial data recorded modest losses due to a number of factors which included softening US manufacturing, though Moneris Solutions reported a sharp drop in debit and credit card transactions in terms of dollar value in specific local sectors between March and April, ranging from 4.4% for retailers to 16.1% for hotels, even as grocery stores recorded 9.9% growth (Little, 2003).

Indisputably, the hotel sector was amongst the very hardest hit by SARS in March and April 2003. With 12,000 hospitality workers having lost their employment in the city in April 2003, hotel employees' unions began to lobby for changes to the Employment Insurance programme's minimum hours, in order that more of their members could qualify—and also requested an extension of the weeks in which benefits were received from 15 to 35 (Abbate, 2003). Even in May the press was reporting continued soft demand and heavy layoffs at hotels such as the Delta Chelsea, which trimmed its housekeeping department from a workforce of 350 to a handful of full-time employees (Saunders, 2003). Student summer employment was also impacted, especially as Toronto entered the crucial summer months back on the SARS World Health Organization (WHO) list. The Canadian Tourism Commission reported Canadian hotel occupancy in April 2003 at 53%, a year-on-year decline from 61%, representing 662,300 rooms and \$92.2 million in room revenue, with Ontario at 49% and lost income in the city of Toronto being \$39 million of the \$92.2 million national total (Saunders, 2003).

Another dimension of the SARS experience that differs from the case of COVID-19 centres on reputational management and rehabilitation strategies, and the partnerships which supported them. Again, because Toronto was one of the global centres of viral dissemination, solutions

were targeted at restoring its standing as a premier tourist destination. Unlike COVID-19, the overall tourism economy was not globally impacted by pandemic, and the return to normal operating conditions was planned as a way of luring summer 2003 tourist traffic to the city. Indeed, even in the midst of the pandemic, in April 2003, this was identified as a priority, with some experts expressing confidence that the reputational rehabilitation of the city would begin rapidly after the lifting of global and international advisories, and warning (as has been the case with COVID-19) that wider transmission internationally would likely result in greater economic damage, as an isolated problem became either, in the words of reputation management expert Richard Hay, a ‘huge North American problem or a worldwide problem’ (Saunders, 2003). Reputational management and coordinated sector promotions followed a number of axes:

- Within weeks of the abatement of the virus, local businesses developed a programmatic and coordinated response to recovery, even as occupancy rates remained half the anticipated level at some hotels (40% compared to 80%) (Galloway & Gray, 2003). The promotions were timed to coincide with the lifting in spring 2003 of a travel advisory issued by the World Health Organization (WHO) that had heavily impacted Toronto: travel ‘packages’ that included accommodation, restaurant reservations and sports-team fixtures and theatre tickets, for instance, were designed to be used by 1 June 2003. But demand was so high in major cities across Ontario the packages were extended by one month.
- This promotion was accompanied by an aggressive and coordinated roll-back of gasoline prices (Abbate & Mittelstaedt, 2003). The SARS crisis also provided impetus to the creation of a coordinated body for the sector chaired by Tourism Toronto: the Toronto Tourism Industry Community Coalition comprised representatives from the Ontario Restaurant Hotel and Motel Association, Hotel Employees, Restaurant Employees International Union, Metropolitan Toronto Convention Centre, Toronto Board of Trade, City of Toronto, the provincial Ministry of Recreation, and Ontario’s Tourism Marketing Partnership (Strauss, 2003). This institutional framework underscored the extent to which focussed regional partnerships were seen as part of the coordinated effort to restore the city’s reputation.
- As we have been warned in relation to COVID-19, the initial optimism that SARS had been conquered was misplaced. Many coordinated destination-promotion efforts were dealt a blow in late May 2003 by the return of SARS and the relisting of Toronto by the WHO as a SARS-infected area on 26 May 2003: soon after the American Library Association posted an alert on its website for members, 25,000 of whom were due to attend a major convention in Toronto in June (Waldie, 2003). The WHO removed Canada again within a week, but the result was a blow to the efforts to place the city in a competitive position within national and global summer tourism markets.
- In a signal of the extent to which destination-promotion was a focus of the post-SARS response, and also of the extent to which the tourism economy was signalled out for targeted support, local and provincial governments committed funds to advertising in local and Ontario markets designed to reassure prospective tourists that Toronto was safe (Galloway & Gray, 2003). The federal government also announced additional funds to promote Canada as a destination in the US and European markets (Scrivener, 2003). By

December 2004 most of the province's allocation of \$30 million for 'tourism revitalisation' had been expended (Lewington, 2004).

- As an outgrowth of the focus on destination-marketing not only as a way of addressing the reputational damage of SARS, but also creating a stable revenue stream outside emergency conditions for such purposes, an additional source of revenue was the adoption by hotels of a 'destination marketing fee' of 3% that raised \$22 million for international and out-of-province visitors.
- A very significant strategy connected to reputational rehabilitation and destination-promotion was the large-scale event, of a kind that is impossible to envisage in almost any environment at this time. A large and widely publicised international event that brought international attention to Toronto and helped to underscore a narrative a 'recovery' and mooted in May 2003 was the July 30 2003 SARS benefit concert featuring the Rolling Stones, a key goal of which was, according to Senator Jerry Grafstein and Liberal MP Dennis Mills, to provide patronage to local motels and hotels (Oziewicz, 2003). The event was supported with public and private funds and drew several hundred thousand fans at a comparatively low fee of \$21.50 plus service fees to Downsview Park for a performance featuring a number of world-famous musicians.

It is difficult to gauge the extent to which any one or all of these factors contributed to the Toronto hospitality sector's recovery, but the pace was swifter than expected. Although the impact of SARS was initially anticipated to last until 2006, in the first nine months of 2004 hotel occupancy had recovered to 70.7% in Toronto, up from 68.3% in 2002, before the SARS outbreak, with the President of Tourism Toronto forecasting growth of 5% in the GTA in 2005, and reports of employment recovery (Lewington, 2004). Given the concentrated nature of the SARS crisis, the baseline for comparison was 2002, and the result was favourable for a sector that seemed well on the way to a sustained recovery.

Results

COVID-19 and Hotels Today

Beyond understanding the past, this study does not so much identify a baseline against which COVID-19's effects can be measured, but rather looks to supply a comparative context with which to understand how COVID-19 has impacted the industry in the summer of 2020, and to provide some recommendations derived from the insights of sector representatives (here identified by 'R' for 'respondent', in compliance with anonymising practices) that are informed by their understanding of 'history's lessons'. When it came to discussing their predicament from onset of COVID-19 and the summer of 2020, in comparative terms, there was a shared opinion that "those things '(SARS, Financial Crisis, 9/11)' were nowhere close to the magnitude as to what we have on hand right now" (R1). Many of the hoteliers were of the belief that they had never seen "something come this fast, which will have such an adverse effect" (R1), that they "were not prepared for" (R2). While four of the hoteliers' operations continued in some form throughout the first 6 months of COVID 19 (R1, R3, R4, R5), one of the hotels had "suspend[ed] the business operation because of the safety and security of our associates and guests." (R2). The level of disruption reports in the case of COVID, therefore, is significantly greater than what was reported in the press, even during the height of SARS (though the source bases are different and

preclude direct comparison for instance, of hoteliers' contemporary appraisals of the SARS impact). Indeed, the duration and severity of the impact, to say nothing of its geographic range, support this perspective.

Similar to the onset of 9/11 and SARS for the Toronto hotels, most of the hotels began to develop responses to the onset of the impacts of COVID 19 within a very short timeframe. Some hoteliers actually started planning for the pandemic earlier than March, "dealing with it through committee meetings in February when it hit...mov[ing]...recession meetings into COVID recession meetings and then getting ready for the pandemic" (R4). Those hotels that remained opened began to prepare for the pandemic. Their practices included ordering hand sanitizers and masks, instituting daily strategy meetings, and finding ways to manage costs. Hotels started looking at layoffs, and instituting protocols for cleaning and requiring guests to pre-screen themselves when making the reservation and again when arriving at the hotel. Hoteliers also found ways to cut costs beyond labour, cancelling "anything from trash removal to preventive maintenance contracts." Some hotels took cost-cutting a step further, deciding to shut down, as their means of dealing with COVID 19. This represented a significant divergence from the experience of SARS which, while acute, was concentrated geographically (Ontario and especially Toronto) and temporally (in spring 2003).

The province's 'stages' of reopening also had implications for guiding decision-making. In phase 2 and 3, "some of the hotels have reopened albeit they are ... still single digit to low double-digit occupancy levels," with the extended stay, and rooms with kitchens, having the highest success (R3). A common sentiment shared by the hoteliers was that they look for patrons daily, trying to find those people out there who were still looking for a place to stay "whether it was frontline staff [or] ... people trapped and [not knowing] where to go, but there was business out there and that was a matter of what's the threshold." There is a common view that the situation was acute, and that, unlike in the SARS crisis, when there was a large perceived external 'market' for hotels that was dissuaded by reputational issues from visiting the city, the concerns at that point focused on the absence of many reliable markets, such as convention and leisure travellers, and greater interest on other, niche local markets such as frontline staff. This was an indicator of the extent to which the sector was and still is implicated in a much wider crisis impacting all domains of travel, tourism and hospitality.

The Industry's Experience in 2020

The severity of impact and global disruptions associated with COVID seem to affirm the assessment made during the height of SARS that wider pandemics would result in radically different industry responses: the travel and hospitality industry world-wide has been acutely impacted by the pandemic, and, unlike the onset of SARS, COVID arrived at a booming period in many parts of the aviation and hotel sector globally. In short, COVID induced a global crisis during a period of profitability in the sector, and while there is an even impact by country and region, it is much less geographically concentrated, meaning that the impact of coordinated efforts aimed at reputational recovery in specific cities may have to be targeted in different ways.

Clearly, by all measures, the sector remained in the grips of a crisis months after it was first identified. Beyond what has happened already, hoteliers were not sure of where the industry was going over the next few months or years. One hotel commented that they are:

not seeing at this point good return either on the BT [business travel], which is a corporate segment or the government activity is not there to give me a good indication that this is a sustainable model. So, if I were to fast forward at this point I am projecting my year [2020] to end at 20% occupancy which is with the first three months at your same store sales. (R1)

The operations of key revenue sources and amenities were being impacted by the efforts to maintain best practices in mitigating viral dissemination. Even though hotels were reopening, many of the hotels were keeping their restaurants closed (R5), along with their swimming pools and fitness centres (R2). Some hotels were finding ways to provide food for their operations while maintaining costs, which has resulted in hotels like R5 setting up one of their five hotels as a commissary kitchen, feeding their other four operations (R5).

Unlike 2003, when there was a widespread expectation that a post-SARS hotel sector would recover, with dispute mainly about the timing, there is not a consensus on whether or not the industry will return to its old way of operation, or if it will achieve some sort of ‘new normal’. For the most part, the hoteliers believe that the “industry evolves with or without COVID” and that at some point the industry will achieve some version of new normal. However, a couple of the hoteliers share the opinion that “if you go back and look at history, people go back to things that they're most comfortable with pretty quickly, as quickly as they can,” and that the industry would probably return to a pre-COVID form of operation at some point. R1 proposed that “it will take a while for us as an industry to come back to pre-COVID levels because obviously that recovery in the consumer needs to take place whether it's a company or whether it's a large group or the conferences and all that. So, it will take a while from the economic point for it to return.” (R1) However, they did stipulate that the industry “will obviously be more vigilant because we need to protect our guests as well as ourselves, [and that]...it will take two plus years before we start feeling that we are at that point wherever you were in 2019.” In this respect, they retain a measure of the optimism that informed recovery strategies in the post-SARS era: that there was a market for travel, conventions and events which would revive with the end of the pandemic.

Preparing for the Future

In looking forward, hoteliers shared their opinions around practices that the industry could look to focus on in order to recover from and prepare for future large-scale events. The topics raised included education, a focus on revenue management, collaboration, and development of contingency plans. As this research was conducted in the early stages of the pandemic, there was little in the way of coordinated tourism policy development being undertaken, because the timing of the return of the tourist was so uncertain. It was premature, too, to consider large-scale events and other approaches to recovery due to their proscription in the, then, current public-health environment and the expectation that such events will be the last to be permitted to occur. In short, many of the key strategies that were embraced as a pathway to recovery from SARS were not likely to be replicated in the sector, given that the travel sector worldwide was severely

depressed, cross-border travel had reached a trickle, the prospects for the return of a vibrant tourism market remained unknown, and reputational rehabilitation and destination-promotion were less focussed on restoring the damaged reputation of particular centres of the COVID-19 crisis. With this in mind, the industry was focussed primarily on internal dialogues with several focuses:

1. Educating

The industry needs to educate itself on best practices and on how to best function as an industry. R1 proposes that “we have to learn and we have to make sure that we cannot let the guard down. We cannot take shortcuts. We cannot add industries or regions to open faster than they are ready to open because otherwise this continues to be a relapse which will happen” (R1). This insight suggests a commitment to develop and sustain practices that will reassure future guests—which was not as common a response to SARS, which was in comparison seen as having been ‘resolved’ when viral transmission ended, and when pre-SARS operating practices resumed in many businesses.

2. Managing Revenue

As the industry deals with and comes out of COVID, operations need to look at available data to evaluate and:

make sure that the safety for our associates as well as the guests remains paramount and there's no compromise...., [and that] it needs to be guided by data to make sure that we're actually adding value and not just throwing the resources in the direction and hoping for you to add value for the consumers. (R1)

As part of this revaluation, the “industry is going to have to reassess their operations whether that be automating front desk, digitalizing menus that even pre-COVID I mean there was lots of talk in the industry because of the staffing issue” (R3).

Things as simple as the TVs being able to hook up with your platforms instantly, not having to go to the desk to get a key. Having the front desk to be more of a concierge type style. So those are changes that tries to drive a highly interactive, high tech, high touch kind of space. And I think that's what's going to drive this broadly speaking, not just this pandemic. (R4)

Beyond focusing on the consumer and technology, hotels need to “understand what drives each line of your P&L statement” (R5). You need to be able to control expenses. This might include:

taking full advantage of deferring your taxes or some of your big contracts...., find[ing] people that can multitask because... you need someone well rounded that can jump in on the food and beverage side or jump in on the revenue management side and jump in on the sales side, somebody that can be many things and then at any given moment. It's flexibility, it is the key. (R5)

Beyond just cutting costs, hotels should look to take full advantage of every opportunity, such as wage subsidies. R5 shared that:

at one point, we had these closed hotels. Our revenue was just in the toilet but with the subsidy, we started bringing back maintenance people, all that preventive maintenance, all that stuff you said I don't have time to do, you got no time to do and you have a way to fund it. The smarter guys or gals or people who are the ones that said, "Listen, I can get all this worked on essentially for free if I manage it right". That brought people back to work, that kept people on the payroll, that kept employing out a bit, and then that turned out to be a bit of a silver lining because all of a sudden, you're getting worked on. (R5)

In this respect, the sector could emerge having reviewed operations and systems much more systematically and comprehensively than in the wake of the SARS crisis, and therefore with a view to adopting transformative technologies in a number of areas.

3. Collaborating

R2 recommends that the industry look for ways to collaborate, "collaboration at all level. My strong instinct would be having [a] task force which is able to connect at all levels and look together and identifying and again" (R2). R2 proposes that "commitment needs to be not just from the government side but also the brands, the ownership, everyone else needs to be on the same page" (R2). This approach is consistent with the SARS local-level coordination, but it remained to be seen at what level hoteliers would choose to collaborate and coordinate their activity—locally, regionally, provincially, nationally, or even, in the case of chains, globally (where reputation management could be seen as a key aim of many 'brands'). Much depended, too, on the policy responses of different levels of government and how they would partner with, or encourage, inter- and intra-sectoral strategic coordination. What was clear was that hotels are but one of a number of businesses that have been severely impacted by COVID-19, and that they will be identifying and advocating for their interests and for policy responses, individually and collectively, in a crowded environment where government resources may be severely reduced. The SARS crisis was coordination in targeted ways, and focussed support by various levels of government aimed at reputation rehabilitation. COVID-19 may well demand far more.

4. Developing Contingency Plans

Contingency plans need to be developed as "the danger, I think is to let panic drive decisions. And I think you've got to be extremely fleet of foot. You've got to be able to change on a dime to get to customers issues" (R4). Furthermore, R3 proposes that "the brands need to take a look more at what they are offering and what their contingency plans are because you know we are four months into this now and you got some brands that still have no idea what to do or have not helped out with the franchisees." While there was considerable initial discussion in the post-SARS-crisis period of 'lessons' for various sector, it is unclear what the lasting impact of the event was, in contrast to COVID-19, where the duration and depth of the crisis and responses to

the provincial government's stages approach to reopening had already led hoteliers to develop dynamic, contingent planning as a core part of their operations.

Conclusions

The application of a historical framework has some value in identifying key responses to the SARS pandemic, as well as its geographic and temporal dimensions, which had significant implications for coordinated recovery strategies that focussed on packages, partnerships, tourism advertising and other initiatives that were aimed at reputational rehabilitation and premised on a return to normal business conditions, albeit over a year or more following the pandemic's end. The Ontario hospitality sector's experience of the 2002-3 SARS pandemic is instructive in some respects: while differing markedly from COVID-19 in scope and duration, the responses by sectors and different levels of government offer some cautionary lessons for the recovery from SARS. The Ontario hotel sector faced dramatically different conditions when COVID-19 emerged, compared to 17 years ago: it was in the midst of a worldwide pandemic affecting all sectors of the economy and the travel and hospitality sector globally. With this in mind, the essential focus had not been on efforts by the sector for the government to respond to its specific conditions as much as internal dialogues aimed at communicating best practices through industry bodies, adopting new approaches and innovative technologies in revenue management, committing to collaborate at regional and provincial levels through established bodies, and modelling contingency plans to promote resilience. SARS resulted in far fewer deaths and a timeline of rehabilitation and recovery that will not be, and has not been, replicated in the case of COVID. It also resulted in a call for greater attention to the impacts of pandemic which have gone unheeded: the greatest lesson of SARS may be not what was so different between it and the contexts and impacts of COVID-19, but rather how little was done between them.

References

- Abbate, G. (2003, April 18). Change EI to offset SARS, unions say. *The Globe and Mail*, p. A4.
- Abbate, G., & Mittelstaedt, M. (2003, May 3). Bargains banish lingering SARS blues. *The Globe and Mail*, p. A5.
- Canadian Tourism Human Resources Council (CHTRC), (2013). The Future of Canada's Tourism Sector – 2012 Update, CHTRC, Ottawa.
- DeCloet, D. (2003, June 19). SARS affecting Canadians' travel plans, survey finds. *Globe and Mail*, p. B2.
- Galloway, G., & Gray, J. (2003, May 10). Hotel workers want EI guidelines relaxed. *The Globe and Mail*, p. A12.
- Galloway, G., & Lewington, J. (2003, April 16). Lack of political leadership on SARS hurts tourism, industry says. *The Globe and Mail*, p. A4.
- Global News (2020a). Ontario COVID-19 measures see layoffs in hospitality, travel industries. Retrieved from <https://globalnews.ca/news/6710543/ontario-covid-19-measures-layoffs/>
- Global News, (2020b), Coronavirus: With travel at a standstill, hotel industry looks to assist hospitals, workers. Retrieved from <https://globalnews.ca/news/6768048/coronavirus-hotel-industry-hospitals-workers/>
- Leitch, C. (2003, April 9). Investors vacate hotel stocks. *The Globe and Mail*, p. B23.
- Lewington, J. (2004, December 8). Toronto tourism rebounds from SARS blows. *The Globe and Mail*, p. A17.
- Little, B. (2003, May 10). SARS infects Canada's job market. *The Globe and Mail*, p. B1.
- Lloyd-Jones, A.R. (2020). Pandemics and the lodging industry. Retrieved from <https://www.hvs.com/article/8688-Pandemics-and-the-Lodging-Industry>
- McNish, J. (2003, May 21). Iraq war, SARS hit travel in March. *The Globe and Mail*, p. B4.
- Oziewicz, E. (2003, July 2). At least 240,000 Stones tickets sold. *The Globe and Mail*, p. A16.
- Restaurants Canada, 2020, Open letter from Shanna Munro, President and CEO, Restaurants Canada. Retrieved from <https://www.restaurantscanada.org/industry-news/open-letter-from-shanna-munro-president-and-ceo-restaurants-canada/>
- Restaurants Canada, 2020, Restaurant sector key to Canada bringing back 1 million jobs, retrieved from <https://www.globenewswire.com/news-release/2020/10/01/2101997/0/en/Restaurant-sector-key-to-Canada-bringing-back-1-million-jobs.html>
- Saunders, J. (2003, April 26). Death Hotel' holds lessons for Toronto. *The Globe and Mail*, pp. B1-B4.
- Saunders, J. (2003, July 9). SARS tourism losses seen continuing through 2006. *The Globe and Mail*, p. B3.
- Scrivener, L. (2003, May 11). Ad blitz aims to cure SARS tourism woes; Ottawa commits another \$10 million to boost recovery Toronto's problem affects provinces coast-to-coast. *Toronto Star*, p. A4.
- Strauss, M. (2003, April 25). Some companies clean up with SARS-aimed products. *The Globe and Mail*, p. B11.

Waldie, P. (2003, May 27). Renewed SARS fears deal tourism heavy blow. *The Globe and Mail*, pp. B1-B10.

Wallace, I. (2003, March 20). Surgical masks can't hide the face of fear at Pearson airport. *The Globe and Mail*, p. A15.

Appendix A – Interview Question Guide

Before getting into a discussion about COVID, I would like to begin our discussion today talking about your experience with previous large-scale events.

1. Were you working in the industry when the terrorist attacks happened in September of 2001 (henceforth referred to as 911)?
 - a. If Yes: How did your organization manage the fallout from 911? Also, can you recall how the industry in general handled the fallout?
 - i. What strategies can you recall being successful in helping your hotel manage? AND the industry in general?
 - ii. Did your operation institute any operational changes post-911 in an attempt to mitigate future large-sale events?

2. Were you working in the industry when severe acute respiratory syndrome (SARS) struck in 2003?
 - a. If Yes: How did your organization manage the fallout from SARS? Also, can you recall how the industry in general handled the fallout?
 - i. What strategies can you recall being successful in helping your hotel rebound? AND the industry in general?
 - ii. Did your operation institute any operational changes post-SARS in an attempt to mitigate future large-sale events?

3. Were you working in the industry when the Financial Crisis hit between 2008 and 2010?
 - a. If Yes: How did your organization manage the fallout from the financial crisis? Also, can you recall how the industry in general handled the fallout?
 - i. What strategies can you recall being successful in helping your hotel rebound? AND the industry in general?
 - ii. Did your operation institute any operational changes post-Financial Crisis in an attempt to mitigate future large-sale events?

Now to our more recent predicament.

4. What influence has the COVID pandemic had on the hotel/restaurant/wine industry (revenue, occupancy, labour, technological advancements and closures)?
 - a. What was your organizations first reaction and instant response to the pandemic in February or early March?
 - b. What strategies or plan did your organization implement when the March 14th lock down was instituted?
 - c. What was your organizations response to Phase 2?

- d. What was or is your organizations response to Phase 3?
 - e. What are your organizations fall and the second wave strategies?
5. Beyond the strategies being employed by your organization, what strategies have you seen being employed by hotels to remain open and/or mitigate losses?
 6. Do you believe that the industry will go back to its old way of operation when the pandemic ends, or do you envision there being a new normal?
 - a. IF Old way of Operation – Will there be any differences?
 - b. IF New Normal – What will the new normal look like? (i.e. revenue streams, customer expectations, safety protocols, employment, etc.)
 7. Lastly, drawing on your experience with your organization and the industry in general, we were wondering if you could share some recommendations you would make for the industry and other hotels so that they could better plan for, survive, and recover from future largescale events?