

立法會

調查政府與醫院管理局 對嚴重急性呼吸系統綜合症爆發的處理手法 專責委員會

第二十二次公開研訊的逐字紀錄本

日期： 2004年3月13日(星期六)
時間： 上午9時正
地點： 立法會會議廳

出席委員

羅致光議員, JP (主席)
丁午壽議員, JP
何秀蘭議員
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衛生福利及食物局局長
楊永強醫生, JP

Legislative Council

Select Committee to inquire into the handling of the Severe Acute Respiratory Syndrome outbreak by the Government and the Hospital Authority

Verbatim Transcript of the Twenty-second Public Hearing
held on Saturday, 13 March 2004 at 9:00 am
in the Chamber of the Legislative Council Building

Members present

Dr Hon LAW Chi-kwong, JP (Chairman)
Hon Kenneth TING Woo-shou, JP
Hon Cyd HO Sau-lan
Hon Martin LEE Chu-ming, SC, JP
Hon CHAN Kwok-keung, JP
Hon CHAN Yuen-han, JP
Hon Andrew CHENG Kar-foo
Hon Michael MAK Kwok-fung
Dr Hon LO Wing-lok, JP

Members absent

Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Deputy Chairman)
Dr Hon David CHU Yu-lin, JP

Witness

Dr YEOH Eng-kiong, JP
Secretary for Health, Welfare and Food

主席：

歡迎各位出席調查政府與醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會第二十二次公開研訊。提醒各位，整個研訊過程，必須有足夠的法定人數，連主席在內共4位委員。

亦想藉此機會提醒旁聽今天研訊的公眾人士及傳媒，在研訊過程以外場合披露研訊中提供的證據，並不會受《立法會(權力及特權)條例》所保障。如有需要，各位列席人士及傳媒，應就他們的法律責任，徵詢法律意見。

另外，委員會亦決定，證人須要在宣誓後接受訊問，所以我將會在研訊開始時，根據《立法會(權力及特權)條例》第11條監誓。我現在宣布研訊開始，委員會會向衛生福利及食物局局長楊永強醫生索取證供。

今天研訊的取證範圍，主要是包括傳染病監察系統、衛生福利及食物局專責小組在SARS疫症爆發期間的角色和功能、感染控制的實施、追蹤接觸者的工作、關閉威爾斯親王醫院的有關事宜，以及處理淘大花園爆發疫情的工作。委員會較早前亦同意楊永強醫生由衛生福利及食物局副秘書長聶德權先生及律政司副首席政府律師鍾麗玲女士陪同出席研訊。聶德權先生和鍾麗玲女士在席上不可以發言。我們現在請楊永強醫生。

(楊永強醫生進入會議廳)

首先歡迎楊局長，多謝你出席今天的研訊。專責委員會傳召你今天到委員會席前作證，以及出示和專責委員會研訊證據有關的文據、簿冊、紀錄及文件。首先，委員會亦決定證人須宣誓作供。我現以專責委員會主席的身份負責為你監誓。

你可以選擇以手按聖經以宗教形式宣誓或以非宗教形式宣誓。請你站立並依照放在你面前的誓詞宣誓。

Dr YEOH Eng-kiong, Secretary for Health, Welfare and Food:

I, Yeoh Eng-kiong, solemnly, sincerely and truly declare and affirm that the evidence I shall give shall be the truth, the whole truth and nothing but the truth.

主席：

多謝你，楊局長。專責委員會現在要處理在2004年2月18日的傳票命令證人出示的文據、紀錄及文件。專責委員會知悉，證人已提供其中在傳票內載列的文據、紀錄及文件。證人在2004年2月18日之後，亦曾向專責委員會秘書提供幾份文件，這些文件是專責委員會文件第A138至A143、A145至A149及A17(C)號。楊局長，你現在可否正式向專責委員會出示這些文件作為證據？

衛生福利及食物局局長楊永強醫生：

可以，主席。

主席：

多謝。楊醫生你亦曾向專責委員會秘書提供證人的陳述書，你現在可否正式向專責委員會出示有關證人陳述書作為證據？

楊永強醫生：

可以，主席。

主席：

謝謝。楊醫生，為了方便列席人士跟隨委員會的程序，我們會把閣下的陳述書派給今天在場的公眾人士及記者。為了尊重私隱及其他法律理由，陳述書的部分內容已被遮蓋，你對你的陳述書，在即時之間有沒有甚麼需要補充？

楊永強醫生：

沒有，主席。

主席：

多謝你。應專責委員會的要求，你亦曾向專責委員會就醫院管理局高層在處理嚴重急性呼吸系統綜合症爆發方面的表現，特別是你作為局長所需要做的責任，提交了意見書，你現在可否正式向專責委員會提交有關意見書作為證據？

楊永強醫生：

可以。

主席：

多謝你。應專責委員會的要求，你亦曾向專責委員會提供閣下的專業資格及經驗的資料，你現在可否確認這些資料是正確的？

楊永強醫生：

可以，主席。

主席：

多謝你，楊醫生。可能“楊醫生”、“楊局長”，我在稱呼時會叫得很亂。

楊永強醫生：

啊，不要緊。

主席：

首先，我想你在開始時幫一幫委員會，講解一下你作為局長……

楊永強醫生：

主席，呃……

主席：

……在整個SARS期間，工作的角色是如何？即是和衛生署的關係是如何？和醫管局的關係是如何？和特首的關係？即你在中間所扮演的角色是甚麼呢？

楊永強醫生：

主席。可否容許我在未講之前先說幾句話？

主席：

也行，也行，沒問題。你開始吧。

楊永強醫生：

我都想選擇用英語發言。

Dr YEOH Eng-kiong:

Mr Chairman, Members of the Committee, thank you for inviting me to the hearing of the Select Committee this morning. Before I answer Members' question, I would like to make a few general points.

The Severe Acute Respiratory Syndrome (SARS) epidemic last year was the greatest public health challenge faced by modern Hong Kong. It was an event unprecedented not only in the modern history of Hong Kong, but also around the world. It was a painful experience for all of us, particularly for those who lost their loved ones.

When the epidemic began in Hong Kong in March last year, little was known about the disease. The term "Severe Acute Respiratory Syndrome (SARS)" was only coined by the World Health Organization (WHO) on the 15th of March 2003. In fact, the newly identified coronavirus was only accepted by the World Health Organization as the causative agent on the 16th of April of the same year.

The world has undergone a steep learning curve in the knowledge about SARS and its control measures during the epidemic. However, despite the very heroic progress made by the scientific community over the past year, much remains unknown about this disease.

Facing an epidemic of an unknown disease, we worked closely with local and overseas experts and the healthcare sector in order to learn more about the disease. My colleagues and I in the Government and the Hospital Authority all tried our very best to meet the challenges within the constraints. The guiding principle for us at all times and right from the beginning was that public health and the health of every member of the community must be paramount in every decision relating to the SARS outbreak.

Despite the difficulties, the outbreak brought out the best in our community, with many people having contributed to the battle against the disease through their extraordinary service, hard work, professionalism and attention to duty.

Finally, Mr Chairman, while I would give my replies in English to ensure the accuracy of the information provided to the Committee, I'd also like to say a few words in Chinese.

我想藉此機會向所有在這場疫症中捨己救人而不幸犧牲的醫護人員致敬，並向他們的家人，以及其他因SARS痛失至親的家庭，致以最深切的慰問。疫症爆發初期，醫護制度未能完全應付疫症，我在溝通方面可能令市民有所誤解，我想向市民、死者、死者家人、受感染人士和醫護人員，致以最衷心的道歉。

政府和醫管局的同事竭盡所能，日以繼夜對抗SARS疫症，我向這些同事表示衷心謝意。SARS疫情凸顯醫護人員和管理層的勇氣、無私奉獻和堅忍不屈的精神。在疫症期間，不少人士盡心服務，充分發揮專業精神，我向他們表示敬意。

事後檢討，我們認同醫護制度必須加以改善，加強我們應付傳染病的能力，這方面我們一定會繼續努力。多謝主席。

主席：

謝謝，楊局長。我也希望你可以回答剛才我提出的問題，主要是希望局長向委員會說一說，在對付SARS疫症期間，你作為局長的角色，即相對衛生署、醫管局，以及和特首之間的關係。

Dr YEOH Eng-kiong:

Mr Chairman, as Policy Secretary, I oversaw and coordinated, coordinated the, I had an overseeing and coordinating role in the management of the SARS epidemic. I was also responsible for monitoring and reviewing the work of the Department of Health in handling the outbreak and also of the Hospital Authority. As such, of course, I was also responsible for reporting what I saw in the outbreak, what was the situation at that time, how the outbreak was evolving, what we could do to control and prevent the outbreak and I was responsible for all these and obviously, I reported this to the Chief Executive to alert him on what things needed to be done, what the situation was, to alert him an assessment of the overall epidemic and to make recommendations for any other actions that need to be taken outside my portfolio. So, in the gist of the responsibilities, this was how I saw my role. Obviously, when the outbreak occurred, Mr Chairman, the Bureau which has 200 staff in our normal relationships with the Department of Health and the Hospital Authority could not be involved in the operations of the outbreak because this was the primary responsibility of the Department and the Hospital Authority. But as the outbreak evolved, because of our primary role in monitoring and coordinating the outbreak, obviously, when we saw that, when things needed to be corrected or the systems needed to be changed, we took on a participatory role and more direct role in changing the systems and in supplementing the work that was done by the Departments in helping with the

operations, designing systems and providing whatever support that was required to help in the outbreak.

So the role of the Bureau and of myself evolved as the outbreak escalated and this was necessary because as we got hold of more information, when it was recognized that the system was not able to cope as well as we would have liked it, then obviously it was necessary for us to redesign and reorganize the systems so the roles changed. The management structure that we had in so-called peace time had to be changed and working relationships had to be much more flexible in getting on top of the outbreak.

An example would be in my work with the Department of Health, for instance, obviously in the beginning of the outbreak. When the outbreak occurred, the most important task was really to try to contain the outbreak and to prevent any further spread, and this was done through a very active contact tracing which was organized between the Department of Health and the Hospital Authority at the Prince of Wales Hospital. But as the number of patients grew from this outbreak, we started recognizing at least the information that surfaced was that the contact tracing could be done, should be done even more effectively and more swiftly. But because there was no information system that enabled the Department of Health to do this, so when the problems of contact tracing started to surface after the first week of the Prince of Wales Hospital, I reviewed the contact tracing systems with the Department of Health, the information systems, how they were tackling the outbreak, and then I worked with the Department of Health to reorganize a lot of the systems that they had. And, of course, one of the things that we did quite early in the outbreak was devising this new system called e-SARS where we would derive real-time information from the hospitals as soon as the patients were admitted and this would give the Department of Health the timely information because the contact tracing had to be done very quickly and early. Because if you don't do it early, then by the time, if you wait for the traditional reports of confirmation of cases of SARS, you would imagine that this could take any time from a few days to even weeks because it takes time for cases to get admitted, to be investigated, and for the confirmation of the SARS to be made and then if we use the normal system of notification, then there would also be a lag time, by which time the contacts of those individuals would have already got the illness because of the incubation period being 10 days. So, I recognized this need for a very timely system and that's why we reorganized the whole system of notification so that as soon as patients were admitted to the hospitals with suspected SARS, that the information would be automatically passed to the Department of Health through the e-SARS system and then with the police system which helped tremendously in contact tracing. This was really the key in our view which led to the eventual control of the outbreak. So we did a lot of this work when we started

identifying that the system was not coping as well as we would like it to control the outbreak. So this was one of the examples.

The other example was obviously at the outset of the outbreak, even before the World Health Organization coined the term “SARS” and after the global alert, I already assembled a team to really examine what the outbreak in Prince of Wales could have for Hong Kong, what was it that we were dealing with, because at that time we really have very little knowledge and information of what we were dealing with, to get as much knowledge and expert advice as possible, to see what was needed to be done to try to tackle the outbreak, to coordinate all the measures, to collate all the information, to provide a forum to generate knowledge and develop preventive measures. So this was done on the 13th and we set up our Task Force on the 14th of March, three days after the outbreak was recognized in the Prince of Wales Hospital by ourselves. Of course, subsequent to that, we put in a lot of new system, and we worked with both the Hospital Authority and Department of Health in the evolving role because as the outbreak occurred, when Amoy Gardens outbreak occurred, obviously we were all very concerned about that because it was a very, very unusual phenomenon. Large numbers of people were becoming ill and there I actively took part in the investigation even before the report came out. I say to Members, because Amoy Gardens came to light on the 26th of March, and I then worked very closely, not just with the Director of Health but her team who were doing the investigation, Dr Thomas TSANG in particular because he was heading the investigation and I had frequent contacts directly with Thomas. I still remember on the night of the 28th I rang him up to ask him for an update of what he had found so far and he told me that evening that there was this very unique finding that he had found, that about half of the cases in Amoy Gardens were in E Block and they seemed to be concentrated in Unit 7 and 8 in a vertical dimension. Obviously, I think to myself that.....

主席：

不好意思，楊局長。我希望先不要說得太仔細，待會我們可能都有很多機會再問一些細節的東西。不過，我想楊局長幫幫忙，因為剛才你開始回答問題時，你提到那個關係，在疫情的爆發過程，你用了“evolve”這個字，即有轉變，而你最初的描述是用“co-ordinations”、“oversee”。我看回你交給委員會那一份有關表現部分的報告，你有幾次用了幾個“instruct”的字。我舉兩個例子，你在3月28日，你剛才也有描述，就是關於e-SARS那方面，你用了“instruct”，即instruct了衛生署和醫院管理局去做這個工作。在3月29日，你亦instruct——用了“instruct”這個字——衛生署去組織一個跨部門的工作小組去調查有關淘大花園的情況。為甚麼我要問清楚究竟那個角色是甚麼呢？因為在我們的衛生防疫條例

中，權力是在於Director of Health，醫管局的權力就有醫管局的法例去授權它做工作。所以，當我看你的描述，你是用你作為局長的身份去instruct這兩個部門去做它們法例授權的工作。實際上，你怎麼看你當時的角色，你是那個……因為剛才你用了很多次“actively participate”，抑或你是take the lead in這些activities，而somehow在3月25日，特首的Steering Committee成立之前、之後，你的角色有沒有任何轉變？可否在開始時向我們交代一下有關角色轉變的問題？

Dr YEOH Eng-kiong:

Mr Chairman, obviously the relationship between the Secretary and the Department of Health, I will cover that first. That governs obviously within the relationship, that is this managerial relationship where the Bureau has oversight of all the work that the Department does and in this managerial relationship, obviously, we can instruct the Department to do certain things. But in the normal operations, what I was trying to clarify in terms of the participation is that even in this relationship because of the work of the Department, a lot of the operational matters are matters of the Department and obviously with the way the Bureau is structured, there is no way that we can actively be involved in the operations of the Department because this is not how we work both in terms of the structure and the processes and the manpower. I mean, it doesn't permit us to be actively involved nor should we be because this is a clear division of roles. Our responsibility obviously in our relationships in so-called peace time and even in war time would be really to make sure that the Department has systems, that we have a monitoring system so that if things go wrong, we are able to ask questions and to get the Department to get it right, to work right. So this is how we normally operate.

As the outbreak occurred, obviously there were things that this relationship had to be changed because we could not continue to be very, because when it emerged, started, things emerging that the system was not able to cope with containing the outbreak in the fastest possible time, obviously it was then my responsibility to make sure that things had to change. So normally, when there is no, when it's not an epidemic, when it's not a matter of life and death, we would leave the Department to change. I would then say to the Director that "There seems to be something wrong. Could you do a review? Would you correct it?" But in an outbreak, obviously, we don't have, we cannot afford the time for this to occur and because of my own background, where I had more knowledge about health systems, I was of the view, rightly or wrongly, that I could contribute directly to the operations of the Department so I was trying to clarify that in the outbreak, I started getting myself involved in the operations of the Department simply because I saw that there was a need to and I thought that

this was also an effective way of getting the things done in the quickest possible time because I recognized that in the Department of Health, although we had a good Department in managing outbreaks in the last 50 years, but in an outbreak of this size and nature, we needed as much help as we could. I think this was recognized in all of the world, so it's nothing to be ashamed of in the Department that we ask for help so that right at the outbreak, we already recognized that we needed to have as much external help as we could and of course I thought I was able to contribute in some small way in developing systems, so that's why I was involved in the operations.

And of course, there were certain things I had to instruct the Department to do so that things would get moving faster. So, the words used are "instructing" because in our normal relationships, we don't normally "instruct" our Departments, we normally discuss with them and there's usually not a problem because there are usually, your views are not challenged, I think we act as collegiate, we discuss things, we try to understand the others' positions. But in an outbreak like SARS, I think we certainly, in certain work, there is no room for discussion. Instructions just had to be given and this just had to be done. So I guess it's really that change in relationship we are trying to depict in the submission.

As far as the Chief Executive's Steering Committee was concerned, I think when the Chief Executive started discussing with me as the outbreak evolved because we had regular sessions right through the outbreak on a daily basis, sometimes a few times a day. We recognized that the outbreak was beyond the health sector to contain and we both agreed that we needed a much higher level of committee in the Government to coordinate all the efforts because it was beyond the health sector, the impact was on every aspect of our life and a lot of decisions really impacted on many areas as if you remember the schools were one very large area that was affected, decisions to close the schools could not be made by the Secretary for Health, Welfare and Food so we recognized that we needed a much higher level committee to coordinate all the efforts. So the Chief Executive then decided he would chair that. My work with the Departments really in terms of the role did not essentially change except that it freed up my time to really then focus on the health sector and my own structure for the Task Force also evolved at that time because there were too many committees and too many structures so I left this central steering to the Chief Executive's Committee and I then personally did the coordination of the work between the Hospital Authority and the Department of Health with the team under the Bureau. So this is how it evolved and my role in coordinating the health sector's response was not changed by the Chief Executive's Steering Committee.

主席：

謝謝，楊局長。待會我相信在具體的範圍、某些細節可能會再慢慢討論。我把時間交給各位委員，如大家有問題問局長就請舉手。首先是勞永樂議員。

勞永樂議員：

多謝主席。楊醫生，你在你的陳述書回答我們第2條至第5條問題時，你曾經說過，你第一次知道廣東省有非典型肺炎爆發是在2003年2月10日，是透過本地媒介的報告知道的，即是你的答案第一句。是哪些媒介，你可否告訴我們？

Dr YEOH Eng-kiong:

Mr Chairman, on the 10th of February, the media reports were in the Chinese media, they were in quite a few of the Chinese media reports and every morning my Press Secretary goes through the media reports with me and obviously through those, we learnt about the reports in the local Chinese media about this outbreak in the Guangdong province. I do not recollect exactly which newspapers reported it.

勞永樂議員：

好的。是新……(咳嗽)對不起，主席。是新聞秘書為你看看當天早上的中文報紙的報告，然後就看到有這樣的問題？

Dr YEOH Eng-kiong:

Mr Chairman, it is my usual practice that every morning, my Press Secretary will give me a report of all the media issues that relate to my portfolio and to Government in general and then subsequent to that, obviously, there will be areas where I will, obviously as Mr Chairman and the Committee may know, I have only very limited knowledge of Chinese, so if there are reports in Chinese, usually my Press Secretary will read those reports to me and of course, the English reports, I would normally read them myself.

勞永樂議員：

好的。在2003年2月10日之前，你的新聞秘書有沒有為你看過其他關於廣東省爆發非典型肺炎的報告？

Dr YEOH Eng-kiong:

Mr Chairman, I have no recollection of these reports prior to the 10th of February. Certainly, I have no recollection at this stage of my Press Secretary telling me about recounting any of these reports.

勞永樂議員：

除了本地的中文和英文報章之外，你的部門或者你的新聞秘書，有沒有一併看看譬如鄰近地區或世界其他地區的報紙？

Dr YEOH Eng-kiong:

Mr Chairman, in my Bureau, we do not, I believe normally look at the newspapers of other places but in the Government itself, in our Government systems, there is coverage every morning on press reports of international news.

勞永樂議員：

是。你是否記得政府的新聞機制有沒有知會過你，或者有沒有給你提供任何報告是關於廣東省的非典型肺炎的資料，在2月10日之前？

Dr YEOH Eng-kiong:

Mr Chairman, certainly I have no recollection that there was any information as such.

勞永樂議員：

主席，容許我引述一些報紙的報道，給委員會作為一個參考，或者給楊醫生作為一個討論。廣州《羊城晚報》2003年1月3日的報道：“據介紹，上月15日接治的兩名患者都是紫金縣人，症狀是畏寒發熱、咳嗽，兩人隨後分別轉到深圳福田醫院和廣州陸軍總醫院。廣州陸軍總醫院、中山醫科大學附屬醫院等大學專家昨天到河源，幾位患者被初步診斷為非典型肺炎。”你是否記得你在今天之前有接觸過這個報紙的報告？

Dr YEOH Eng-kiong:

Mr Chairman, no.

勞永樂議員：

好的。接着是本港的報紙，《太陽報》2003年1月4日，標題是“河源怪病市民搶購抗生素，發燒難退疑爆發流感”，報告的內容大致上和《羊城晚報》差不多。有沒有接觸過這個本地的報道，或者你的新聞秘書有沒有向你提過？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, I have no recollection of this report or this report having been highlighted to me either by my Press Secretary or my colleagues in the Department of Health.

勞永樂議員：

接着是2003年1月18日，《明報》報道：“神秘肺炎襲中山，來勢兇險傳染性強無特效藥”。報道中間說到，中山市中醫院本月2日起，先後有12名‘不明原因肺炎’病人求醫，其中3人，因呼吸衰竭而要用呼吸機。有沒有接觸過這個本地的報道？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I think these were reports in the media. I have certainly no recollection that my colleagues had alerted me to any of these. I guess at that time my colleagues were always looking at the media in Hong Kong. I'm not sure that they had, their focus was on things happening here in Hong Kong, I'm not sure that they had specifically looked at those reports. Obviously, with hindsight, one would see that these were reports of things happening in Guangdong but at that time, certainly all these were not picked up.

勞永樂議員：

即是你的新聞秘書沒有向你提及過或者引述過這些報道。在你的陳述書中亦有提到，你每月會和衛生署開一次會，每一季亦和衛生署開一次會。那我想問你，在1月的時候有沒有開過這些會議呢？03年。

Dr YEOH Eng-kiong:

Mr Chairman, I think the reports I held regularly, in fact, I meet with the Director of Health very often. I do not have the exact schedule with me but if Members require information that I can certainly furnish them later. But there are very few occasions when we do not have this monthly meetings and if, for some reason, they are postponed, they are usually held one or two weeks later so

I would imagine that we would generally have these meetings but I cannot give you a reply today as to whether in January we actually had a meeting but my contacts with the Director of Health are not just in our monthly meetings. As I said, we have quarterly reviews, we have regular interactions on the phone and we have a lot of things that come up which require us to meet – if there are some infectious diseases which are of concern, certain things arise, so we have a lot of these ad hoc meetings and interactions both in person and on the phone. So there's a whole wide variety and of course there are informal occasions where we go for functions where we would interact. I, certainly, would imagine that if there are some of these issues we would have had an opportunity to have discussed them.

勞永樂議員：

所以在你的記憶之中，在2月10日這日之前，你未有和衛生署署長或衛生署人員討論過有關廣東省出現肺炎爆發的事？

Dr YEOH Eng-kiong:

Mr Chairman, I can say that almost absolutely that the first time we discussed this was after the press reports on the 10th of February.

勞永樂議員：

好的。在你回答我們的問題第2至5條的答案第2段那裏，你這樣說：在2003年2月11日，廣東省衛生當局召開了一個記者招待會，講述有關非典型肺炎爆發的情況。有關的官員通知你們有300個肺炎個案，5人死亡。同時，北京衛生部及當地衛生官員，正在調查及收取樣本。你亦在陳述書中說，在同一日的記者招待會中，你把這個消息發放出去，並且向公眾指出，需要做一些預防措施，提防由飛沫傳播的傳染病，避免去一些擠迫的地方，要採取措施使身體有好的抵抗能力。亦建議市民，如果他們特別擔心的時候，可以戴口罩。這就是你答覆我們，講及你對於廣東省衛生廳舉行這個記者招待會的一些回應及行動。你還有沒有其他東西需要補充？還有沒有做過其他甚麼？當你得悉廣東省衛生廳召開記者招待會之後，亦給你提供了一些資訊。

Dr YEOH Eng-kiong:

Mr Chairman, when we learnt of the outbreak through the media, the first thing I did was to ask the Director of Health to contact the authorities in the Mainland. And the Director of Health informed me that she had been trying to contact the Guangzhou authorities but had no response. So I asked her to

contact the Ministry in Beijing because this was our normal established channel of communications between the Director of Health and the Ministry of Health in Beijing to get information about the system and about the infectious diseases. So this was the established mechanism. My recollection is that she was unable initially to be in contact and my recollection is that I asked her to make sure that we could get hold of the Director General of International Affairs who was our normal contact person and she eventually rang me up quite late that evening to say that she had been able to get in touch with this Director General and that they would be interacting, they would be trying to get, because it was quite late in the evening, and they then said that they would get the information for us the next day and that they would also be in contact with Guangdong to see what was actually happening. My impression at that time was that they did not have the, seemed to have the information in hand. And the next day, obviously we were informed that the Guangdong authorities would be holding a press conference and that they provided the information as Dr LO described but the Ministry also gave the information back to Dr CHAN that there were 300 cases and five deaths and so we had a separate communication from the Ministry on the same day and based on that, obviously we held a press briefing to report back to the public of what the situation was as far as we understood from Beijing and that it was thought to be a respiratory infection and the precautions that Dr LO described which I said should be done.

What we actually then did was that I then assembled a meeting and I got the colleagues from the Department of Health and the Hospital Authority on the 13th to convene the meeting to review the information that was available about the outbreak of this atypical pneumonia in Guangdong and also to monitor the progress of our local surveillance of pneumonia influenza cases. At that meeting, the Department of Health and, I think the Director had attended the meeting, had contacted Hospital Authority, private hospitals and sentinel doctors for any unusual pattern of influenza-like illness or pneumonia and the Department of Health reported to me none was observed so they actually went out to enquire to see whether there was anything abnormal in our pneumonia cases in Hong Kong given the reports in Guangdong. I was also briefed that the Hospital Authority had established a Working Group on Severe Community-Acquired Pneumonia on 11th of February, same day, to step up surveillance of these several pneumonia cases in public hospitals. So, in the Bureau, we actually looked at what we needed to do and because the Hospital Authority had put in place this surveillance system with the participation of the Department of Health and the Department of Health had also started looking in terms of whether there were any unusual pneumonias, we left at that. Obviously, we were very concerned about this outbreak and whether we were dealing with something new or unknown. There were a lot of speculations among the professionals, the experts whether this was an antigenic shift of influenza virus because this was the influenza season. So, even the World Health Organization in its reports toward

the end of December, talked about this influenza surveillance system and that they had been furnished with information from Beijing that there was no major shift and it did give the international community some assurance that influenza would not be a problem, at least from Beijing. And in Hong Kong, obviously we were looking for possible signs whether this was a change in the antigenic type of influenza which could give rise to a large outbreak. We were also looking at other causes of respiratory infections. As you remember that colleagues had been talking about avian flu, because as you know we had an outbreak of avian flu in Penfold Park towards the end of 2002 and that we had experiences with avian influenza, so we were on the alert for looking at these things. There were obviously other causes of this respiratory infection outbreak so people were on the alert and because if there were severe infections, they would likely be in the hospital system and because of the Severe CAP Working Group and that they would be able to access all the samples. We let the Hospital Authority work on the Severe CAP. So, during this period, we were monitoring the situation in the hospitals, to ensure that we would be able to pick up any unusual features that would alert us that we were dealing with infectious disease which would affect Hong Kong.

勞永樂議員：

主席。楊醫生，從你剛才的口述及陳述書那裏，你是否同意當時你和局的重點，是監察肺炎及盡量瞭解由甚麼病菌、病毒引致肺炎，以及盡量取得多一點資料？你的重點是否在這方面呢？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I think we were trying to derive as much information as we could because I think based on the information that came from Beijing, it did appear that we would not be sufficiently assured that we had all the information relating to the potential impact in Hong Kong, obviously we were trying our best. But other than the local surveillance, we continued with our liaison and interactions with Beijing and we kept in regular contact with Beijing, and I remember the Director of Health reported to me the interactions they had and on one particular occasion, she did report to me that we thought from Beijing that Chlamydia was one of the consequences that was found in the patients. The Director of Health also continued with the liaison with the World Health Organization because WHO had a Beijing office and we also interacted with WHO officials to see whether there was any information that would help us in strengthening any or anticipating any problems that we could have encountered in Hong Kong.

勞永樂議員：

主席，根據楊醫生的陳述書及他到目前為止所說的，其實與當時社會上已經有的資料，很清晰地，似乎是欠缺了一點。或者我嘗試讀一讀報紙當時的一個報道，給委員會聽聽。這是《星島日報》在2003年2月12日就廣東省衛生廳在2月11日召開記者招待會之後翌日的報道。大標題是“粵指疫情受控305病例5死”。其中一句是這樣的：“省衛生廳公布的資料顯示，至2月9日下午為止，全省6個城市共發現305個病例”——請留意這一句——“(105人是醫護人員)，導致5人死亡”。楊醫生，你有沒有……在你的陳述書中，以及根據剛才你的一段口頭陳述，你完全沒有提及有關醫護人員受感染這件事。305個病例之中，其實有105個是醫護人員。你甚麼時候知悉這一點？

Dr YEOH Eng-kiong:

Mr Chairman, perhaps I think we did not give the details but certainly we were aware of the healthcare workers that had been affected at that time, at that stage in time.

勞永樂議員：

是，好的。那麼你剛才說在2月11日做的事情及在2月13日做的工作，有沒有任何討論有關如何保護醫護人員，以減低他們受感染的機會？

Dr YEOH Eng-kiong:

Mr Chairman, I think, in the Severe CAP Working Group, my understanding was that these infection control procedures were discussed and guidelines were developed. I think this was something that I would expect the Committee to deal with because these were respiratory infections and there was potential for infection and certainly this was something that we were aware of, that there were these reports of healthcare workers being infected, and the question of that these healthcare workers did not take precautions was also discussed, and I believe that we did not really know the extent of infectivity. Not knowing what was happening, the Hospital Authority and the Severe CAP Working Group and the Department of Health worked to find out the causes and did develop guidelines in terms of the infection control procedures of droplet infections.

勞永樂議員：

主席。楊醫生，你有沒有特別指示或者強調要衛生署及醫管局做好工作以保護醫護人員呢？我所指的只是2月11日及2月13日這兩天。

Dr YEOH Eng-kiong:

Mr Chairman, I do not recollect whether I specifically asked for that protection. I think certainly the focus at that time was to really try to understand what was actually happening in Guangdong province, the impact it would potentially have on us and what we needed to do to prepare ourselves for the outbreak so this was the focus of our discussions, and obviously it would involve things like infectious diseases, the precautions one would take. I guess that all those things would be part and parcel but I do not have specific recollection of instructing in terms of protective gear.

勞永樂議員：

即是可以這樣說，當時，在2月11日至2月13日這幾天，並沒有很突出或緊張地討論過這個項目，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I did not say that. I said that I would imagine that one would have discussed all those issues but I do not have recollection of specifically asking the Authority to look into this area.

勞永樂議員：

即是你記不起有特別提出過這個問題？

Dr YEOH Eng-kiong:

Yes.

勞永樂議員：

好的。你記不記得到哪個階段，有特別提出過要加強醫護人員的保護？

Dr YEOH Eng-kiong:

Mr Chairman, I think, I have not recollected, because right through the outbreak, as soon as the outbreak occurred, my interactions with the Department

of Health and the Hospital Authority, really the information that I got from them were the precautions that they had been taking. So when the outbreak occurred in the Prince of Wales, we had this Task Force and the Expert Committee that reviewed the infection control procedures and there in this review of infection control procedures, the Expert Committee were of the view that the things taken, the measures taken by both the Hospital Authority and the Department of Health were adequate so there was no need for me to give specific instructions because we already, these were the things that we would expect, both organizations be able to do and to do well. But obviously as the healthcare workers started becoming, large numbers, larger numbers became infected as the epidemic evolved, there was great anxiety whether the precautions were adequate and my discussions with the Hospital Authority initially were in terms of the adequacy of supply because if you remember that when the outbreak occurred, it occurred so quickly and so rapidly that there was some anxiety about the supply of the protective gear. And later on when the protective gear was sufficiently available, there were also difficulties in terms of the processes. So right through the outbreak, we had discussions relating to these issues.

勞永樂議員：

好的。主席，我聽到楊醫生剛才說“expect”這個字，即他預期衛生署、醫管局會做好這個工作，所以沒有給予特別的指示。除了一件事情，就是擔心供應不足夠，他曾與他們商討過。我這樣的理解是否正確？

Dr YEOH Eng-kiong:

Mr Chairman, this is not exactly what I said. Obviously, I think I would have expected when we come to in terms of the discussion, that's why I do not have a specific recollection of giving instructions to the Hospital Authority right on the onset because I expected these things to be done, so most of the times we were discussing a lot of the issues relating to infection control and the protection of healthcare workers should have been it, of course, very often, was part and parcel of the discussions. And as I said, my recollection of specifically discussing the protective gear only dates back to the Task Group meeting that we had and the meeting before that relating to the precautions that would have been taken by healthcare workers to protect themselves. And right through obviously we had discussions with the Hospital Authority relating to protective gear of staff and whether they were adequate, what were the issues involved in infection control. So there were many discussions relating to protective gear and protection of staff.

勞永樂議員：

好的。主席，請容許我又引述一份報紙的報道，都是由於03年2月11日廣東省衛生廳的記者招待會而寫的。這是《大公報》的報道，是當天的頭條，標題是“粵肺炎肆虐已受控制 省市醫衛部門負責人譴責炭疽鼠疫謠言”。這個報道亦有提到305人感染，5人死亡，105例是醫護人員。但更加一個很特別的報道是，廣州衛生局局長黃焯烈在報道中被引述說了以下一番話：“該病有一定的傳染性，主要通過近距離接觸病人的唾沫或接觸病人的呼吸道分泌物等途徑傳播。在該市100多病例中，有不少是醫護人員，主要是由於外地危重病人剛轉入廣州治療時，少數醫院對該病認識不足，防護不夠，加上醫護人員為搶救病人不得不與病人近距離接觸，導致被傳染。”接着下一段是這樣說：“最為重要的是，全部醫務人員都沒有‘中招’”——這是指廣州市第八人民醫院——“受到了市政府有關人士的稱讚。黃焯烈說，實踐證明，醫護人員只要按有關規程嚴格操作，就可避免被傳染”。其實，在2月11日廣東省衛生廳的記者招待會上，又曾提到這些問題。我不知道楊醫生是否記得，當時你接收到的資訊是有這一方面的討論或這一方面的資料？

Dr YEOH Eng-kiong:

Mr Chairman, certainly we were aware of the issues relating to healthcare workers being infected and obviously, this would have been related to specially respiratory infections, the infectivity of the agent, what healthcare workers should and can do to protect themselves by taking precautions and wearing protective gear. I have some recollections of discussions of these issues with the colleagues subsequent to the reports. That's why I said although I didn't have specific recollections of instructing but these were issues which were already in the public arena and although I apologize that we did not specifically highlight these in the submission to you but this was the information that we had and infection control measures as I said would have been taken by Department of Health and the Hospital Authority and I am aware that they did develop infection control guidelines for the Severe CAP cases.

勞永樂議員：

其實這個報道，楊醫生，最重要的一句是“按有關程序嚴格操作”，嚴格操作。我想理解一下，你當時有沒有理解到或者感覺到，這是很重要的一點，需要很緊張的一點，需要很嚴格地操作才可以避免醫護人員“中招”呢？

Dr YEOH Eng-kiong:

Mr Chairman, obviously, with hindsight, we can get reports which might highlight one or two points which would have given us clues but at that time we were aware of the problem in Guangdong province. We didn't know at that time whether it was a new virus or one of the other viruses but for whatever viruses or whatever respiratory infections, the precautions are the same because in terms of taking droplet precautions, right through the speculation was that this was still a respiratory virus that this would be something akin to either influenza or avian flu or Adenovirus so the precautions that should have been taken would have been very similar for all respiratory infections. So these were things that we recognized and that's why I said that in the infection control procedures, this was dealt with by the Hospital Authority and the Severe CAP Working Group.

勞永樂議員：

主席。楊醫生，曾經有這樣的報道，我亦相信當時你的新聞秘書或者政府會有接觸到。你有沒有在那個階段，指示衛生署署長盡快去廣東省衛生廳索取進一步資料呢？或者瞭解一下甚麼叫做“按有關規程嚴格操作”？你有沒有作出過這些指示——在11至13日這個階段？

Dr YEOH Eng-kiong:

Mr Chairman, I just want to clarify that I wasn't aware of this specific report but in the reports from the Ministry that was provided for us, there was mentioning about healthcare workers and precautions that needed to be taken but certainly not the report that Dr LO referred to. Because by this time, our communications were directly with the Ministry and we had information from them of course we were also given information about Chlamydia so I think they were discerning this information and the information that we had to rely on was from the Ministry. So we certainly had no information that Dr LO referred to. In relation to going to asking the Director of Health to go to Guangdong province, yes, I did discuss this with the Director of Health whether we should send a team or someone to the Guangdong province to Guangzhou to learn a bit more as what was actually happening there. But the Director thought she had sufficient information from both WHO and the Ministry, that we already had established contacts and that the Ministry itself was investigating because at that time, as the time evolved after the reports in the media, we were informed that Beijing would be sending their team to investigate the outbreak in Guangdong and the World Health Organization was also keeping tabs of what was actually happening. So she was of the view that all these supporters were doing their work and there was no need for us to send a team to Guangdong.

勞永樂議員：

現在回看，如果需要依靠透過北京去廣東，再由北京把資訊傳達給香港，會不會較香港直接派一隊人到廣東慢呢？

Dr YEOH Eng-kiong:

Mr Chairman, I guess one needs to understand the systems in China, where, we are aware that the infectious disease information is only released from Beijing. And of course, the Ministry in Beijing has to verify the reports and to clarify, to investigate any hospital outbreaks and confirm those outbreaks so the information through the system will be from Beijing. But obviously, interacting with Guangzhou could have additional, more soft intelligence, soft information because the system in China is that all the information must be routed through Beijing or has to be approved by the Ministry before it can be released.

勞永樂議員：

好的。主席，請委員會向楊醫生提供我們的文件，H5 —— 藍色的H5。這是2003年2月21日醫管局的文件。我想與楊醫生一同理解一下，醫管局當時有沒有像我剛才引述的報道般，“按有關規程嚴格運作”。這是醫管局當時在2月21日發給所有醫院的一個指引，關於嚴重社區感染的肺炎。整份文件有9段，共3頁紙，只有在其中一段 —— 第7段，提到感染控制措施。其他的都是關於怎樣向上頭報告；如何做測試；有一段則提到怎樣用藥。只有一段，如果以版位計算，即佔整份文件的七分之一左右，當中提到，這個病不是由空氣傳播，是由大的飛沫粒子傳播。這些粒子的播傳，由來源計算，不會傳播超過3呎。接着下面提到，飛沫傳播的預防包括5點，其中第二點是，員工需要穿着袍及戴手套，這點是十分重視的，穿着袍及戴手套。第三點是教導員工戴口罩。當時提到的，並不是每次進入病房都要戴口罩。那麼何時戴口罩呢？就是當員工在病人3呎範圍之內工作時，才需要戴口罩。另一點是強調洗手等等。楊醫生，其實當時在2月21日，還未強調戴口罩。你是否同意我的說法？

Dr YEOH Eng-kiong:

Mr Chairman, this is the guidelines that the Hospital Authority provided us and it's according to these guidelines.....

勞永樂議員：

是。所以，我現時為何提出這文件給楊醫生看呢？就是你是否同意，其實按照當時的觸覺，在2月11日廣東省衛生廳有這樣的一個記者招待會，亦都提過醫護人員受感染，也提到廣東省當時都非常緊張處理醫護人員的保護工作，要“按有關規程嚴格操作”，當中亦有引述成功的例子。你是否認為醫管局這個報告，當時的指引並不足夠？

Dr YEOH Eng-kiong:

Mr Chairman, I cannot comment on these guidelines which were developed by experts in the Hospital Authority based on the information they had at that time. I think it is reasonable to say that they would have considered droplet infections and I think the reports that Dr LO read, in terms of strictly following, it depends on what we actually follow. If you have these guidelines we could also say that we need to strictly follow these guidelines. So, strict adherence to guidelines may not necessarily mean that you wear N95 or that you wear barrier-man so it's really the strict adherence of guidelines and even now I think my understanding is the experts in infection control still believe that the face masks are effective. It's a matter of the strict adherence to those guidelines but these guidelines were developed by experts in the Hospital Authority based on their best knowledge and expert views of what needed to be done.

勞永樂議員：

是，我同意你的說法，就是你無需做專家負責的工作，指引由他們發出。你亦說過，你預期醫管局和衛生署也要做他們應該做的事。但你是否同意，你作為局長是有推動的責任？在你的政策範圍內哪些工作需要很緊張地去做，你便特別指出來，譬如說把保護醫護人員的工作做好。你是否同意你有這個責任？

Dr YEOH Eng-kiong:

Mr Chairman, obviously for my responsibility, I have responsibilities for the health population in Hong Kong. I am responsible for making sure that there is not even one unnecessary death or mortality, that we are able to provide an environment for our healthcare workers, are able to perform their work in a safe manner. So all these are, obviously, responsibilities that ultimately come back to me but in the context of the work that was done, we looked at it in totality. I do not have the expertise in all the areas in medicine, and nor should I because my role is not here as a doctor, as a professional, it just happens that I have this background and in the outbreak, because of my background, I did a bit

more than a Secretary would normally do because of my own background and knowledge but I am certainly not an expert in infection control and very often we have to leave these things to the experts and even if I have some knowledge I can ask questions, I can provide some suggestions but at that point in time, we were faced with, we didn't even know what was coming.

I think this outbreak was so, so bizarre for Hong Kong. Because if you look at a natural disaster and when if we look at and anticipate a flood, people understand what a flood is, we can see it, we have experienced it. But when you are talking about this unknown, we didn't even know at that time. We were trying to assess, as far as we could, any potential impact on Hong Kong and I believe both the colleagues in the Hospital Authority and the Department of Health took it seriously and they did their best in preparing ourselves for it. You can say that our intelligence was not enough but I do not think it is reasonable or fair to accuse the colleagues of not having taken it seriously because the fact that a Severe CAP Working Group was set up right on the day that we recognized that there was a potential problem and that the Hospital Authority and the Department of Health assembled all their experts except for Dr LO himself in infectious diseases in this Committee to really try to see what needed to be done so I do respect them for the things that they have done. I know that some of the things that they have done, with hindsight, may not have been sufficient but I think they really acted in the, with the best knowledge, and I think if we have this group of experts for whom I have the highest degree of respect because I know many of them were only able to come out of this. It is very difficult to expect that anything else could have been done unless obviously we had more information than we did at that time.

勞永樂議員：

你剛才也說，當時這是不知名的傳染病。你亦告訴委員會，你知道當時有醫護人員受感染。你是否同意我的說法，面對一個不知名的傳染病，又有那麼多醫護人員受感染，其實應該很緊張醫護人員的保護？

Dr YEOH Eng-kiong:

Mr Chairman, in our day-to-day practice, hospital workers are faced with respiratory infections, they are faced with blood-borne infections and there are infection control teams in hospitals. And I still remember when I was still in Hospital Authority, we set up these infection control teams and committees, and we put in infection control nurses in the hospitals and we talked about universal precautions. It sometimes gives people a more sense of security when we deal with certain things. I still remember when we were dealing with HIV Aids, we had all sorts of precautions for patients with HIV Aids. Now, obviously, as we

see patients on a day-to-day practice, in day-to-day practice, patients don't come to you with a diagnosis "I'm infectious".

We have been encouraging and getting healthcare workers to take universal precautions at all time but I think Dr LO will understand that it is not easy, not because the healthcare workers do not think it is important, but it is not easy to get these practices going simply because in our day-to-day practice, our healthcare workers are so concerned about saving life and limb that they very often forget to protect themselves and all of us who have been practicing medicine understand that. So we have these teams of infection control nurses that always there to try to get our healthcare workers to continue with the best practices of protecting themselves. So in the hospital sector, we have patients on a day-to-day basis with respiratory infections. They get tuberculosis from our patients, they get influenza from patients, sometimes they may infect patients themselves if they are not careful. So these are things that, that are part and parcel of the hospital practice and that the hospitals in fact take these very seriously because they have infection control teams in hospitals. We have put in infection control nurses in hospitals so I hope that Members will not get the impression that we do not place importance to infection control and to protecting our healthcare workers. In fact, we are very concerned about healthcare workers and what we can do to step up. So obviously if there are indications that precautions need to be stepped up, we need to continue to step them up but the difficulty always is in terms of trying to get something going which is sustainable and identifying where the risk are because it's not just a question of providing the gear, but also getting people, healthcare workers to be convinced that they need to adopt this practice because they are not easy to practise. Even a simple act of washing hands, it is immensely difficult to get all healthcare workers to wash their hands every time they see a patient.

主席：

勞議員，我只想提一提，我只是擔心我們進入了有關感染控制部分的一些……

勞永樂議員：

是，我知道。

主席：

……取證。我希望，如果可以回到傳染病的監察系統，如果那方面再有其他問題，我們先把有關問題問完，稍後才……

勞永樂議員

關於這方面，我也差不多問完了。主席，我只是想理解一下，局長當時對這個課題，從監察系統知道的資料，他的緊張程度有多少。局長剛才的答案，似乎是說一向也有一個機制，一向都相當注重這方面的事情。局長的意思，是否當時的感覺，根據你收到的情報，並沒有特別需要做一些額外的工作，或推動進行一些額外的工作？

Dr YEOH Eng-kiong:

Mr Chairman, as I said that we were very concerned, we already had this Hospital Authority working on Severe CAP which has looked in terms of trying to discern and getting as much information as possible. We were in contact with Beijing and they kept us updated regularly. I still remember there were many, many phone calls and contacts with the Beijing authorities. We were also in contact with the World Health Organization. I also learnt during this period, before the outbreak in Prince of Wales was recognized, that the colleagues in Hong Kong University were working with some of the hospitals in Guangdong province to help them identify where there were any unusual activities and in particular, I know that Professor YUEN was working with them on a very confidential basis. And I did ring up Professor YUEN to ask him whether he had any findings relating to the possible etiological causes. And so I had a number of conversations with him, I remember. I don't remember exactly the exact dates or the times and the numbers but certainly I was aware that he was doing work on a very confidential basis but the information that I got from him was that there didn't seem to be any specific agent that they could identify. I think he did mention things about identifying adenovirus and influenza virus but it was not found in all the specimens that he got. Obviously, I think I did, because Professor YUEN is a very distinguished physician, and he did tell me his thoughts about the things that he was looking for, whether as we, as I recounted just earlier, whether this was antigenic shift, whether it was Adenovirus. He did tell me that Adenovirus did infect healthcare workers and this could be one of the possible causes I still remember. Avian flu was obviously something that was very much, that we were very concerned about and obviously, the potential for any new viruses. So these were all the things that we discussed and obviously, it put us in the context of the work that was being done and people were trying their best both in China, in the Mainland and in Hong Kong to try to identify these illnesses.

I also had contact with the biologists in the Department of Health, Dr Wilina LIM, because, one of the things that we have in Hong Kong which is a very good system is our surveillance system for influenza virus because Dr LIM's lab is recognized as one of the collaborating laboratories for this

influenza surveillance by the World Health Organization and my information from the Far East laboratory is that there was, did not appear to be any changes, significant changes in the influenza types that we were seeing so far in Hong Kong. So, obviously, we were all very concerned about this situation and I can honestly tell Members here that we really did try our best to get the best information and to understand this very unknown at that time illness that broke out in Guangdong.

勞永樂議員：

好的。你剛才曾提到與北京衛生部的聯繫，我想問一問楊醫生，這個溝通渠道是否一個常設性的渠道？

Dr YEOH Eng-kiong:

The contacts that we had in Beijing for communications is an established mechanism where the Director of Health will contact the Ministry and usually it is the Director General of International Communications. Obviously, we can also contact other people in the Ministry but the person that we usually get hold of is the Director General, so this is the established channel for communications. There are infectious disease reports on a monthly basis from China relating to four infectious diseases so these are our established mechanisms for communicating with the Mainland and getting information from them. So other than the four reports on those four infectious diseases, any information that we want relating to the Ministry is through the Ministry in Beijing.

勞永樂議員：

主要的溝通部門，是否衛生署與北京衛生部？

Dr YEOH Eng-kiong:

Depends on the issues that are dealt with, because the Director of Health is the Government's health adviser and she has got statutory functions for the public health functions and is the executive arm for controlling and preventing disease. For infectious diseases, it is the Director of Health that would be in contact with Beijing because the Bureau does not have, other than myself and my colleague, Dr LO whom I brought in for to look over research, no health professionals. So by the arrangements, the professional body to deal with infectious diseases is the Department of Health and as such they would be the organization to be in contact with the Ministries in other places and with WHO on infectious disease matters. But for organizational matters and policy matters, the Bureau interacts directly so for a lot of the policy matters, it is the Bureau that does this communication but for all infectious diseases, it's right, quite rightly the Department of Health that does this work.

勞永樂議員：

在SARS爆發期間，如果我沒有記錯的話，在淘大花園爆發之前，前衛生部部長張文康到過香港。我想問一問楊醫生，部長到香港的目的，是否特別為SARS而來呢？

Dr YEOH Eng-kiong:

My recollection is that the Minister of Health came to Hong Kong to a function in the Academy of Medicine to receive an Honorary Degree from the Academy. I think from my recollection that he came for that purpose and obviously when he came, he did brief us on the most up-to-date findings of what they found, the control situation in China but I do not believe the main purpose was for SARS.

勞永樂議員：

部長曾與你講解過當時中國內地SARS的情況。那個日子是何時？你有沒有紀錄？

Dr YEOH Eng-kiong:

This was, I think, on the weekend before Dr William HO got sick. I think it was either on the 21st or thereabouts. I can certainly check the date because I remember that the Minister came for this function in the Academy of Medicine which was held on the 22nd. I think we also had discussions with him on the day before, I'm not sure it's the same, 22nd or the 21st, I can give you the exact date, where he also met with the Chief Executive, both the Minister, the Director of Health, myself and Mr Tung had a meeting and we had some discussions either after that in relating to the situation in China and on the 22nd, in the Academy of Medicine, we also had continued discussions and in that meeting, the Regional Director, Dr Omi was also present so we had discussions relating to the control problems, the difficulties that they had in identifying the causes, the discussions between Beijing and Guangdong relating to the investigation was also brought up. The information that I now have is that it was on the 21st that we met with the Minister of Health in the evening at the dinner session and on the 22nd was the meeting with the Minister and the Chief Executive so all these meetings were held on between the 21st and the 22nd.

勞永樂議員：

嗯。除了你剛才提到報告當時內地的疫情之外，你或者你的同事有沒有實質要求過部長有甚麼地方需要支援香港，或者在合作上有沒有地方可以加強？有沒有做過這些工作？

Dr YEOH Eng-kiong:

Yes, certainly, in the meetings that we had with the Minister, we were looking towards improving our notification mechanism and interaction with Guangdong and he was generally supportive of that. We also discussed in terms of collaboration, in fact there was a proposal at that time that we should have meeting in Hong Kong to get together experts and people who had been working in this area so we could at least try to generate more information so in fact we had discussed this. But unfortunately that meeting didn't come to fruition because of some problems, I guess, in the Mainland getting people to come because they were dealing with the outbreak, because we didn't want to go there. So we did start discussing the notification system, how we could improve on it, how we could work closer with our colleagues in Guangdong and also work with Beijing. In fact, even prior to this, on a yearly basis, Hong Kong, Macau and the Mainland have a regular session where we look at issues of policy and collaboration. And in the last meeting before that in fact we should have had a meeting when SARS occurred, because of that we didn't have this meeting but the first meeting we had a year before, we did look into prevention of infectious diseases and in terms of collaboration. So those issues were broadly discussed but the specific request for improvement occurred about the time when the Minister came.

勞永樂議員：

好的。主席，我暫停發問。

主席：

好的。有幾位委員舉了手，我想提醒大家，希望大家盡量爭取時間，集中在監察、通報系統那部分的工作，好嗎？首先是鄭家富，接着是麥國風，然後是李柱銘議員。鄭家富議員。

鄭家富議員：

楊局長，你好。在你的陳述書中，特別提及和北京的衛生部，在你的答案第2至第5條。剛才你也答過勞醫生，香港的衛生署和北京的衛生部，有一個你用英文說的“an established and appropriate channel”，即大家通報也好，合作也好。在2月那一段時間，即北京召開記者會那兩天，你是否瞭解到前衛生署署長陳太，其實和衛生部的聯絡是極之困難，所得到的消息也是很少的？你是否感覺到？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, on the 10th of February when the media first reported the case in Guangdong, the Director of Health had difficulties contacting the colleagues in health authorities in Guangdong, I was aware of this. As I said in my evidence earlier, I also was aware and my recollection is that initially she wasn't able to get in touch with the Director General in Beijing and I said that we should continue with the efforts until we were able to get in touch with the Director General and we were able to get in touch with the Director General that same evening. But the information that we got from the Director General, my recollection is that they didn't have the information at hand and that they said that they would get the information and they would look into the matter. So subsequent to that, we did not have any problems communicating with Beijing. My impression is that Beijing did try its best to give us as much information as they had at that time, my impression from the reports given to me by the Director of Health was that it was, Beijing was really quite concerned and was investigating and I think through the process, this report of the media came out. After we were able to get in touch with the Director General of International Cooperation in Beijing, the communications did not seem to be a problem, at least between Hong Kong and the Mainland.

鄭家富議員：

但是在2月10日和2月11日這兩天，前衛生署署長陳太在我們這個委員會作證時說，她和廣東省那一邊的聯繫，所收到的訊息是：“你聽我們的記者會吧！我們今天——即去年2月11日——會召開記者會。”

主席：

鄭議員，不好意思，她的消息是來自北京，而不是來自廣東。

鄭家富議員：

是來自廣東？

主席：

不是……

鄭家富議員：

是來自北京。

主席：

是來自北京。

鄭家富議員：

多謝主席的改正。我的問題重點是，如果我們香港的官員，而且過去是你認為是一個建立了的渠道，但渠道得來的結果是“你聽記者會吧！”。這種合作，你是否覺得當時你應該更進一步立刻去掌握更多資料，來協助我們的衛生署，在這種神秘病中，得到更清晰的資料？

Dr YEOH Eng-kiong:

Mr Chairman, I do not know the exact context of what the Director of Health gave in her evidence here so I am not privy to that information. But my recollection as I said on that day was that when we first contacted the Ministry that evening, the Ministry said that they didn't have information in hand but my recollection is that the information was then provided by the Ministry to the Department of Health the next day and not through the media. I think the media concerns were dealt with by Guangdong authorities but my, my recollection and my impression was that the information was provided from Beijing to the Director of Health.

鄭家富議員：

主席，我不知道是否需要在這裏重複陳太當時的口供，因為我很難現在立即找回來。剛才我說的是2月10日及11日那段時間，陳太在本委員會說過，她當時想得到一些資料時，所得到的訊息，正如主席剛才所說：“我們中午會召開記者會，你聽記者會吧。”這個piece of evidence。

主席：

鄭議員，我亦只能憑我的記憶答覆你，在證供中，陳太說北京答覆她，廣州明天就會有公布。究竟字眼的描述，是北京要求陳太聽記者會，還是怎樣？我就不能肯定具體字眼，不過有關資料是指翌日會有公布。

鄭家富議員：

馬丁剛才又提及這裏有一些逐字的紀錄，是這樣說的：“我——即陳太——在10日已經跟他通電話。”這個“他”應該是指北

京那一方面的官員。“我記得他的回覆是：‘我的同事很快便會出來做記者招待會了。’所以，我便想看他的記者招待會說甚麼。我知道當天他廣州的同事，即從事衛生的同事，確實做了一個記者會。”那一段逐字紀錄就是這麼多。我的問題重點是，如果是一個既有的渠道去聯繫及得悉，雙方在傳染病或感染機制的問題上，當時衛生署署長得到一個這樣的答案。首先我想問一問局長，署長有沒有把一段這樣的說話或大概這樣的資料向你引述，並告訴你當時她得到的資料很少，而且要倚賴記者會的消息？

Dr YEOH Eng-kiong:

Mr Chairman, certainly it was not my recollection and impression that the Director of Health did not get the information from Beijing. I think, certainly my recollection is that, in trying to understand why the Director of Health has made that statement, I remember in my recollection that she did discuss the issue of the outbreak with the Director General in Beijing and whether there was a problem and I did remember she was telling me that perhaps they should clarify to the media because there were lots of concern in Hong Kong relating to the outbreak in Guangzhou. And I do recollect that the Director of Health said that it would be discussed with the Ministry there whether Guangzhou would be, maybe, did suggest that if Guangzhou was able to do a press conference there, it would help allay some of the anxiety, at least to give some information to the public. But my impression is that we got the information from Beijing because I think, subsequently, I also remember the Director of Health's concern relating to other possible causes such as plague and anthrax because at that time, bio-terrorism was one of the things that a lot of people were concerned about. And I subsequently remember the Director of Health reported to me that Beijing informed her that certainly it was not anthrax or plague. So my whole recollection of the events is not that Beijing was not forthcoming with the information but they were really trying to investigate and to try to understand as much of the information as possible.

鄭家富議員：

局長你現在回想起當時，特區政府和國內有關當局，在這種當時所謂神秘病的資料問題上，你沒有感到彼此的合作和通報有甚麼困難？

Dr YEOH Eng-kiong:

Mr Chairman, certainly we did not have the impression right through, even now looking back, in our discussions with the Ministry of Health in Beijing, that we had any difficulties in communicating or getting information that they had.

Certainly we are not privy to what actual information they had but the impression, even now looking back, is that they appeared to be very forthcoming. They discussed the difficulties they had, they told us that they were sending a team to Guangzhou to investigate it. The Ministry was even very frank to say that there were differences in opinion between Guangzhou CDC and Beijing CDC as to what the etiological agent was. So right through the whole process because we were kept informed of their thinking and their interactions, we did not for one moment think that there was any information that they would be withholding from us.

鄭家富議員：

我想……主席，局長會否……剛才這一番證供和你的感覺，和陳太當時的感覺或工作上似乎有很大距離。陳太在我們這個委員會曾經這樣說過，主席，我引述：“我只是覺得確實有點困難，即是向廣東索取資料真的很困難，我也有將這件事向北京反映，我說我有嘗試很長的時間，即是我和我的同事都是沒有辦法得到回應。”

主席：

鄭議員，剛才你向局長提問的問題是問北京，你現在引述是說廣東……

鄭家富議員：

主席，我的意思是，剛才我的問題不是只問北京，是內地有關當局整體。究竟局長有否覺得當時整體有這樣的感覺？我剛才一直用陳太那個答覆來問……

主席：

……鄭議員，不用辯論。就我的記憶，你剛才的問題是關於北京，所以局長就回答你北京，現在你在問陳太……

鄭家富議員：

……但主席……

主席：

……不要緊，你可以再提出你的問題……

鄭家富議員：

.....我知道，但北京是叫陳太聽廣州 —— 廣東省的記者會。北京基本上沒有提供進一步的可靠消息，或者給當時特區政府進一步比較清晰的消息。我直到現時這一刻.....

主席：

.....你的問題是甚麼？

鄭家富議員：

我的問題是似乎剛才局長說沒有甚麼困難，和署長當時在我們委員會作出的口供很不同。

主席：

不要緊，我讓局長回答。鄭議員，我向你解釋，我作為主席，我不覺得有矛盾，因為你提問的問題和你回答的問題.....和你接着提問的問題，是兩個不同的問題，是這樣而已。我交回給局長。

Dr YEOH Eng-kiong:

Mr Chairman, I absolutely agree that we had difficulties with Guangdong because there was no response. So I was referring to, as Chairman said, our discussions with the Mainland and that was also our established mechanism for getting information from the Mainland relating to the infectious diseases, that obviously there are limitations to that but because I was describing that infectious disease laws in China require that some of these unusual outbreaks, the information is released by the Ministry of Health. So, understanding how the system works, we can only rely on Beijing to provide us with the information and even if now that we interact with Guangzhou, it has got to be with agreement of Beijing and all the arrangements that we now have established of the direct interactions with Guangzhou are through Beijing and it must have the endorsement of Beijing before we can proceed. So it is all these, this is the way that the system works. So we have no difficulties communicating with Beijing which was our established mechanism of getting information for infectious diseases and outbreaks in the Mainland. We had extreme difficulties getting in touch with Guangdong province.

鄭家富議員：

如果是這樣，局長可否協助我們瞭解？當時你認為廣東省是有極大的困難，但是和北京似乎在聯繫上困難不大。當時，在2月

10日和11日那段時間，在北京方面，你可否再說清楚一點，你所瞭解的神秘病，從北京當局所得到的資料又是甚麼，而令你覺得沒有困難？

Dr YEOH Eng-kiong:

Mr Chairman, the information that we got from Beijing at that time was that there were 300 cases and five deaths in Guangdong and that the main team of the Ministry was working with the officials in Guangdong to investigate it. And of course also the issue about healthcare workers being infected also was part of the information that we obtained. So they were trying to understand the problem and they were investigating it and subsequent to that, we then had updates of the progress of investigations.

鄭家富議員：

因為在陳太的證供進一步說，她說：“我對他們——即北京方面——說他們有甚麼消息，希望都盡量提供，當他再和我接觸的時候——“他”是指北京方面——我當時的關注點當然是他在對我重複說‘新聞稿’。”即北京方面都是重複用廣東省那方面2月11日的新聞稿，但陳太說：“其實當時我已經知悉，不知的是其他方面進一步發生的問題。”而且再配合局長你的陳述書第A.2-5，即第7頁，你在第5條答案最後一句，你說：“I was not aware of the existence of the investigation report issued by the Guangdong health authorities in January 2003.”換言之，你當時在北京那方面也沒有掌握到類似廣東省所做的這些調查報告。我的重點是，基本上即使你說你和北京的聯繫是沒有問題，但那是很表面的。你是否承認那是表面上你可以聯絡到，但對你認知這種病，仍是很皮毛呢？

Dr YEOH Eng-kiong:

Mr Chairman, I believe that at that time Beijing gave us as much information as they had so the fact that the information provided to the Director of Health was essentially the same as the authorities in Guangdong province gave is not necessarily a pointer to the information was not forthcoming from Beijing. Certainly, our impression at that time was that they did try to give us as much information as they could and they were generally or even the impression that I got was that they were generally trying to understand the problem and were investigating it. And, as I said, that they subsequently gave us updates on the investigations. They told us that their teams going to Guangzhou and differences in view in terms of getting information. Obviously, at that time, unless they could identify the virus, there would continue to be disputes relating to what was actually happening.

鄭家富議員：

主席，我想進一步提問。當時，前署長陳太有沒有向你表示過，因為她在我們的委員會上是這樣說：“廣東省的官員向我交代，他們說因為他們有法律上的規定，傳染病當時是被列為國家機密，那麼他們不可向我們通報。”這一種訊息，當時署長有沒有向你提述？既然提升到國家機密，你有沒有想過你要用其他方法，去令特區政府知多一點這個神秘病？

Dr YEOH Eng-kiong:

Mr Chairman, I am not aware that, that this infectious disease is a state secret. I do not recall when I actually learnt about this infectious disease laws, in China that the information has to be released from Beijing but certainly we recognized the system that the information is coordinated by the Ministry in Beijing. So it is not surprising that we go through the Beijing authority because China is a large country and there are many provinces and many counties and the information has got to be coordinated by the center. So it's not surprising to me at all that the laws on infectious diseases are stated as such.

主席：

局長，剛才因你幾次提及infectious disease laws，你們局內有沒有有關的法律條文，給我們作為參考？

Dr YEOH Eng-kiong:

Mr Chairman, I believe we do not have it. I think these were through our interactions with our colleagues in the Disease Control Center and the health authorities in Beijing and Guangzhou that we are aware of this but certainly I am not aware that we have those laws with us.

鄭家富議員：

主席，我想進一步瞭解，當時，署長和廣東省在這個問題上、在傳染病的訊息上，她是不是感到困難？甚至是國家機密，當時是完全沒有和局長討論過？

主席：

鄭議員，不好意思。因為你的問題是有兩個部分，第一個部分是有困難向廣東省索取資料；第二個是有關國家機密，你是問哪一方面的困難？

鄭家富議員：

其實是一種困難和因為國家機密，其實我的問題是問署長有沒有和局長談過……

主席：

即國家機密，而不是有否困難？

鄭家富議員：

困難也是，也一併提問，因為國家機密不能取得而有困難，有沒有向局長反映過？

主席：

為甚麼我想澄清問題？因為兩個問題你之前都分開問過，你現在把兩個問題一併問局長，我想……

鄭家富議員：

我想再瞭解局長的答案是否一致。

主席：

OK。

Dr YEOH Eng-kiong:

Mr Chairman, the answer to the first part is, yes, we knew of the difficulties of the contacts with Guangdong province because that night, there were difficulties of establishing the contact and I think because we also didn't have a lot of familiar people in Guangzhou that we could be in touch with. Certainly, the difficulties of communicating with the Guangdong province was very obvious and we had some discussions on that and that's why we went to Beijing. In relation to the, this infectious disease as a state secret, as I said, I wasn't aware, I am not even sure it is a state secret. I'm just aware that there are some laws governing the information relating to infectious disease but certainly this was not the knowledge that we had on that particular day.

鄭家富議員：

你現在回看，是否你整個階段都沒有想過，即不覺得是一個國家機密的問題，還是你現在回看，當時你沒有想過？

Dr YEOH Eng-kiong:

Mr Chairman, I am still not even aware that it is a state secret because as I said, I don't have the laws of China governing the infectious disease but I am aware that there are certain laws pertaining to the disclosure of information of infectious diseases. My recollection is that I probably wasn't aware of these laws although I may have vaguely some information or some recollection but my recollection is that it didn't really, my recollection is that this sort of information only surfaced subsequently.

鄭家富議員：

主席，我想問一問局長，你是否同意當時在2月中至3月中，特別是局長你說到當時來說，沒有社區爆發這個疫情的問題，在那個月的時間內，因為在你的陳述書內，你多番強調“我們”知道很少。在那段時間，特別是2月中至3月中，你現在回看，其實我們對這個病的認知是不是很少？

Dr YEOH Eng-kiong:

Mr Chairman, at that time we didn't even know that there was a new disease. We were only aware of the phenomenon in Guangdong province and we did try our best to get as much information as we could. We also were aware that at least we were given to understand that the Ministry in China was actively investigating this outbreak with their colleagues in Guangdong province. We were also aware that the World Health Organization was also keeping a very close role and was trying to assist in every way it could. So I think globally everyone had very little information and we certainly outside of the Mainland, we were all keeping a very watchful eye and were trying to anticipate in the best possible way how it would impact us.

鄭家富議員：

主席，局長你既然覺得當時你對這個傳染病的認識很少，但現在你回看當時你說“社區沒有爆發”這一個論調，你這樣說出來，既然你認知那麼少，你這麼快下定論，你是否覺得你過於樂觀，甚至是報喜不報憂，而是過急地定下這個結論？

Dr YEOH Eng-kiong:

Mr Chairman, when we did the press briefing, in the first time that we referred to the community outbreak was on the 14th of March. It was during this period that we didn't really know what was actually happening and when we did the press briefing after we got the information from Beijing, I did try to alert the

public about the possible respiratory infections and precautions that the public could take to protect themselves by good ventilation, improving their general health state, improving their immunity and wearing mask if they were concerned. So, in fact, when the outbreak occurred in Guangdong, we were keeping a very watchful eye and we did try to give the public as much information as we had which was no different from what the public had and also we continued to do our surveillance.

鄭家富議員：

主席，我剛才問這個問題之前，說2月中至3月14日，即局長說那一個“沒有社區爆發論”。我之前是用這一個月，而局長在前一個答案說，大家真的不認識，甚至不知是一種新的疾病，因為世衛也是到了3月15日才有定論。我進一步提問，但局長卻說不是，其實說的是2月中。局長可否講清楚，你現在回看，在你的認知當中，你在哪一個階段是有信心對這個疾病掌握得很清楚？“所以，我就說‘社區沒有爆發’。”如果你沒有很清晰的認知，你仍然堅持前一個答案，我的問題就是，你的結論是否來得過於樂觀和太快呢？

Dr YEOH Eng-kiong:

Mr Chairman, certainly, this issue about community outbreak was one of the very contentious issues which we faced at that time and even now. There was a lot of perceptions that Government was probably either as Mr CHENG was saying, too optimistic but I just want to put the context on the 14th of March when we talked about the community outbreak. It was at the time when the nomenclature or the name SARS was not even coined by the World Health Organization. SARS was coined only on the 15th. We did try to be as open and transparent as possible, to provide as much information as we had. So I just want to explain now and I thank the Members for giving this opportunity to put the context of what we were referring to. On the 14th of March

主席：

楊局長，不如我建議這樣，因為剛才鄭議員由2月中一下子三級跳跳至3月14日，如果我們一進入3月14日的討論，就可能會涉及威院3月10日、11、12日，政府做的事情。我相信這會令時間比較長。我想在這裏停一停。待大家休息回來再進入3月14日這個問題的討論，好嗎？各位議員，我們休息10分鐘再回來，好嗎？謝謝。

(研訊於上午11時暫停)

(研訊於上午11時12分恢復進行)

主席：

各位委員，我們繼續開始。因為剛才局長正想回答鄭議員的問題，特別是關於社區爆發的部分，我想不如就讓局長先回答了，那我們就跟進這部分。我們舉了手的除了鄭家富——可能未問完，有麥國風、李柱銘、以及何秀蘭。局長，請。

Dr YEOH Eng-kiong:

Mr Chairman, as I was saying I thank the Members for giving the opportunity to clarify this issue. When the outbreak occurred, we held daily press briefings. The objective was to be open and transparent and to disseminate as much information as that was available and to provide the information that we had and to give the public knowledge of what we knew. I remember also in those press briefings, I said we would also tell the public of what we didn't know. So, we were providing or we tried to provide as much information as possible but certainly right through, we adopted an open and transparent approach. I just want to go back to this issue of community outbreak. This was made on the 14th of March when the term SARS was not even coined by the World Health Organization and the difficulty at that time of communicating because the term 'atypical pneumonia' is not a very precise term. It's a term which is a generic term for a mixed bag of pneumonia which embodies causes from different viruses, different bacteria and sometimes you can't even find the cause. So it was coined in the 1930's because people saw the description that was different from the so-called typical pneumonias. Typical pneumonias at that time was caused by anonymous pneumococcus so the whole presentation was different, so it's a very imprecise term. Because the term had been used to describe the outbreak in Guangzhou so people were equating atypical pneumonia with this new phenomenon. So when we talked about, when in the context of atypical pneumonia, the community outbreak, on the 13th and 14th of March, when I met with the experts because I had assembled a team of experts to look at what was actually happening in Hong Kong, they reported to me the background case of pneumonia that we see every year in Hong Kong because every month, we see about 1500 to, cases of pneumonia, 1500 to 2000, and about half of the pneumonias you could identify the cause, half you couldn't. And the Hospital Authority had this information with the Department of Health that with the trends of pneumonia, there were no, there were no increases recently and there were no abnormal increases and there were no abnormal trends that they could pick up. The Hospital Authority's Severe Community-Acquired Pneumonia Working Group had also acquired information to look at this severe variety of Community-Acquired Pneumonia and they also saw no changes in the patterns in this respective year.

So when I met with the media, I was explaining this phenomenon of pneumonias, this generic category that we had seen no abnormal patterns or outbreaks in this background so-called pneumonia, this generic category. I did try to explain at that time that what we were interested in the question time was this specific subset of these so-called atypical pneumonias so when you look at some of the transcripts that I have provided, we always acknowledged that there were cases of this particular sub-group which we now call SARS in the community, that these were cases that came from the community that infected healthcare workers. So I did try to provide as much information as we understood at that time and to say that what we were seeing was a phenomenon of a subset of this community-acquired atypical pneumonias which seemed to have predilection to infect healthcare workers and close family contacts and that's the picture that we saw on the 14th and there was also the supplement picture that we saw in the later days and we did describe the phenomenon of these groups of patients, the clusters of patients that we saw. So, right up front, we already identified four clusters of these groups of patients which came from the community because otherwise how would healthcare workers be infected. In the transcripts you will see I said it must be in the community. The only problem was that we did not know the extent of this in the community and we did try our best to discern how many of these clusters there were and because these would be the nucleus for continuing the spread to healthcare workers, to family contacts back in the community so it's sort of a cycle that you had amplified in the hospitals.

So right through the discussions, we were talking about this background Community-Acquired Pneumonias and the trends that we saw, because when you look at the transcripts of the 14th and subsequently, I also got my colleagues, the experts, microbiologists on the 18th and they did describe the phenomenon, because I still remember on the 18th Dr Dominic TSANG, the microbiologist in the Queen Elizabeth Hospital joined me in the press briefing and tried to explain this phenomenon and for the public to have an understanding of the background Community-Acquired Pneumonias. So, what we were trying to depict is not to equate SARS with this general phenomenon of atypical pneumonias because at that time, people were using the term synonymously and I think subsequently the media, the Chinese media still very often uses, still uses atypical pneumonia or 非典型肺炎 as equivalent to SARS. Obviously, we knew at that time that 非典型肺炎 is a very, very mixed bag that it comprises a lot of different infections. So what we did try to do was to give a total picture so that there would be no misinformation and not for people to equate this outbreak of SARS with the outbreak of this general background Community-Acquired Pneumonia. So, this was what we intended to do.

Chairman:

Thank you!

鄭家富議員：

之前在你和一些專家的會議裏面，既然當時……其實平均每一年香港一些肺炎的個案，沒有甚麼太大的、凸顯的象徵有增加，但當時你們之所以會有這個記者會，就是因為大家都要想，為甚麼威院有一部分的醫護人員有這樣的病症產生了。那你現在回想，當時你所認知的這一種病症，跟平時大家在說的肺炎——pneumonia這個問題，你當時所掌握的，是否都不是很有信心，去將這種病症合而為一——即是當一種來看。你也覺得這種是一種新——可能是一種新的病症，你當時是否這樣想？

Dr YEOH Eng-kiong:

Mr Chairman, obviously what we saw was an outbreak in the Prince of Wales Hospital. By the time on the 14th, many of the individuals had already come down with pneumonia and it was very alarming to us and we had come to the initial thinking that this was most likely something very different from what we had seen before. So the thinking at that time was it was probably a new virus, that we were dealing with a new infection there. I think that was my impression but we didn't know what it was and we were uncertain because there was no method of making a diagnosis, there was no laboratory test that you can test it, you can use to confirm it because the laboratory test could only be developed after you have identified the virus. The clinical picture was very unusual but it was not specific because its patients coming down with acute pneumonia although the experts were able to predict later on many of these cases but it was certainly not fool-proof. Because at the end of the outbreak when you had few cases, even the experts had difficulty in differentiating this clinical picture with other types of pneumonia.

I still remember that towards the end of the outbreak, there were cases of HIV Aids presenting with atypical pneumonia that was initially thought by experts to be SARS. So certainly the clinical picture was very difficult to differentiate although, collectively, you could say that it was likely to be something new. So what we were looking at then was the suspicion, a likelihood that this was a new infection, a new virus but there were difficulties in differentiating absolutely from other pneumonias. So we were trying to give as accurate information as possible to the public, for the public to understand that this was a subset of so-called atypical pneumonias. It's a subset of community pneumonias in fact. It's not, that we should not equate this phenomenon with the totality of Community-Acquired Pneumonias or atypical pneumonias because

the confusion at that time especially in using in the Chinese media about 非典型肺炎 was the confusion of 非典型肺炎 in equating this with SARS but we did describe that what we see was an outbreak and we were talking about a subset of these background pneumonias that we were seeing. And the reason why we talked about this subset was to say that we were really actively trying to see whether within this background of Community-Acquired Pneumonias, there was any specific group of patients, how large was that group. So what we saw on the 14th was that there were four discrete clusters of these cases and each cluster had given rise to infections in other people and these were usually to either healthcare workers or close family contacts so the phenomenon on the 14th that we saw was amongst this background of Community-Acquired Pneumonias. There were four, as you say, four clusters of these pneumonias which we subsequently identified as SARS. So then what we saw was four cases in the community which then gave rise to infections in healthcare workers and family contacts.

鄭家富議員：

主席，我多問兩條便會讓同事發問，但是我仍然都覺得局長未清晰回答到我的問題，就是可不可以這樣說，當時就算局長你是很想——亦就着公眾方面的認知權，你是很想將你們所知道的在那個記者會上盡量準確地交代，但你不斷亦有重複說，這種傳染病可能跟普通的典型肺炎……你的認知不多，那在這樣的訊息和那個背景之下，而你說了一句：“沒有社區爆發”，你是否覺得你令公眾反而得不到一個準確的訊息，而是覺得只是你過於有信心和過於“老定”？

Dr YEOH Eng-kiong:

Mr Chairman, certainly that was not the intention. We have always tried, we have always tried to get as much and as accurate information as possible. We have always been open and transparent. When we talked about the outbreaks, it was in the context of the Community-Acquired Pneumonias, not SARS. We never said there was no outbreak of SARS because the outbreak in Prince of Wales was an outbreak of a group of patients who were infected by the patients with Community-Acquired Pneumonia and spreading it to the healthcare workers. So, there were outbreaks but we were trying to clarify and for people not to equate this new phenomenon with the whole background and for people to understand that this is a subset of Community-Acquired Pneumonias and that it was infectious. We did, we did give the public the advice on droplet infections. We never downplayed the infectivity. We provided as much information as we had that if you were a healthcare worker, you needed to take precautions. If you were in close family contact, if you were taking care of a patient with respiratory

illness, you should take precautions and that there were these four clusters in the community. I mean, if we had not wanted to give as much information because we could have just said that we had these groups in the Prince of Wales because that was the only outbreak that was recognized but on the 14th, we already talked about the clusters and we then provided that more of these infections were identified in the community. We then, I remember, saying eight and nine clusters of these very discrete groups.

So I think, I think this also, Mr Chairman, in the whole context, why it was important to give, why we tried to give this information as accurate as possible is because there was so much anxiety and terror in the community and it was not to, to allay alarming anxiety as such but when, when people get terrified about infectious disease and there is unnecessary alarm, it does cause people to do things which are detrimental to themselves and to public health efforts. I think we have seen these reports of using vinegar in the Mainland when there was the outbreak because of the fear and terror and I think this was a very, very difficult time for all of us. Because in public health control, obviously we need, we need to make sure the public are not unduly alarmed and that they do take precautions. Because if we underplay the risks as, Mr Chairman, as Mr CHENG was saying, then the public will not take precautions. But we had always emphasized the risk but when you go overboard and there is misinformation and the public misunderstand and thinks the infection is so widespread in the community that in fact, it would have been an air-borne infection because when we looked at these clusters, they were still compatible with this mode of transmission which the experts postulated that was droplets because droplet infections occur and the mode of transmission is when you are in close contact, when you are in a family contact, when you are taking care of a SARS patient and the precautions that are taken are different and the risks to the general community is very different from if it's airborne. So although we did not talk about airborne infections, but we are trying to depict as accurate information as we could based on the information at that time so that the public would understand what were the potential risks, what were the risks that we saw, the modes of infection, what we could do to protect ourselves. So, unfortunately, Mr Chairman, although we did try to provide as accurate information as possible but for a number of reasons, there was some misunderstanding and the perception that we were not providing as accurate a picture as possible.

鄭家富議員：

主席，最後一條問題。局長你在一開始的時候，就說了一番話，亦向公眾致歉。我想問一問，你覺得在我們現在這一段口供裏，說在3月14日……即你說社區沒有爆發，你是否覺得這個亦是……當時——你現在回看，在整個SARS的疫情上，你這樣的

一段話，惹來那麼大的爭議，亦是其中一個你覺得向公眾致歉，以及你自己“講錯說話”的主要原因？

Dr YEOH Eng-kiong:

Mr Chairman, in my opening remarks, I did apologize for any, if there was any misunderstanding of what I said in my communications and the public had for some reason whether it was my communication ability or whether it was the circumstances, whatever the reason that the public had got the wrong impression of the community outbreak in the communications, I did apologize. So it was part of the things I apologized for.

I just want to emphasize that the Expert Committee also had looked into this and they did think that technically I was correct but they did think that perhaps I could have used better terms and didn't switch my roles. Because I think one of the issues is, as came out in the discussions earlier, is because of my own background as a clinician and as a health manager and because I also had some experience in public health working on HIV Aids and Hepatitis that obviously I had some insights and sometimes these roles were confused. And of course when I talked about these very professional things, the credibility I guess is different from an expert and because of this mixed, this confusion of roles, and the public perhaps always having some reservations on what the officials tell them and whether we have other motives, it's quite different from what professionals would say. Although I did try to get the professionals on the 18th to talk about this background pneumonias but obviously I think that this as what I said stuck in the public's mind and it's very difficult to take this away again. But we, we at no time, Mr Chairman, did we not emphasize the risk and the precautions that needed to be taken, and we always alerted the public to taking precautions. And I think the Expert Committee also looked at this and they did conclude that what I said was technically correct and genuinely intended to allay public panic but there was, as you know, no evidence according to the Expert Committee suggested that this debate in any way lowered public alertness to the public health threat of SARS. So this is also the opinion of the Expert Committee.

鄭家富議員：

主席，我沒有進一步的問題。關於3月18日的那些，我想一會兒在威院那一段時間我再問。謝謝主席。

主席：

好。麥國風。

麥國風議員：

謝謝主席。主席，其實我們還是應該集中在傳染病監察的系統那一方面，不過鄭議員跳到了另一方面。不如回頭討論監察……或者剛才勞永樂議員問局長那些問題，我想瞭解多一點。首先，楊醫生，我想瞭解一下，你的新聞秘書，你說她每天早上都跟你討論新聞——或者將新聞告訴你。你的新聞秘書告訴你時是用英文還是用廣東話？

Dr YEOH Eng-kiong:

Mr Chairman, I think normally my usual mode of conversation is Cantonese so I would imagine that my Press Secretary usually uses Cantonese.

麥國風議員：

用廣東話。那她有否——或者做一個很簡單的……書面形式，唸給你聽，還是依靠她的記憶來告訴你？

Dr YEOH Eng-kiong:

Usually we have three mechanisms to get the media summaries. My Press Secretary usually tells me the gist of the news on my way to work. So in usually about half an hour in the car, my Press Secretary will summarise all the essential press information, press cuttings. When I get back to work, we had two additional press summaries that we have. One is produced by the Government Information Services or the Government as a whole where it covers the key topics and obviously if health issues are major headlines, then the major coverage of that will be on health. But in addition, my Bureau also has a team that does summary of all the issues relating to health, welfare and food, summary of all the specific issues. So even if the Government, Government Information does not cover it or covers it in a more precise way, I will still have access to the daily summaries of my own Bureau. And then, we also then have all the press cuttings relevant to those reports. So my Press Secretary works with the team and I know that every morning, before she briefs me on the phone, she would have interacted with her colleagues that does all the work and she would have caught sight of all the press cuttings that they are of the view are relevant to the work of the Bureau.

麥國風議員：

嗯。據我所知，你閱讀中文，應該是絕對有困難的，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, yes, I, having not grown up in Hong Kong and having had my education in Malaysia, I was educated in English and Malay and I had some tuition in Chinese but my ability to read Chinese is very, is very, very limited.

麥國風議員：

對了。所以說，你在那個情況之下，你完全依靠你的新聞秘書，或者完全依靠那些，你剛才說的所謂 news summary，news summary 你也不懂得看，因為有很多是中文的，是嗎？所以你非常依靠你的新聞秘書，她怎樣去彙編，而再告訴你，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, the news summaries are in English.

麥國風議員：

那還好一點。你有看的，是嗎？

Dr YEOH Eng-kiong:

Yes.

麥國風議員：

你有看的，OK。那在電話中……你說你在車上，應該是用電話跟你的新聞秘書通話，是嗎？即是用手提電話或者車內的電話。那你聽她說時，有沒有問她？你會否反問你的新聞秘書：“這些東西是甚麼？”還是你只聽她說？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I think when the media reports are given to me initially on the phone, there would be questions that I would be asking on certain sections which I feel are particularly important. Not only that if there are specific things that I think needs to be done, we will be acting on it right away because if there are some reports on certain things that I feel need to be dealt with I will either then directly ring up the colleague involved or ask the Press Secretary to contact the office involved to proceed, to find out a bit more or to deal with the problem.

麥國風議員：

OK。那我想進入關於那幾天——即2月10日那幾天的新聞那裏，你的新聞秘書有沒有跟你說過煲醋和板藍根的事？

Dr YEOH Eng-kiong:

Mr Chairman, I remember in the reports that the vinegar was one of the issues that she did mention to me.

麥國風議員：

板藍根有沒有說過？

Dr YEOH Eng-kiong:

I don't recollect Mr Chairman, she may have, but it may not have struck a chord because of the time involved. But certainly I do remember the issue of vinegar.

麥國風議員：

嗯。那好了，你聽到了廣州煲醋，那個情況嚴重，以及應該——你有沒有聽過你的秘書說，廣州根本是搶着買醋，你知不知道？

Dr YEOH Eng-kiong:

Mr Chairman, I was aware of a lot of anxiety in the community at that time and this really and also discussion wasn't just with my Press Secretary, I also discussed this with the Director of Health. And I think one of the reasons why the Director was told that Guangzhou would be doing a press conference is I remember the Director was discussing with the Ministry in Beijing about the anxiety and the news reports and that they really needed to provide information to the public to dispel any anxiety or if there was a problem, they should really be up front to clarify it. So this in fact the interactions were not, because the press already had that information, so my anxiety was really then making sure that the Director of Health was able to interact with the Guangdong authorities and with Beijing and that's why this issue of the press conference came up. Because I can still recollect that when she told me, she said that she would ask them to really clarify to the public and the media because there was a lot of misunderstanding and it was very important to clarify the issue and that's why this point about the press conference was highlighted.

麥國風議員：

你聽到國內煲醋，你也說要去……即你剛剛說，你也有點 anxiety，那你怎樣做——你覺得？國內煲醋，又板藍根——你知不知道板藍根是甚麼，局長？

Dr YEOH Eng-kiong:

No, Mr Chairman, not, not precisely.

麥國風議員：

但好像你剛剛告訴我，新聞秘書好像有告訴過你。那為甚麼你不跟進板藍根是甚麼東西呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think it was, the whole impression of the anxiety of things that people were doing to protect themselves. So I really had the impression that if people were already going to the extent of using vinegar to protect themselves, this was really an extreme example of the anxiety that the community faced and there was necessity for getting information from the Beijing authorities and for the Guangzhou authorities to clarify to the public in relation to what was actually happening.

麥國風議員：

嗯。主要是廣東省，搶購板藍根，以及煲醋，想着用來殺菌或者殺毒。那你當時其實有沒有想過，裏面的情況很嚴重了，因為裏面已經根本不只是 anxiety，我估計是 panic 了。你有沒有想到，如果裏面的情況那麼嚴重，我們應該如何去協調，去跟進，除了你說叫衛生署署長立即打電話給她之外，還有沒有想着再多做一點工夫呢？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, the responses from the Ministry were that they would be sending a team to investigate the matter. They gave us information the next day relating to the situation in Guangzhou and of course, the Guangdong health authorities came up to clarify for all intended purposes. They were providing the information at that time we thought what was available and that the situation was kept under control. We didn't obviously leave it at that. We continued to interact with the Beijing authorities, with World Health Organization. We had the Severe CAP Working Group and also as I had said

earlier in the evidence, I also asked the Director of Health whether or not we should send a team to Guangzhou to get more first hand information.

麥國風議員：

楊醫生，你和國內的官員以前有沒有很緊密的接觸？

Dr YEOH Eng-kiong:

Mr Chairman, yes, not as close as Dr CHAN because as the Director of Health, she has a lot of interactions in infectious disease prevention, a lot of interactions with the World Health Organization and, professionally, Dr CHAN has much closer relations. But I have had many interactions with the Ministry in Beijing. As I said, every year we have an annual conference of the officials, health officials from Beijing, Macau and Hong Kong where we had the first meeting held in the year 2002 to discuss policy issues and I do go up to Beijing once or twice a year at least and the Minister also comes regularly to Hong Kong. The Vice-Ministers have also been in Hong Kong so we are quite familiar with the top Ministry team in China, in the Mainland. Because the Government also has these sponsored visits where we do invite Mainland officials at ministerial level to visit Hong Kong. So quite a few of the Vice-Ministers have been in Hong Kong and I know them personally. I know the Minister personally and we have quite good exchanges. In fact, in our communications and liaison with the Ministry officials in the last few years, they have always been very cooperative and very forthcoming with information and they have always tried their best to collaborate and work with us. And they have been very honest and frank in whatever, at least, our impression is that they have always been very forthcoming with information and they do try their best to work and cooperate with us.

麥國風議員：

主席，原來局長和國內官員的溝通也相當密切。

局長，你當時有沒有想過直接——即除了你請陳馮富珍醫生打電話之外，你當時其實有沒有想過直接找張文康部長呢？

Dr YEOH Eng-kiong:

Mr Chairman, because the information that we had obtained gave us the information that we required. Because at that time there was no reason for us to doubt the information that was being provided was as accurate and as forthcoming as we would have wanted and the information kept on coming from our contacts with China that they were investigating it. I also learnt from the Director that in fact the Minister was also planning a visit to go to Guangdong to

understand the actual situation. So the work was being done and so this was on the professional side because the work was also in terms of determining the disease outbreak was done by the Center for Disease Control in China, in Beijing which were obviously being reported to the Minister. So the professional contacts were there and we were kept updated on the professional information so I did not see any value in my directly contacting the Minister at that time.

麥國風議員：

即是局長告訴我，他當時在2月10日，或者那幾天，都完全有信心——對於國內他們可以提供很正確的消息，或者對他們的工作是相當滿意的，可否這樣說？

Dr YEOH Eng-kiong:

Mr Chairman, I think there was no reason for us to doubt the information and the information flow was forthcoming. It was developmental so it wasn't that we only got the information on the 11th and then there were no future further contacts. So as between the 11th of February to the outbreak in Hong Kong, there were continued dialogue and interactions and updates of the work they were doing including the reports of chlamydia which we got before and I also learned that subsequently there were officials from CDC China, from Beijing who came to Hong Kong to brief Margaret CHAN, Director of Health on their findings, so you see, right through the whole process, we were informed on the progression of the investigation. Even some of the controversies that they were facing in terms of the differences in view between Beijing and Guangzhou, Guangdong CDC also surfaced in the discussions. So, they were trying their best to find the causes and they also not just relied on the Mainland officials, they also interacted with the World Health Organization to see whether there was any additional information or intelligence that the World Health Organization could give us that we didn't have at hand directly ourselves or from the Mainland Ministry.

麥國風議員：

剛才局長說過，他用英文說：“the situation kept under control”，可否請局長解釋清楚，究竟你覺得，你認為當時的情況是受控制，還是你有甚麼指標認為它受控制，還是有官員很清晰地告訴你那個情況是受到控制呢？

Dr YEOH Eng-kiong:

Mr Chairman, it was the information we obtained that things were coming under control.

麥國風議員：

即主要你仍然都是相信他們而已？

Dr YEOH Eng-kiong:

Mr Chairman, I think we can only rely on the information provided to us and even the WHO, World Health Organization, at that time did report that National Health Authorities report the outbreak was coming under control.

麥國風議員：

當時是甚麼時候的事？即WHO說……

Dr YEOH Eng-kiong:

That was 14th of February.

麥國風議員：

即是2月14日。楊局長，你是一個專家，譬如愛滋病的專家。如果根據你的證人陳述書，你的專業資格……在2000年取得一個院士——Hong Kong College of Community Medicine。其實你跟那些專業組織應該相當有聯繫，同時你在醫療界我想是相當有名望的，其實你當時有沒有想過，跟國內或者廣東省的有關專業組織，更加瞭解多一點那個情況，是否好像他們所說的situation kept under control呢？

Dr YEOH Eng-kiong:

Mr Chairman, because, as a clinician left the clinical field for many years, I have left it for 14 years. I left the clinical field in 1990 when I became the, at that time the Director of Operations and then the Chief Executive of the Hospital Authority, so I no longer as active in the field as I was then. So my contacts obviously had diminished with time and certainly I have no professional contacts in the clinical field or the infectious diseases field with the Guangzhou and Guangdong health departments or hospitals or public health systems. So I had no professional contacts in that sense. And I was aware that as I said Professor YUEN was working with the colleagues in the Guangdong province particularly in the Guangzhou hospitals. So I guess that the soft intelligence if any, we would have expected it, as you say, could have obtained through some of these academic exchanges and so I think we, to an extent, were reliant on the information that Professor YUEN could generate in his contacts because he was involved in actually doing laboratory work on some of the patients there.

麥國風議員：

其實你有沒有期望衛生署會做一些好像你所說的 soft intelligence？

Dr YEOH Eng-kiong:

Mr Chairman, I think certainly the Department has evolved and evolved a good system of surveillance to, through time and obviously, we can always do more and better and that's why we are now moving on and we feel that we need to have to enhance our public health capabilities and we are now proposing to the Center of Health Protection.

麥國風議員：

可否多說一點關於你的 soft intelligence，那個理解是甚麼？究竟透過 soft intelligence，你可以得到一些甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, in terms of, if you ask me now about infectious disease control based on my knowledge, I am not an expert but because having gone through this outbreak, I have learnt a lot, I would imagine that obviously we have our form of system, our surveillance system which we can always enhance. So we have a system of surveillance which is important because I think you can rely on internet information but you need your own surveillance system. Because some of these things may surface for the first time in Hong Kong simply because even if there is an infection in the Mainland and other parts of the world, they may not surface because if the infectivity is not low or if the circumstances are such that it doesn't cause a marked outbreak, it may not be picked up. In Hong Kong, because of the density of population and the movement of people, it is an area where we see a high risk for amplification, so the infection may not be recognized in another place first but the outbreak may be recognized first in Hong Kong simply because we have an advanced system and we also have an environment where infectious disease can be amplified. Then the surveillance system in Hong Kong will help us pick up things.

The notification system is obviously the other area. So, the formal notification system from Beijing to Hong Kong, that would be one information but then you also need to understand how the systems work. So then you talk about the soft intelligence which Mr MAK was referring to, that component, would be some of the collaborations and the scientific work. I think the research area would be very, very important in terms of collaboration. Doing some of the basic work where some of the things would already provide some inkling, some indication as to things that may be some patterns that we might be

able to recognize up front. And the collaboration is important because the pattern may not just be in one place. You may see the pattern in two or three places. So this regional and international collaboration is very important, that's why we are moving towards that. So some of the research and the prevalent studies, etiological studies, those might provide early indicators and the so-called soft intelligence. And the other element would be some collegiate type interactions so if we have people that have been trained in the same manner, in the same institutions so this soft intelligence would be also an area. So if Hong Kong colleagues, doctors, were also trained in China and we had the same training system, you can imagine the interaction would be much closer. Because we talk the same language, we have social interactions, we'll get some informal information, some inkling that, maybe, something is happening in Guangdong that has not surfaced into the formal arena. So I think the collegiate relationships and the training of colleagues is also another very important component of that so-called spread of soft intelligence could emanate. And of course in Hong Kong because our systems are very different. We did not have the benefit of that soft intelligence and the only one that we possibly could have got was from the work that Professor YUEN was doing.

麥國風議員：

嗯。請楊醫生看一看我們的文件H2(C)，HA Review Panel on SARS Outbreak，其實我想楊醫生看一看那個檢討委員會接見你那天，當天你的說話，其實都是關於soft intelligence。那個serial no.130036，第14段。請問找到了沒有？第14段：“Dr Yeoh explained that DH surveillance system operated to collect soft intelligence”。可否告訴我們，衛生署當時的那個監察系統是怎樣收集這些軟性的情報的？

Dr YEOH Eng-kiong:

Mr Chairman, I think, first I want to clarify that the Hospital Authority's Review Panel as we have said, we believe there are a lot of shortcomings. Many of the, because in the investigation up front was to investigate the outbreak and how it was managed by the Hospital Authority so many of the comments made were outside the remit of the Review Panel and many of the information that was put in was not verified either by the Department of Health or ourselves. Many times they did not even ask us for the information. They did not do the due process of giving us the information to clarify facts and to make any possible deals in relation to whether the information was correct or not and what was the context it was to put in. I just want to emphasize that.

My recollection of this discussion was not about the soft intelligence, which I was referring to outside Hong Kong because, Mr Chairman, when Mr MAK

was asking me the question, I was thinking in the context of the regional soft intelligence. This reference, in my recollection, I was referring to the Community Physicians in the Department of Health. I don't know whether because my exact recollection of this discussion with the Review Panel was to talk about the role of the Government in the outbreak control. Because the Review Panel had asked the Government for its role in the whole epidemic outbreak control and we wrote back to the Review Panel what the general role of Government was and I also tried to help with the review because I understood that they probably want to understand the interaction and interface of the Government's role and the management role of the Hospital Authority in dealing with the outbreak. So I offered to go to the Review Panel to provide the information. But in that Review Panel, they asked me all sorts of questions, other questions, so my recollection of this part of that equation, because I am not sure I used the words "soft intelligence", etc., was that during the outbreak, because as I was saying earlier, Mr Chairman, is that I interacted with the Department of Health to look at their systems and of course they did not have this automated system for contact tracing. So I then worked with the Community Physicians and we had regular meetings because the Community Physicians were responsible for outbreak investigation. Thus the Department had two groups of people dealing with the outbreak investigation. If you remember the evidence I was giving to the Panel, to the Committee is that they were divided into four regions, and the Regional Community Physicians were responsible for doing outbreak investigation and control for their respective regions and in the Center, Dr Thomas TSANG would do this special investigations. But the information was residual in five groups of people. They were residual in each Community Physician's team and in Dr TSANG's team. And of course, if you don't have an information system and even if you had, the interaction of people would add on to the intelligence because in the outbreak investigation, in the epidemiology, some of the information you can acquire on paper but some would be identifying patterns so if this Community Physician is saying that "Ah, I've seen an outbreak of these cases in a group of restaurant workers." Then, obviously, some of these restaurant workers also go to another area and if the same pattern is recognized by another group of Community Physicians then this intelligence can be gathered in the meeting of the Community Physicians. So, my recollection is that I was referring to that. Because during the outbreak, I got all of them together to really try to flush out whether we could identify causes for the outbreak and how we could better tackle the outbreak. And my recollection is that, in fact, in one of those meetings we identified that one of the outbreaks in Hong Kong Island was linked to Amoy Gardens because the restaurants that were operating in Amoy Gardens, Ngau Tau Kok were the same restaurants that were also operating in the Koway Court area. So I think that sort of intelligence is what I was referring to, in terms of intelligence where the people involved in investigation could interact and you get more information than just from a statistical analysis.

麥國風議員：

剛才局長告訴我們，原來他對於這份報告，或者上次檢討委員會接見你的時候，你覺得那些內容……會議紀錄的內容，你原來也不認同的，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, we have given submissions to Members relating to how we see this whole report and we have general reservations about the information presented and some of the conclusions drawn. Simply as I said, the facts or the information were not sent to us for verification. We did not get a copy of the report for our comments and even in the process of doing the investigations, they did not tell us, when I went to see the Panel, what was the purpose. I offered to go there and my intention was to talk about the respective roles between the Government and the Hospital Authority.

麥國風議員：

嗯。那麼……

主席：

麥議員，較早前楊局長就有關HA Review Panel所講的說話，在A140那份文件已經詳細交代了。

麥國風議員：

嗯。其實我接着想問，不知道我們有沒有……關於局長表示不認同的地方，有沒有逐點清楚說明？譬如很簡單，例如當中哪些地方是完全不認同的，有沒有清楚說明？或者譬如我們這份H2(C)文件，正如我提到，當天他們接見了你，整個會議也有紀錄，很清楚的，那些是會議紀錄，**notes of meeting**。在這3頁紙中，哪一處是你不認同的？因為很多處都提到你所講的說話，我不知道我們是否掌握……因為如果是這樣的話，我們不掌握原來有些地方是你不認同的，我們有可能會被它誤導了，我所指的是這裏，如果這樣說。我不知道我們有沒有掌握這些資料？我想問問這一點。

主席：

麥議員，局長給我們的那份文件，不是逐點回應Review Panel的所有紀錄及報告。他提供給我們的，是一些examples，即一些例

子，說明他不認同的地方，而不是盡錄每一個英文字，究竟是“soft”還是“hard”，即那些字是沒有的……

麥國風議員：

我明白，所以如果有些原來與他完全不同……稍後我們也會問另一個關於瑪嘉烈醫院的部分，也是一樣，對嗎？所以，我想局長可以……

主席：

麥議員，不如這樣吧，我們作為研訊的目標，關於任何事實，我們可以去澄清。

麥國風議員：

嗯。

主席：

我覺得我們無需要求局長就HA Review Panel的所有會議紀錄、所有事情，作一個巨細無遺的答覆。如果我們覺得有關事情是重要的，擔心我們被誤導的話，我們可以藉着這個研訊問……

麥國風議員：

行了，行了。

主席：

好嗎？

麥國風議員：

OK。哪些地方局長認為是重要的，應該告訴我們，即一早告訴我們，原來那些……譬如檢討委員會說錯了之類，好嗎？關於這方面，我只是想提出這一點。另外，我想向局長瞭解一下，關於3月21日張文康部長來香港，其實當天我也有出席那個香港會。張文康當時發表了一番話，我不知道局長當時有沒有聽到張文康部長發表的那一番說話？即是在香港會那一天，我想當天至少有60、70人，勞永樂議員也在場。我不知道你有沒有記憶張文康……

主席：

麥議員，因為時間關係，我建議你不如問一些具體問題。根據我自己個人聽演講的經驗，一般來說，即場之後記得大約七成左右。隔了一年，如果能夠記得一成，已算很不錯了。

麥國風議員：

OK，那麼我直接問……

主席：

你所問的問題不要那麼闊，好嗎？

麥國風議員：

……他當時……至少我有印象，他在3月21日說，又是說情況受到控制，以及感染也相當低。我不知道你當時有沒有掌握這些資料？不過，他當時是以普通話說的，我不知道局長聽不聽……

Dr YEOH Eng-kiong:

Mr Chairman, as I said, because I had opportunities to interact with the Minister on the day before, on the evening before. On the morning of the event in the Academy of Medicine, because we had a meeting with the Chief Executive, with the Director of Health and then before the meeting, we also had discussions in the presence of the Regional Director of the World Health Organization. So there were a lot of, there was ample opportunity for us to discuss the situation in the Mainland. So obviously I think the information that they would have given us would probably be compatible with what was said because I didn't have the impression that anything else differently was said. Although my Putonghua is not as good as I would like it to be but I am able to follow the conversations in most instances. And of course my other colleagues are more fluent in Putonghua. So for the more technical and more detailed information, they will be supplemented to me by my colleagues, but most times, in my conversation with the Minister, because he knows my Putonghua is limited, he does speak more slowly and I am able to follow perhaps 60 to 70% of what he actually says. So my conversations with him are generally adequate although, technically, if I am concerned about certain facts and figures, and some of the more detailed information, I would usually ask my colleagues to interpret for me. My recollection of those discussions is that he did recount the difficulties that they had in terms of understanding what was happening, the debates and disputes there were between CDC Beijing and CDC Guangzhou, Guangdong and that they had themselves gone to Guangzhou to try to understand and clarify what

was actually happening and that things were coming under control. So certainly the impression was that although there were outbreaks, they were coming under control.

麥國風議員：

嗯。之後張文康部長回到國內，接着便被免職，報道指他隱瞞疫情。就這件事情，即報道指他隱瞞疫情，你有沒有再想想：是了，原來……其實這是幾天之後的事，你做了甚麼……如果他真的隱瞞疫情，香港可麻煩了。即是說，我們更加要做好一點，多方面也要做好一點，例如溝通、人流方面，都要做好一點。你做過哪些工作？以及你是否認同他隱瞞疫情？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I cannot comment on this report in terms of why or how the Minister was removed and what information in terms of the Minister not provided or that hidden from public or from the officials but I think that the removal of Minister occurred much later on. It's really when the outbreak had already occurred. When the Minister came, it was on the 21st or 22nd of March by which time we already had a large outbreak of SARS in Hong Kong. We already had a large number of healthcare workers and the family contacts of patients who were infected. Even before the Minister came, we already had been in contact with him to try to establish a better mechanism of collaboration and notification. So when he came to Hong Kong, one of the other discussions points was to set up a much better notification system in collaboration with Guangdong. Of course, as a result of that, we then sent a team to Guangdong in April to start developing a new notification system.

麥國風議員：

主席，我想問一問楊醫生，他在證人陳述書回答我們，即A.2-5最後一段，“At that time, I was not aware of the existence of the investigation report issued by the Guangdong health authorities in January 2003”，即我們這份文件，X1(C)的文件。你說當時你並不知道，那麼你在甚麼時候才知道有這份調查報告？

Dr YEOH Eng-kiong:

Certainly, Mr Chairman, I wasn't aware of this investigation report by the Guangdong health authorities in January 2003. I think this report only surfaced later on towards the end of the outbreak. Certainly we were not aware of this at the time.

麥國風議員：

嗯。你可以看到……我不知道你是否看得懂，在最後一頁，你看看那份文件的最後一頁，提到……

主席：

你讀出吧，他不懂看，你讀出來吧。

麥國風議員：

……“抄送：衛生部，國家疾病預防控制中心”。這份文件應該給了張文康部長那方面和Chinese CDC。你知不知道前衛生署署長與國內衛生部的接觸，以及與WHO的接觸，有沒有提到有這樣的一份文件？請緊記，所指的並不是像你剛才所說，在疫症很後期才知道有這樣的一份報告。會不會在中期接觸時便已經知道有這樣的一份報告？或者張文康部長在3月21日來港時，他有沒有提到有一份叫做“調查報告”的文件呢？

Dr YEOH Eng-kiong:

Mr Chairman, certainly there has been no mention of this in any of our interactions with the Ministry or with the World Health Organization, so we are certain in our interactions with them, this document was never mentioned.

麥國風議員：

你說很後期才得悉這份報告，那麼你從何得悉有這樣的一份報告？以及是在甚麼時候呢？你可否清楚告訴我們，何時才有一份……是否正式的，即官方給你的一份副本，還是你從其他渠道取得的一份副本？

Dr YEOH Eng-kiong:

Mr Chairman, this information that came was not through the official channels. My recollection is that these were brought up somewhere in the community and people were saying “Are you aware of this document?” So it didn’t come through the formal channels.

麥國風議員：

主席，我或者多問一條問題，便差不多了。你應該知道有一位劉教授在2月22日進了廣華醫院。局長，你之後應該知道的，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, certainly I wasn't aware that this Professor LIU was a SARS patient at that time.

麥國風議員：

哦，你當時不知道。那麼你何時知道劉教授入了醫院，以及從何得悉劉教授曾經入住廣華醫院？

Dr YEOH Eng-kiong:

I, Mr Chairman, honestly can't remember when this was raised to me and whether I was aware of Professor LIU's admission prior to the outbreak but this certainly doesn't ring a very strong memory to me about this incident until later on.

麥國風議員：

你所指的“後期”，是何時呢？不好意思，局長，可否告訴我們，之後何時得悉劉教授，即有一位這樣的人士入了院，其後並過世？

Dr YEOH Eng-kiong:

Mr Chairman, I think, because the linkages of these cases didn't arise until, my recollection is, probably until the Metropole outbreak where the Director of Health got the information from Toronto and Singapore and then they started placing pieces together. That probably is my recollection when this Professor LIU struck in my memory. But prior to that, I may have had some inkling that there were some patients who were admitted to hospital but at that time it didn't ring any very deep impressions on me.

麥國風議員：

你個人並不認識劉教授？

Dr YEOH Eng-kiong:

Chairman, no.

麥國風議員：

好的。劉教授入院之後一天，有幾位廣東省中山大學的教授、院長來探訪他。你知不知道？

Dr YEOH Eng-kiong:

Mr Chairman, I wasn't aware of it.

麥國風議員：

你知不知道他們3位是否想找你？

Dr YEOH Eng-kiong:

Mr Chairman, I was not aware that they had made any contacts to make appointment to see me.

麥國風議員：

你知不知道他們3位來香港，是以官方身份，還是以個人身份呢？

Dr YEOH Eng-kiong:

Mr Chairman, I was completely unaware of the visits and I did not know whether they came on their individual or their official capacity.

麥國風議員：

OK。我沒有其他問題，主席，謝謝。

主席：

接着是李柱銘，然後是何秀蘭及勞永樂。李柱銘。

李柱銘議員：

楊局長，關於早期廣東省爆發這個……現在我們知道是SARS，當時你們並不知道。當時廣東省和廣州的政府官員似乎十分不合作，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, certainly, we were not able to get any information from Guangdong province health officials. There was no reply from them to the enquiries and the faxes from the Department of Health.

李柱銘議員：

其實，我們香港政府這一方面是與廣東省的官員接觸，還是與廣州市的官員接觸？

Dr YEOH Eng-kiong:

Mr Chairman, our contacts in general had been with the Beijing health officials. We do not have a lot of contacts, I think, on a more informal basis, the Guangzhou, Guangdong health officials do come to Hong Kong to visit some of our facilities, sometimes the Department of Health, sometimes the Hospital Authority. But our main formal contact has always been with Beijing, the Ministry.

李柱銘議員：

不，這方面我知道。除了北京，北京是很合作的，你剛才已很清楚提到，是嗎？北京是很合作的，但廣州和廣東省並不合作，對不對？

Dr YEOH Eng-kiong:

Well, at least they did not respond to our request for information.

李柱銘議員：

那你仍然覺得他們合作嗎？

Dr YEOH Eng-kiong:

No, but.....

李柱銘議員：

即是說，並不合作，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I am just expressing, I am just answering in terms of the facts.

李柱銘議員：

OK。政府有沒有採用其他方法，盡量瞭解廣東省發生了甚麼事？即是自己去查一下。

Dr YEOH Eng-kiong:

Mr Chairman, as I said earlier, we relied on the Ministry of Health to provide us with the information and they were saying they were investigating. We also were in contact with the World Health Organization. Because, obviously, I think, the difficulties of course was that we are in a different system and the Guangdong authorities are not under our control and we have to interact with the Ministry because they work under the Ministry in the Mainland. And the third was we did try to get this so-called soft intelligence from the work that was done by the universities in Guangdong province.

李柱銘議員：

那麼你有沒有盡你自己的能力，譬如找一些學者、醫生、教授等，盡量請他們去廣東省作研究，以避免這些一國兩制的困難？

Dr YEOH Eng-kiong:

Mr Chairman, we were aware that Professor YUEN was doing the work already.....

李柱銘議員：

是不是.....

Dr YEOH Eng-kiong:

.....and I learnt from Professor YUEN how confidential the information was.

李柱銘議員：

那麼袁教授上去，是你提出的，還是他自己決定上去的？

Dr YEOH Eng-kiong:

No, I think, Mr Chairman, it's not something that we can set up right away. I mean a lot of this research work was collaborative and one must build up these relationships. I know that Professor YUEN because he has been working with us on the avian flu and on the interactions with avian flu he has done a lot of

collaborative research with the colleagues in particularly in the Guangdong province. So he has already established the links so it is quite natural that they work with him. We did not pursue this any further because from the information we got from Professor YUEN, we knew that how important and the sort of state secret, although I didn't know it was a state secret but I knew that all this information was very confidential, was under very strict security and Professor YUEN's research would have given us the best information because he had access to samples of patients coming down with this unusual pneumonia in China and they were providing him with the samples to do the laboratory work.

李柱銘議員：

你是否想告訴委員會，雖然香港政府只能夠透過北京政府或者世衛理解這件事，但是因為袁教授，其實你們所知道的已經足夠？你是否告訴我們，你們所知道的已經足夠，不需要再找，是不是這樣？

Dr YEOH Eng-kiong:

No, Mr Chairman, I did say that obviously we have to go through the formal channels to get the information because, eventually all the or whatever information that's generated in research is only one element of all the information. In terms of this whole outbreak control, we really require a whole team of different types of people to do the investigation – epidemiologists, public health people – and that information can only come from the Ministry. So this was supplementary information, the so-called soft intelligence that we would get in terms of what was actually happening. So, if Professor YUEN was able to discern some patterns to his laboratory work, it would give us some earlier alert as to what else we need to do. As I said earlier, Mr Chairman, I did ask the Director of Health whether it would be beneficial for us to send a team to Guangdong during that period and because she replied that we were already in contact with the Ministry, the Ministry was investigating and the WHO was also working on it. So we did really try to see whether we could supplement the information from Beijing in any other way, so the World Health Organization was one of the source and the third was Professor YUEN's work which we thought was quite critical in providing us any additional new information which could have helped us.

李柱銘議員：

但是局長，如果廣東省的官員要隱瞞真相，那麼北京便不知道，世衛又不知道，袁教授也不知道，是不是？

Dr YEOH Eng-kiong:

Mr Chairman, I think, because the information we got from Beijing was that they were investigating it. They had sent a team to Guangdong and that there were different opinions relating to what was the cause. Mr Chairman, as one knows, the difficulty at that stage was you had no agent and it was very difficult to differentiate this new phenomenon from other types of pneumonia so, I think, first it's really to establish that as a pattern which is unusual, the second is to try to find out the cause of it, to research and so. Our understanding then was the Ministry was working very closely in investigating and there were differences in view between the CDC Beijing and the CDC Guangdong as to what was actually causing it and the information we got on the 18th of February was that CDC Beijing thought that this was chlamydia giving rise to the outbreak.

Hon Martin LEE Chu-ming:

I'm sorry I missed the last phrase. This was.....

Dr YEOH Eng-kiong:

On the 18th of February, we got the information from Beijing that they thought that chlamydia, which is a micro-organism, was the cause of the outbreak in Guangzhou.

Hon Martin LEE Chu-ming:

Now, you said that the important thing was to find out whether there was any difference in pattern. Now, according to your information, through the Beijing authorities, did they tell you whether there was indeed a difference in pattern?

Dr YEOH Eng-kiong:

Well, they gave us the information relating to the 300 infections and that, as Dr LO was saying, affected 100 healthcare workers. So, that was unusual in that context that it did appear to affect healthcare workers.

Hon Martin LEE Chu-ming:

So then what's the difference?

Dr YEOH Eng-kiong:

So there was some suggestion that this could be a respiratory infection that seemed to have a predilection for healthcare workers. But, obviously, not

knowing how the nature of the illness, because other types of viral infections can also affect healthcare workers but maybe not to that extent, so not understanding the whole context, it would be very difficult for us to come to any conclusion but certainly it was a feature.

Hon Martin LEE Chu-ming:

Do you think it would have made any difference to Hong Kong if the Guangdong officials had been entirely cooperative?

Dr YEOH Eng-kiong:

I think, Mr Chairman, our Expert Committee did look into this issue and they were of the opinion that if some of this information had been forthcoming, it would have helped us in tackling the outbreak.

Hon Martin LEE Chu-ming:

Did you agree with them?

Dr YEOH Eng-kiong:

I think certainly the more information you have, the better it is. The Committee noted that accurate information about atypical pneumonia in Guangdong province was not available to Hong Kong or to the international community at that time. Otherwise, the epidemic in Hong Kong might have been ameliorated. I guess, Mr Chairman, obviously any information that is relevant would help us prepare ourselves better. But whether it would have changed the picture, it's very difficult to give an opinion. But the Expert Committee's opinion is that it might have been ameliorated.

Hon Martin LEE Chu-ming:

But, you see I cannot cross-examine them or ask them questions. I can only ask you questions. Do you agree with their assessment?

Dr YEOH Eng-kiong:

Well, Mr Chairman, I think that's their assessment. As I said that if the information was available, it depends on what information was available, certainly, if the reports were available, then the colleagues in infection control might have done taken it on board some of the precautions taken. Things might have changed. Certainly, things would not be the same, I would imagine that some things would have been tackled better.

Hon Martin LEE Chu-ming:

So it cannot be worse, it can only be better?

Dr YEOH Eng-kiong:

Yes.

Hon Martin LEE Chu-ming:

Right?

Dr YEOH Eng-kiong:

Things should have been better.

Hon Martin LEE Chu-ming:

Could it have led to the reduction of the deaths that occurred later? The number of deaths?

Dr YEOH Eng-kiong:

Mr Chairman, I probably find it difficult to conjecture whether that would have made any difference.

Hon Martin LEE Chu-ming:

If you had all the available information at the time, would you not help Hong Kong as a whole to better prepare itself?

Dr YEOH Eng-kiong:

Certainly, Mr Chairman, having all the information available would have helped us prepare better, yes.

Hon Martin LEE Chu-ming:

And that surely would have reduced the number of people affected by SARS?

Dr YEOH Eng-kiong:

Mr Chairman, it should have, yes.

Hon Martin LEE Chu-ming:

Thank you. I move on to another topic. The press conference you gave on the 14th of March, now perhaps you have made available to you one of our documents, it's paper A41.

他叫我以中文提出問題。局長，其實你聽廣東話完全沒有問題的，不過你希望以英文作答，這會比較流利一點，是不是？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

李柱銘議員：

OK, thank you。你在3月14日.....我首先想問一問你，其實那次召開記者招待會，有沒有任何意思令到社會不那麼恐慌？

Dr YEOH Eng-kiong:

The objective of the press conference was to be as open and transparent and to provide as much information as updated and as quick as possible to the public so that the public would have a genuine ability to understand the extent of the threat and what we were facing.

李柱銘議員：

你的意思是，全部事實.....即盡量把真相告訴香港市民。如果他們恐慌也沒有辦法，你覺得他們有權知道你們所知道的事情？

Dr YEOH Eng-kiong:

Mr Chairman, absolutely.

李柱銘議員：

即是說，你並沒有擔心如果讓市民知道得太多，可能會令香港的國際形象受損。你有沒有想過這一點？

Dr YEOH Eng-kiong:

Mr Chairman, absolutely not. Because I think it was important at that stage to provide the information because if we did not provide the information on the threat, then the public would not be able to participate and engage as our partners in dealing with the outbreak. Because in a public health outbreak like

this, in a public health issue like this, it is very important that we get the public to work with us in controlling the outbreak. So, right through, we recognized the importance of providing the most updated and the most accurate information that we had and we genuinely tried to do that.

李柱銘議員：

那麼你有沒有想過香港的旅遊業，甚至經濟也會受到影響？

Dr YEOH Eng-kiong:

Mr Chairman, that had not been our primary consideration. Obviously we knew that some of these things could have an impact on the tourism and eventually on economy but our primary motivation, certainly my primary motivation and that of Mr Tung was really to tackle this public health threat to Hong Kong.

李柱銘議員：

在3月14日，其實在醫院方面，你已經知道有相當多醫務人員受到感染，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, yes, the outbreak escalated very rapidly but I was myself personally very alarmed because the figures I got in the morning and in the afternoon were vastly different. So in the first few days it was really very, very alarming to all of us and the reports that came up from the hospital because we didn't wait for the daily updates, the information in the morning was different from the afternoon. The number of people that were reported sick in the morning who then started having, were needed to be admitted were so, were so variable especially on the first two or three days that it became very, very alarming about this outbreak. And then the other figure, the other fact that sticks in my mind is how quickly these individuals moved from having fever to hospitalization to pneumonia and then going to intensive care. So, it was quite alarming to us about this outbreak in Prince of Wales.

李柱銘議員：

你看到那麼多醫務人員受到感染，你是否想把這個訊息告訴香港社會、香港市民，讓他們作好準備？

Dr YEOH Eng-kiong:

Mr Chairman, when the World Health Organization did the global alert on the 12th of March, they talked about this very unusual phenomenon of respiratory illness which seemed to have a predilection to affect healthcare workers. So at that time the main focus was still on healthcare workers and close contacts, family contacts of people that were infected and we saw that phenomenon in Hong Kong. So, that phenomenon was also representative of the mode of transmission which is droplets. So that phenomenon and the droplets were linked together so we presented this information in the most accurate way to the public so they understood the risk at that time and what we saw in the picture. So we did try to provide that information and talked about the risk and the precautions to be taken.

李柱銘議員：

楊局長，我首先想問一問你，你自己對“社區爆發”這幾個字會怎樣解釋？

Dr YEOH Eng-kiong:

Mr Chairman, I was told that in public health terms, there is no such terminology. What we were trying to explain is for the public to distinguish between the Community-Acquired Pneumonias which are the pneumonias which occur in the community. So these are cases that people in the community get acquired pneumonia and they come into the hospital and then infect healthcare workers. So we are trying to distinguish between the background, because every month we had about 1500 to 2000 cases of Community-Acquired Pneumonias. So we were trying to put the context for the public to understand what was the problem and the size of the problem that we were dealing with. Because that atypical pneumonia was equated to this new phenomenon of SARS, because the public did not have information relating to how many pneumonia cases we see on a month to month basis, so in public health terms, obviously we do not want the public to, naturally equate this new phenomenon called SARS – because at that time SARS was not coined – with all the Community-Acquired Pneumonias. So that's why we presented and we went at length to explain that every month we had 1500 to 2000 cases of Community-Acquired Pneumonias, of these half were due to bacteria, half we couldn't find the cause, and what we were seeing was a subset of these pneumonias in the community. So, I presented the picture, I tried to present the picture as accurately as I could based on the information as I had.

李柱銘議員：

但如果醫學上沒有正式說明何謂“社區爆發”，但事實上，那時候這個詞用得相當多，是不是？

Dr YEOH Eng-kiong:

Mr Chairman, in fact this reference did not emanate from me. I think because the public was concerned, it was a question asked by a member of the media and it was in response to that that I elaborated on the Community Pneumonias and I explained the phenomenon.

李柱銘議員：

雖然是別人問的，但你們回答時又採用“社區爆發”或同樣的字眼，所以我想再問問你，雖然不是你自己首先採用這個字眼，但你後來也採用這個詞。你採用“社區爆發”一詞，你自己又如何理解呢？

Dr YEOH Eng-kiong:

Mr Chairman, in fact, obviously the terminologies are confusing. In each session, I went at great length to explain that there were cases in the community. I went to explain in great length that we were looking at the subset of these cases in community. I went at great length to say that we were not saying that these cases were not spread in the community because we had no information. We presented as much information as possible to identify, for the public to be able to recognize that there were risks but the risks were in these discrete clusters and that they had infected healthcare workers and family members because that was the picture available to us at that time.

李柱銘議員：

但是由於你經常說在醫院內的時候，會否令到市民覺得不用擔心，並非在社區內出現。即是說，我就沒有事，但如果我要去醫院，反而便要小心。是不是這樣呢？

Dr YEOH Eng-kiong:

No I think, Mr Chairman, absolutely not. We continued with the precautionary measures because we always linked up this to the droplet infections and we always continued that the public should take precautions to protect themselves. They should improve their immunity. If they were sick, they should see a doctor. They should make sure there was ventilation. If they

were taking care of individuals who had respiratory illness, they should wear mask. They should wash their hands. So, all these precautions were continued. But that was the recurrent theme of getting the public to be alerted. Because even if you had an infection or you had a family carer, if the patient was admitted, it's really after-effect. So we did emphasize that if you are taking care of any person with respiratory illness or if you have a respiratory illness yourself, you should wear a mask. So, all the precautions were emphasized time and again.

李柱銘議員：

局長，我覺得……不好意思，你詳細說明那些數字，表示其實現時香港的數字與過往沒有任何分別。你這樣說，會否令市民覺得無需警惕？

Dr YEOH Eng-kiong:

Mr Chairman, no, I think we always emphasized these were the Community-Acquired Pneumonias, that this was the pattern that we had seen and we always talked about and we presented all the figures relating to the other people that were infected and they were quite, quite worrying. The numbers were escalating very quickly. The numbers were increasing and I think by the early part of, by the second week of the outbreak, we already talked about cases in about 200 already. So it was a phenomenon where there was great anxiety in the public. As I said, the Expert Committee had found no evidence that the public alertness was affected in any way and of course we continued to alert the public on the risk and the measures that we needed to take.

李柱銘議員：

你在3月14日那天，那個叫做“stand-up briefing”，即是站在那裏會見記者的，並不是坐下來會見記者。那個目的是甚麼？

Dr YEOH Eng-kiong:

Well, Mr Chairman, we were trying to give the public the most updated information on what was actually happening. We were open and transparent and to provide information so that there would not be unnecessary panic in the community so the public would have information that it needed to assist us in dealing with the outbreak control which was really taking precautions.

李柱銘議員：

那麼開完記者招待會之後，你希望香港市民緊張一點，還是沒有那麼緊張呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think we would have wanted the public to obviously take precautions, to be alerted and to take the precautions that were necessary and to be given the information so that there would be no panic in the community.

李柱銘議員：

No panic。你的其中一個目的，是不是希望全世界或外國記者聽完你所說之後，令到全世界對香港無需那麼警戒，不要影響遊客來香港？

Dr YEOH Eng-kiong:

Mr Chairman, there was certainly no thought about doing that, no motivation, no intention.

李柱銘議員：

那個演辭是預先草擬的，還是你站起來把所想到的便說出來？

Dr YEOH Eng-kiong:

No, Mr Chairman, we had a meeting with the experts on 13th and 14th and on the 14th I met with the Task Force which was comprising not just the Hospital Authority and Department of Health colleagues but academics from the two universities and World Health Organization experts, Dr FUKUDA who happened to be in Hong Kong and we invited him to be our Consultant. So it was a discussion as such of, analyzing and sizing up the situation, so the community pneumonia figures were discussed in the meetings on the 13th and 14th to give us a picture as to what the risks would be in the general community. So it is as a consequence of that I presented the information and knowledge that was accumulated in that discussion and from the investigation so far.

李柱銘議員：

其實你的其中一個目的是不是安定民心？

Dr YEOH Eng-kiong:

Mr Chairman, our intention was to provide the information necessary for them not to have any undue panic. The intention was that we needed to alert the public to this possible risk so that's why we provided all the information as we did.

李柱銘議員：

所以你那次見記者時，你有沒有一個預先準備的演辭，或者起碼寫下一些notes來提示自己要說些甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, I am not usually in the habit of writing notes. I mean, sometimes, we do prepare certain notes but because the whole thing was moving so quickly. Because on the 14th, the Task Group, I still remember, I was running in and out of some parts of meeting because we had also other issues to deal with. So, a lot of the press conferences, in many of our press briefings, in fact, we went into the press conferences fairly quickly after our own meetings because we could not afford the time to really work out these communication matters. So this was one of the things that we also recognized at that time in relation to some of the issues of communication with the public and the main purpose was really trying to give as updated a picture as possible on what we knew to the public.

李柱銘議員：

現在那份transcript，即3月14日的，是否在你面前？

Dr YEOH Eng-kiong:

Yes.

李柱銘議員：

由你一開始講的部分去到第4行：“But I also noted from the reports there was a lot of misunderstandings about this atypical pneumonia. And a lot of confusions saying that there are outbreaks of atypical pneumonia”。那麼，“outbreaks”這個字是你自己用的了？

Dr YEOH Eng-kiong:

Yes.

李柱銘議員：

接着說到：“People said that you come to Hong Kong, you get pneumonia and you go back to your respective country, etc. I just want to explain that in any country and any area, there is always cases of pneumonia. This is, you see it whether it is in Hong Kong,

you see it in United States, in Britain, in the Philippines, in Singapore, in China, everywhere. So, you have pneumonias occurring on a day-to-day basis.”。我看你這樣說，豈不好像是為香港辯護，讓其他國家不要有這些誤解，以為香港和其他地方或其他國家有所不同？是不是這個意思呢，你這個說法？

Dr YEOH Eng-kiong:

Mr Chairman, absolutely not. I think I was referring that's why I was saying that these were reports, I didn't talk about outbreaks, community outbreaks of atypical pneumonia so there's a lot of confusion and we were trying to clarify this confusion of atypical pneumonia. Because it is a mixed bag. It's not a very precise term. And I was saying, I was trying to explain then as I am trying to explain now that atypical pneumonia is a very mixed bag of pneumonias that on a day-to-day basis, every place in the world will encounter and then I went on to explain why we didn't see any unusual patterns, the background cases, on a day-to-day basis to me but I did end up talking about the subsets and the clusters of cases. So we presented the total picture. We.....

李柱銘議員：

局長，不是的。你那天早上已經知道在醫院有很多不妥的地方了，對嗎？你知道醫院已有很多醫務人員“中招”了喔？

Dr YEOH Eng-kiong:

Yes.

李柱銘議員：

所以和美國、英國怎會相同呢？

Dr YEOH Eng-kiong:

Mr Chairman, I am still referring there to the outbreaks, the atypical pneumonias as a heterogeneous group. I went on to say that what we are saying is that all these community pneumonias seem to have a subset which was very particular. It does not appear to have, that it does appear to have a predisposition to affect healthcare workers that care for these patients and also very close family contacts. So I was not trying to downplay or to mislead the media, international or otherwise. So I was putting into context two things – one is the background atypical pneumonia that you see on a day-to-day basis everywhere in the world, that we are not seeing any increases in the total number and within the subset, I said, we are not talking about the, we are not saying that infection is not going to occur in the community, that it doesn't go into the

community, we are saying that community pneumonia seems to have a subset which is very particularly to have a predisposition to affect healthcare workers that care for these patients and very close family contacts.

李柱銘議員：

回到剛才的transcript，剛才我讀完的地方，你跳過12行，即由底下往上數9行：“So, in Hong Kong, every month we have 1,500 to 2,000 cases of pneumonia and about half we can identify the bacteria and the other half usually we can’t. Usually, these are due to viruses or partly treated pneumonias. The pattern has not changed and our experience is very similar to those other developed countries.”。那便已經不同了，那時候已經不同了。

Dr YEOH Eng-kiong:

Mr Chairman, if you read it indirectly there, obviously it is and I then went on to talk about. So what I was trying to do is to distinguish this general pattern of pneumonias in the community and this subset. If you read the transcript, subsequently I did talk about subset. So we were trying to distinguish between the atypical pneumonias that you would normally see in any place and the subsets which were what we were concerned about which were due to SARS. And right through the transcripts of the subsequent few days, we kept on emphasizing that there were subsets and clusters.

李柱銘議員：

你接着便說：“The pattern has not changed and our experience is very similar to those other developed countries. So we are not talking about any outbreaks in the community.”。

Dr YEOH Eng-kiong:

Yeah.

李柱銘議員：

那即是說社區沒有爆發了。

Dr YEOH Eng-kiong:

No, I think, Mr Chairman, obviously the reference was to atypical pneumonia as a generic group because right through in my discussions with the colleagues, I mean obviously we were concerned about the extent of the problem. We were concerned in terms of whether there were increasing cases in the

general community and this subset because the increasing cases in the general community will give us some idea as to the extent of this infection in the community, what we were able to pick up with these four clusters of cases.

李柱銘議員：

但局長你已經知道，雖然那時未有“SARS”，仍然叫做“非典型”，但你知道這一類是不同的，很可怕的，而你現在卻說成好像還是沒有分別似的。

Dr YEOH Eng-kiong:

I think, Chairman, absolutely not because if you read on in the transcripts, we said that “we are looking at a particular subset of atypical pneumonia” in the next page “that seems to be so different in the behaviour, it’s either due to a new virus or one of the existing virus that we know of but behaving in a different way or there is something in the environment that may have been changing them.” So this is the area that we were putting our attention on. So in Hong Kong there were four possible clusters of infections that we were looking at. The first is the one at Prince of Wales where there is a large group of health professionals who are affected, the second is not a group but the individual, the patient transferred from Hanoi and died in the Princess Margaret Hospital. Fortunately we were aware of the problem, precautions were taken. The third group of individuals that we are looking at are those.....

李柱銘議員：

局長，我一定會問的，你不用擔心，那方面我是不會不問的，不過先回到這裏吧，你說：“So we are not talking about any outbreaks in the community. And that is why when yesterday we are talking about particularly looking at a particular group. We are not saying that infection is going to occur.....”這裏你漏了一個字，這個字漏得很緊要啊，對嗎？“We are not saying that infection is ‘not’ going to occur in the community, that it doesn’t go into the community.”這個“not”字就漏得很慘了。

Dr YEOH Eng-kiong:

Yes, but as you read the sentence “it doesn’t go into the community”.

李柱銘議員：

是了，變成了人家可能以為你後面那句才是錯的。

Dr YEOH Eng-kiong:

Yes, Mr Chairman, but obviously when you read the whole context of the transcripts, that is not the intent.

李柱銘議員：

你後來有沒有更正過來？

Dr YEOH Eng-kiong:

Mr Chairman, because I am not aware of, because in the subsequent press briefings, we did talk about this, so we did mention about this infection that it would, there was a potential spread in the community so we did correct this subsequently.

主席：

局長，你當時那個是中文還是英文？

Dr YEOH Eng-kiong:

This transcript is in, this one is in English.

主席：

但你當時講的時候是用英文還是中文？

Dr YEOH Eng-kiong:

I used, this apparently I told this part in English but the transcripts usually are in, there are English and Chinese transcripts.

李柱銘議員：

我想你講的時候是用英文，後來有記者問你時，你可能用中文作答。情況是不是這樣？還是都是用英文作答？

Dr YEOH Eng-kiong:

I would have used, Mr Chairman, both Chinese and, Cantonese and English.

李柱銘議員：

會不會是用中文問的，你便用中文答；用英文問的，你便用英文答？

Dr YEOH Eng-kiong:

Normally yes, Mr Chairman.

李柱銘議員：

繼續讀下去。“So, there is lots of misunderstanding people talk about airborne diseases. What we are saying that is that all these community pneumonias seem to have a subset which is very very particular that it doesn't appear to predisposition.....that it does appear to predisposition affect health care professionals that care for these patients and also very close family contacts.”這裏.....再繼續讀下去好了。“So there is a predisposition and predilection to affect health care workers and close family members.”給人的感覺是，如果你不是醫生或護士，又不是他們的親屬，就好像你被感染的機會便會少很多了，是嗎？

Dr YEOH Eng-kiong:

Certainly, this was the picture that we saw at that time and we did talk about the clusters that we saw, we did say that there were cases of atypical pneumonia occurring in the community.

李柱銘議員：

接着你說：“From the information we have, it appears that it is compatible with the viral infection. So all the evidence we have point to the fact that this is a viral infection which is transmitted by droplets. It is purely based on intelligence on information that we have.”。然後你一直說下去，剛才亦有讀出來，你說有4個組羣——four possible clusters，你說是甚麼甚麼醫院，說了很多間醫院。再說你自己的演辭，即由這一段往下到末尾倒數七、八行那裏：“So, these are the four clusters of patients of health care staff that we are currently investigating to see whether we can find a common cause for them. So, this is the current situation.”你這樣整篇來說，是希望人家覺得只是聚集在醫院那裏，是不是呢？即是到那時為止。

Dr YEOH Eng-kiong:

Mr Chairman, we did paint the picture as we saw it. But in the Chinese transcripts, we also said that it was absolutely correct to say that cases of atypical pneumonia were found to have occurred in the community. So, we have also said, in fact in subsequent transcripts, we said that obviously the cases are in the community otherwise these infections would not have gone into the hospitals. So, there are infections but the predilection is for this infection to affect healthcare workers and family contacts of people who have respiratory illnesses. So the family context is important and we went on to say that if you are taking care of a person who has a respiratory illness, that you should take precautions. So, in the right through the epidemic, we did emphasize. We were just presenting the information as we had for the public to understand how this infection was transmitted. As I said that this pattern of transmission is compatible with droplet infections and equating with that, then the precautions that the public need to take in protecting themselves will be for droplet infections.

李柱銘議員：

你接着說：“To date, the information is that there are 43 staff who had been admitted to public hospitals and put under observation. These are patients, usually staff who have symptoms of fever, etc. Of these 43, 29 had signs of pneumonia. So this is the present update.”說來說去，都好像是說感染的多數是醫務人員，那個訊息很清楚，對嗎？

Dr YEOH Eng-kiong:

But, Mr Chairman, this was the fact, in fact, this was the global alert made by World Health Organization that this seems to be a respiratory illness that has a predilection to affect healthcare workers and family contacts.

李柱銘議員：

對呀。所以其實你當天講這番說話，就是為了讓香港市民不用這麼害怕，以為會發生在他們身上，因為到那時為止，都是在醫務人員身上，是不是呢？

Dr YEOH Eng-kiong:

Mr Chairman, that was not the, certainly not the intention. The intention was to provide the information as we saw it at that moment in time and as the international community, including the World Health Organization saw at that time and to present the most updated information to the public.

李柱銘議員：

但你會不會覺得，普通市民聽完這些就會覺得，我不要入醫院便應該相當“穩陣”了，是不是呢？

Dr YEOH Eng-kiong:

Mr Chairman, that was the fact of the epidemic at that time. We did say that there were many things that we did not know about the outbreak. We were presenting as much information as we could. And, as the outbreak evolved, obviously, we would present new information but at the moment in time, this was the observation. We could not speculate what would or what could or would occur in the future and I think it was responsible for us to present this information as we saw it and as the international community saw it.

李柱銘議員：

主席，這是不是適當時間休息一會？

主席：

你問完你那一部分沒有？

李柱銘議員：

還沒有。

主席：

即你覺得你可能還需要一段時間？

李柱銘議員：

至少半小時。

主席：

那麼，各位委員，看來這一部分今早都是完不了的，因為還有兩位委員舉了手。已是下午1時了，不如休息好了。不過，我想提醒大家，因為作為一整天的研訊，證人不可以逗留得太晚。因為大家的問題都非常重要，所以證人需要比較集中精神去回答大家的問題。我相信今天下午到5時許，我們便要結束我們的研訊，所以待會到下午的時候，大家要盡量爭取時間。

我們現在休息，到2時半回來，好嗎？謝謝。

(研訊於下午1時01分暫停)

(研訊於下午2時30分恢復進行)

主席：

各位委員，我們可以開始了。首先，歡迎各位出席調查政府與醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會的第二十二次公開研訊的下午部分。

每次都要提醒各位委員，整個研訊過程必須有足夠的法定人數，即包括主席在內共4位委員。

我亦要藉此機會提醒旁聽今天研訊的公眾人士及傳媒，在研訊過程以外的場合披露研訊中提供的證據，將不受《立法會(權力及特權)條例》所保障。因此，大家如有需要，各位列席人士和傳媒應就他們的法律責任，徵詢法律意見。

我現在宣布下午的研訊開始，我們會繼續向衛生福利及食物局局長楊永強索取證供。剛才李柱銘議員還有一些問題要問，由李柱銘你先開始吧。

李柱銘議員：

多謝主席。楊局長，我剛才一直在問你3月14日那個英文，你自己那個講稿——是transcript，不是講稿。我現在想你再看開始的部分——我問過你的——即第1段第5行開始那裏：“And a lot of confusions saying that there are outbreaks of atypical pneumonia”，跟着下文一直你就是說香港；來到香港，又回去其他的國家。你接着便說：“there is always cases of pneumonia”，即是全世界都有。接着你說香港又有，你看到美國又有，英國、菲律賓、新加坡、中國，四處都有。其實你那裏是否因為不想國際間對香港看得那麼負面呢？是否有這個意思呢？，否則你不會這樣說出這些說話的，是嗎？

主席：

局長。

Dr YEOH Eng-kiong:

Mr Chairman, as I was explaining earlier, we had quite a challenge to explain the phenomenon and the term atypical pneumonia, community pneumonia was not generally understood and it was based on my discussions with the experts on the 13th and the 14th that we looked at the general picture of Community-Acquired Pneumonias in Hong Kong. And there was no indication that anything had been changed. So we were not talking about the phenomenon of the subset that we now call SARS and I was trying to clarify that the two things were separate although they were related. So this was my attempt to explain what the size of the problem was at that time. When you look at the total numbers that we saw, the total numbers had not changed and in the work done by Hospital Authority, done by Severe CAP, they had found no unusual patterns. At that stage and within that subset, obviously we knew that there were cases in the community.

李柱銘議員：

局長，這件事你說了3次。你那句話是這樣，在未說其他國家的名字之前，你說：“People said that you come to Hong Kong you get pneumonia and you go back to your respective country etc.”。你其實那時候是否很不喜歡，那些人說來到香港之後就感染了這種病，然後回到自己的國家那裏，所以你就說，全世界都有啦！

Dr YEOH Eng-kiong:

Mr Chairman, I was still referring to the Community-Acquired Pneumonias and trying to put it in that context. Chairman, I think if Members remember, it was Hong Kong that alerted the World Health Organization. As soon as we recognized there was something unusual on the 11th of March, we immediately alerted the World Health Organization on that same day and as a result of which, the World Health Organization did the global alert to alert the international community that there was a possibility of a new phenomenon. So there was no question of ourselves downplaying the situation because we gave as much information as honestly as we could in an open and transparent manner. And as a result of our information, the WHO issued this global alert on the 12th of March.

李柱銘議員：

那你是否因為WHO發出了這個alert，你不高興了，是嗎？為甚麼你要說這句話：“People said that you come to Hong Kong you get pneumonia and you go back to your respective country etc.”？為何要說這句話呢？

Dr YEOH Eng-kiong:

Well, this was, Mr Chairman, in the context of the background atypical pneumonias. We wanted to clarify that this phenomenon as we saw it was still a localized phenomenon – we had some cases in the community that it was not as widespread as you would expect in Community-Acquired Pneumonia which was 1500 to 2000 cases a month. Because when you talk about atypical pneumonia people were lumping with this pneumonias that you would see in different countries in different places and each place in the world would have some of these cases you will see on a monthly basis. There would be a mixed bag of infections caused by different viruses, some are classified as typical, some are atypical.

李柱銘議員：

局長，你剛才這個解釋可以解釋得到接着那幾項，但不是解釋現在我問你的這一句。“People said……”即是有人說你來了香港，你便會得到肺炎，然後回到自己的國家。這句說話其實——是不喜歡人家這樣說的。只是這一句，你不要談前文，不要談下文，因為我來來去去都只是問這一句。為甚麼要說這句話？

Dr YEOH Eng-kiong:

Mr Chairman, it is exactly as I said there was a misunderstanding. In the context of the misunderstanding that we wanted everyone to understand what the risks were and the misunderstanding would be that if you lump all the pneumonias together, the impression was that all the pneumonias that you see on a month-to-month basis especially atypical pneumonia were equated with SARS, then obviously the impression would be very different from what was a localized phenomenon of the case we saw.

李柱銘議員：

如果你只是這樣說，你何須說這一句？你只談香港的事情不就可以了？為甚麼要——有人說來到香港之後，你便感染了，然後回到自己的國家。這句說話，很明顯就是因為你不想人家說這句話——即是來了香港便會“領嘢”，所以就不要再來香港。否則為何要說這句話？

Dr YEOH Eng-kiong:

Mr Chairman, certainly that was not the intention. We had in the press briefings also members of the international press present and I don't remember whether the statements were made in response to some of the members of the

international media but certainly at that time, we had both local and international media present. So it was to give as broad and as exact a picture as possible. So this was really to put the context so people understood that atypical pneumonias and Community-Acquired Pneumonia occur in every country and every place.

李柱銘議員：

局長，不是人家問你，這句話是你自己說的，整段都是你自己說的，一口氣說的。

Dr YEOH Eng-kiong:

Mr Chairman, these transcripts are transcripts of the things that I have said but in between there were questions raised and asked by the media.

李柱銘議員：

不是，局長，問題目是在後面，有問題有答案。這個是你自己一口氣全部說出來的。

Dr YEOH Eng-kiong:

Yes, Mr Chairman, but it would be in the context of the whole press conference that we had made these statements.

李柱銘議員：

剛才你說因為有人會問你，哪裏有人問你呢？你一個人自己全部說的。

Dr YEOH Eng-kiong:

Huh.....

李柱銘議員：

後來就有人問了。

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that this was in the context of the press briefing where we had media present, we had international media. The construct of the transcript is in English part so a lot of things were said in that

stand-up in response to questions so in a press, in a stand-up like this in a press briefing, it would not have been a one-way phenomenon.

李柱銘議員：

不對，局長，去到後面是有問你問題的，我一會兒會問你，這一部分是你自己出來一口氣說完的。你是不是否認這裏？這裏是你一口氣說完的，你是不是否認這裏？

Dr YEOH Eng-kiong:

Mr Chairman, obviously in the press briefing, there would be a lot of things that would be asked before and after and there were a lot of questions that were brought up relating to the community outbreak prior to my having made these comments. And I also made comments in Chinese where I also did say that the infections were in the community.

李柱銘議員：

局長，我也召開過記者招待會。有時你一出來就先說一段時間，然後才輪到發問的。你今天來這裏也是先說一段時間，才輪到發問的。那裏也是你自己說一段時間，隨你說，那一句不是記者問你的，我只是問你這一點。你那句說話不是因為記者問你，你才說的。還未問你，你已經說了，不是嗎？

Dr YEOH Eng-kiong:

No, Mr Chairman, as I said there were reports already in the media, there were questions asked so this was the environment at that time so it was not something that I brought out to allay the anxiety because I already said, as I already said, there was a misunderstanding. So the misunderstanding would have resulted in some of the reports that were going about, some of the questions were asked prior to that. So otherwise I would have not talked about the misunderstanding about this atypical pneumonia.

李柱銘議員：

啊！即是在你未召開記者招待會之前，你看到報道或者甚麼的，就是有人說——可能是外國的報道，外國報紙的報道，就是有人說來了香港，便會感染到肺炎，然後回到自己的國家。是因為這樣令你不高興，然後才說出這一篇東西。是不是呢？

Dr YEOH Eng-kiong:

Mr Chairman, certainly it wasn't a question of whether we were happy or unhappy with the reports but in a public health outbreak, we would want to give as much information and as accurate and to clarify any possible misunderstandings. So that was the intention that was put in the context of what I said.

Hon Martin LEE Chu-ming:

Are you saying that you were happy with this?

Dr YEOH Eng-kiong:

Sorry?

Hon Martin LEE Chu-ming:

Are you saying that you are happy with this sentence? Surely you must be unhappy, otherwise you wouldn't make such a response. Surely.

Dr YEOH Eng-kiong:

Mr Chairman, as I said, we would never want to have any misunderstanding or misinformation. We would always want to provide the information that the public can make the best judgment of what the risks are and we were just honestly trying to provide that information in an open and transparent way as we could based on the information that we had.

李柱銘議員：

那我再問……接着有人問你中文，你看回前一、兩頁——前一頁。接着就……中文那裏，你見到，從後面數回來。

主席：

李議員，他不懂得看中文。

李柱銘議員：

我會讀出來。

主席：

請你讀。

李柱銘議員：

記者問你：“世衛專家在港開會後，怎樣定性香港的肺炎爆發？”那你就答：“第一，香港並沒有爆發肺炎，我們不是說香港爆發肺炎。”這裏很清楚，香港沒有爆發肺炎，為甚麼你會這樣說呢？

Dr YEOH Eng-kiong:

Mr Chairman, this was in the context of those misunderstandings and that's why I went on to explain that the pneumonia is a generic term for the whole community pneumonia. So that's why I went to describe the community pneumonia set we would see on a monthly basis, that we had seen no increases in those and other than these four clusters, we had not identified any other unusual pattern in our surveillance system.

李柱銘議員：

對不起，局長，現在不是再談那4樣東西。你接着不是那樣說，接着就說醫護人員。我再讀出來吧：“現時有個特別的爆發情況，非典型肺炎中出現特殊的情況發生在醫護人員身上。我相信你應該發放準確的訊息，不要讓世界其他地方以為香港發生非典型爆發，這對香港是不利的，國際間還未瞭解，所以我們要盡量詳細解釋，希望你們瞭解後，給市民傳遞準確的訊息。”這裏很清楚地說，香港就沒有爆發肺炎，只是特殊的情況就爆發在醫護人員身上。所以你們要小心一點，不要亂寫，否則人家會以為香港發生了非典型爆發，那對香港是不利的。這很清楚吧！

Dr YEOH Eng-kiong:

Mr Chairman, that was exactly what we were trying to do, to distinguish between this very unique and particular outbreak which was the alert of the World Health Organization that there was a respiratory syndrome causing an outbreak that seemed to have a predilection for healthcare workers and family contacts. So it's exactly what I said and to distinguish it from the pneumonias that we see in the community. So that was exactly the attempt to try to distinguish the two things and to provide the information.

李柱銘議員：

那你接着說：“不要讓世界其他地方以為香港發生非典型爆發，這對香港是不利的。”其實你不就正是擔心，因為我們有這樣的肺炎爆發，令香港的國際聲譽不好，怕人家不來香港，不是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, we did distinguish between the Community-Acquired Pneumonias which is 1500 to 2000 cases a month and this new phenomenon which we described and gave the information which was available so my context was not about this outbreak, this unique outbreak, but the overall confusion of the outbreak of pneumonia in the community. So this was what the clarification I was trying to make, the differentiation between an outbreak of pneumonias in any community and an outbreak of this specific category.

李柱銘議員：

你根本很清楚你是想減低香港當時那個狀況的嚴重性。你整天說回一些數字——一整年計算的數字，對嗎？是沒有意思的，因為那時候是爆發了，那段期間很突然，是很多人感染到，很多醫務人員都感染到。你說回那些普通的數字，根本你就是令人家不用擔心、不用緊張，我們跟平時一樣。那你還不是 downplay？

Dr YEOH Eng-kiong:

Actually, Mr Chairman, I absolutely disagree that we downplayed. We did not want to have confusion or misunderstanding which would not be beneficial to Hong Kong. We really want to clarify the two issues and we provided the information. We did not say there was no outbreak of atypical pneumonia. We were trying to distinguish between the outbreak of pneumonia in the general community and this outbreak of this subset and we tried at great length to explain. And when you look at all the transcripts and all the briefings that we made, we always said there were cases in the community. We always acknowledged that these cases came from the community and on the 14th of March, the only knowledge that we had was the intelligence gathered by the World Health Organization to say that this was a subset of atypical pneumonia that seemed to have a predilection to affect healthcare workers and family members who were in close contact. That was the information that we had and we presented this information faithfully to the public, faithfully to the international media. So we had, at no time, tried to conceal this fact, at no time did we try to downplay. At all times we were always open and transparent but we just wanted to have this misunderstanding and this confusion about atypical pneumonia which was used as a term and equated with SARS. So the problem at that time was because there was no name given to this phenomenon, people were just.....

李柱銘議員：

局長，如果這樣問，就是問4個月也未問完。我每次問你一個很短的題目，局長，你每次都說回那些我全部聽過的東西，說了有十幾次了。你剛才說了一句，你就說你沒有告訴人家，不是在社區，這裏是甚麼時候告訴人家是在社區？你只是說，從頭到尾都說，香港並沒有爆發肺炎，你甚麼時候有說過社區有呢？

Dr YEOH Eng-kiong:

Mr Chairman, in one of the Chinese transcripts, in the third line of that transcript.

李柱銘議員：

哪一個transcript？

Dr YEOH Eng-kiong:

On the 14th of March in the third line, we did say that there were these cases in the community. In the Legislative Council Health Panel, I also said that obviously there were cases in the community, in the submission that I wrote to the members to question 12. I did say that “At the special meeting of the LegCo Panel on Health Services, my reference to atypical pneumonia was also in the context of the mix-bag generic entity. I said that: “the Administration had been totally honest and forthcoming in telling the public what it knew and did not know. The Administration believed that although the causative agent of the disease existed in the community, the virus was rather unusual that it did not easily spread in the community. However, it was easy for the virus to spread in a hospital environment and so far only healthcare workers had been infected.”” And this was the fact.

李柱銘議員：

為甚麼局長那麼有趣的呢？你自己英文的原稿就沒有提到這一句，中文本就冒出了這一句來。你看回英文本的第4行，“But I also noted from the reports there was a lot of misunderstandings about this atypical pneumonia. And a lot of confusions saying that there are outbreaks of atypical pneumonia”。中文本就加了一句：“這絕對是對的”，英文本可是沒有這一句。你是說英語的，那麼是誰給你加了這一句中文在這裏呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think because in the press briefings, we do it alternately, depending on whether the question is asked in English or whether the question is asked in Cantonese and there is a lot of sequence of which preceded which. So, very often, when I am asked questions in English, I will answer it in English. If I am asked a question in Chinese, in Cantonese, I will answer in Cantonese and sometimes in the questions that are asked by a subsequent reporter, because in the press briefings, we would also tend to put in certain points that we recollect or think are important that had been mentioned in the preceding questions.

李柱銘議員：

局長，現在越搞越亂了。你就希望解釋，即是有很多混亂，但我現在給你搞得很混亂了。我早先問過你了——今天早上，你就說這一番話是用英文說的。

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

李柱銘議員：

那為甚麼中文譯本加了這一句進去呢？

Dr YEOH Eng-kiong:

No, Mr Chairman, because the transcripts were only transcripts of the parts because the press briefing was done in both languages, so there were series of questions that were asked and certain parts of transcript were certain replies that I gave to certain parts of the press briefings. So it's not a complete transcript of the whole proceedings of the press conference.

李柱銘議員：

有沒有錄音？

Dr YEOH Eng-kiong:

I'm not aware that there are any of these recordings but the transcripts are usually done by my press, by the press team on the same day.

李柱銘議員：

如果你沒有recording，沒有錄音，你怎可以那麼準確地寫出來呢？他用速記嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I think my press people usually do these recordings so that they can check with the transcript, do the transcripts later on.

李柱銘議員：

可否將那個recording給我們？

Dr YEOH Eng-kiong:

I'm not sure if they are available but we can certainly check, Mr Chairman.

李柱銘議員：

好的。因為你看回那個中文本，就是這樣寫的：“以下為衛生福利及食物局局長楊永強醫生今早(三月十四日)在政府總部會見新聞界的談話全文：”就這樣一直下去，沒有人問問題，直到最後才問問題。這和英文本都是很相似的：“Following is a transcript of the remarks”——不是answers，是remarks——“made by the Secretary for Health, Welfare and Food, Dr YEOH Eng-kiong, at a stand-up briefing at Central Government Offices today (March 14):”就這樣一直下去。除非你告訴我們，你是全部說完英文，接着再重複一次，全部說中文，然後才問答。而講中文的時候，是盡量跟講英文時一樣的。否則就沒有這個現象出現。

主席：

不過，李議員，不如這樣處理吧，因為中文版就有3個記者的問題。

李柱銘議員：

對了。

主席：

英文版就只有一個記者的問題。

李柱銘議員：

對了。

主席：

明顯地這兩個不是翻譯的版本……

李柱銘議員：

對了。

主席：

……即不會是一個中英完全對照的版本。至於這一個所謂的 transcript，或者所謂全文，即談話全文，究竟那個寫法，以及當時的過程是怎樣的，我相信我們可能真的要聽那些錄音帶，才會知道那個寫法是怎樣的。明顯地兩個都不是 verbatim，即是由前至後的一份 transcript。我相信你看完中英文版本，你就知道它的寫法不是 verbatim，即這個不是逐字記錄的。所以我們要回看實際那個……如果找得到那個紀錄、錄音就會好一點。

李柱銘議員：

那我不如回到中文本那裏。剛才我問過你一部分的了，就中文本談過了，接着另外那一段，即是中文本第2頁去到最後那段。最後兩行：“香港要做足自己的工夫，第一個工作就是先要控制在威爾斯親王醫院的爆發，第二是要為醫護人員提供適當的治療。”兩件事情都是關於醫院和醫護人員的，沒有提及社區。是不是？

Dr YEOH Eng-kiong:

Mr Chairman, obviously the reference is to control the outbreak in Prince of Wales because this was the first outbreak that had occurred and it was a very large outbreak so the task was obviously to contain the outbreak in Prince of Wales because this would be the consequence of the infections in the community that would be amplifying in the hospital environment.

李柱銘議員：

局長，剛才你告訴我，在中文本你一開始就在第3行提到社區，是對的。但你所說的不是爆發，你說：“很多傳媒當提到非典型(肺炎)，說非典型的肺炎在社區發現。這絕對是對的。”發現而

已，但去到後面，人家問你的時候，你就說：“第一，香港並沒有爆發肺炎，我們不是說香港爆發肺炎。”爆發就只在醫護人員身上。

Dr YEOH Eng-kiong:

Mr Chairman, I think I already said the intention because as I say, the sequence of these were not sequential. These were transcripts of what was as it is said in the press briefing and obviously I think because we were conducting both in English and Chinese, I would not be repeating all these things in response to the next reporter but sometimes I would talk about these issues to try to clarify it. And I have always tried to provide as accurate information as possible and tried to distinguish this phenomenon from the pneumonias that one sees and on that particular day, we only saw the infections in healthcare workers. We knew that it came from the community and this was also the alert given by the World Health Organization that the infection seems to have a predilection to affect healthcare workers and the concern was the amplification of this disease in the hospitals. So this was the main concern at that time of the amplification, the spread of the disease from the hospitals and right through this outbreak, this in fact did occur.

李柱銘議員：

但你當時的關注，就不是說外國還有沒有遊客來香港，可不可以confirm？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, that was certainly not the consideration. I mean, if that had been a consideration, the alert to the World Health Organization would not have been done so promptly. We alerted the World Health Organization as soon as we saw this unusual phenomenon in our hospitals on the 11th of March.

李柱銘議員：

但是會不會是你告訴了世衛，但就想不到世衛會有這樣的說法，以致人們不敢來香港呢？

Dr YEOH Eng-kiong:

Mr Chairman, absolutely not. I think in the public health control that had never been our consideration.

李柱銘議員：

即是就算外國的遊客不來香港，你也不會理會，不要緊了？

Dr YEOH Eng-kiong:

I think, Mr Chairman, right through we wanted to give as much information as possible to people in Hong Kong and the international community and for people to make up their minds relating to what the risks were in coming to Hong Kong. But at that time the information was that this was a very unusual phenomenon and at that time the information only indicated there were these four clusters of cases and the information indicated that it was spread particularly easy to healthcare workers and family contacts.

李柱銘議員：

所以旅遊局那類事情全部都與你無關，是不是？

Dr YEOH Eng-kiong:

Mr Chairman, obviously as part of the Government, we look in terms of what's important for Hong Kong as a whole, so as part of the team of principal officials that are responsible for governing Hong Kong but my primary responsibility is still public health and if there any differences in view between the various Secretaries in their own portfolios, obviously then we need an arbiter but in this context of SARS, I can assure Members that there has never been any consideration in the work that we did as Government, that public health priority did not take first place, and every member of the community's health was the foremost priority in our consideration in any decision.

李柱銘議員：

所以，健康、衛生這些就是你的事務，旅遊就是別人的事務，是不是這樣？

Dr YEOH Eng-kiong:

Mr Chairman, obviously in policy responsibilities, my policy responsibilities are for health, my responsibilities are not in the other areas of the work in Government.

李柱銘議員：

剛才中文本那裏我讀給你聽，你說：“這對香港是不利的”，為甚麼會對香港不利呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think, really, in Hong Kong each one of us would not wish for the international community to have any misunderstandings which would not be to our benefit. So it's only right for me to clarify any possible misunderstandings but also to put forward the facts which we did of what was actually happening in Hong Kong. So we were really presenting all the facts and information as they were. So we just wanted to avoid unnecessary misunderstanding and equating this outbreak to background Community-Acquired Pneumonia.

李柱銘議員：

其實你那一句話是這樣的，你說：“我相信你應該”——我想你是對一些外國記者說的——“我相信你應該發放準確的訊息，不要讓世界其他地方以為香港發生非典型爆發，這對香港是不利的”。即你想世界其他地方的人，不要以為香港發生非典型爆發，恐怕他們不來，因為這樣就對香港不利的。對不對？

Dr YEOH Eng-kiong:

Mr Chairman, that was not the intention. What I was saying is that.....

Hon Martin LEE Chu-ming:

If that was not the intention, would that be the effect?

Dr YEOH Eng-kiong:

No, Mr Chairman, I don't think that would necessarily be the effect because if you take it into the context of the differentiation between atypical pneumonia as a group of diseases, and this phenomenon of the outbreak of SARS, so right through, Mr Chairman, we were trying to distinguish between the two so that the size of the problem, the nature of the problem would be very different because the nature of the problem of having this sub-group meant that the way that it was transmitted was very different.

李柱銘議員：

局長，請你留心聽：“不要讓世界其他地方以為香港發生非典型爆發，這對香港是不利的”。

Dr YEOH Eng-kiong:

Mr Chairman, that is exactly because of the confusion of atypical pneumonia that I made this statement that I did not want the people to equate atypical pneumonia to the phenomenon that we were seeing and we were trying to distinguish the two, that this was a subset of this generic entity called atypical pneumonia.

李柱銘議員：

你即是說，其他地方的人不用害怕，只要你不來到香港的醫院，你就不會有事，是不是這樣的意思？

Dr YEOH Eng-kiong:

No, Mr Chairman, we presented the picture that there were these four clusters. We were trying to tell people that there were these cases of atypical pneumonia in the community, that there were four cases that we could identify, that they infected healthcare workers and that was the information we had. So this was the honest information that we gave to the international community.

李柱銘議員：

我明白了。即你不想讓外國人以為來了香港就會染病。只有他來到香港，接觸到這4堆人，他才會染病，是不是？

Dr YEOH Eng-kiong:

Mr Chairman, certainly, we did not have any other information. We only knew at that time that there were four clusters in the community and we presented this to the general community as the information came to our possession, then we gave more information and in the Chinese transcript, we did say that the international community did not yet understand therefore we needed to explain in details so it's really giving people the information so that they would understand the context of the outbreak.

李柱銘議員：

就正是這樣，你希望透過外國記者，教他們準確報道，就不要令他們國家的人民，以為香港爆發了這個病症，令到他們不來香港。其實你很明顯就是這樣，你希望那些人繼續來香港，對不對？

Dr YEOH Eng-kiong:

Mr Chairman, I think certainly it's not in Hong Kong's interest that there is a misunderstanding of the exact extent of the problem. The extent of the problem was that at that time we had four clusters of cases.

李柱銘議員：

這裏我聽過，你即是想他們繼續來香港吧，是不是？

Dr YEOH Eng-Kiong:

Mr Chairman, I think this is really up to the individuals but we wanted to present as accurate information as possible based on the information available.

李柱銘議員：

我是問你，你是不是想他們繼續來香港？是或不是？這個問題是很簡單的。

Dr YEOH Eng-kiong:

Mr Chairman, I just said that whether they come to Hong Kong or not is a decision that they make themselves. The decisions have to be made by individuals based on as much information and as accurate as we can derive at that point in time and this was exactly what we were trying to do.

李柱銘議員：

那麼你是不是怕他們因此而不來香港？

Dr YEOH Eng-kiong:

Mr Chairman, we provided this information to the international community to avoid any unnecessary misunderstanding.

李柱銘議員：

我真是對着一部錄音機說話。好了，我們說下一次吧，接着那天，3月15日，你看英文本吧。倒數第2段，從後面往上數第2段。“I also want to say”，看到沒有？“I also want to say in fact”，看到了嗎，局長？“I also want to say in fact there have been some reports from countries in the region to warn their citizens not to come to Hong Kong because of atypical pneumonia. We have in fact through the tourism departments inform the consul generals, to tell

them the situation because we believe with the right information, people will not be scared, and will not take unnecessary action not to come to Hong Kong because Hong Kong is actually safe at the moment.”這裏和你剛才說的剛好相反，我不斷問你是不是怕他們不來，你說不是。那麼你說這一句說話，還不是怕他們不來？

Dr YEOH Eng-kiong:

Mr Chairman, we said this because we did not want to take unnecessary action. This is the information we provided to them so there was really unnecessary action that they needed to take.

李柱銘議員：

局長，今次已是另外一天了，是說別的東西了，你不能再拿剛才的答案又再重複一次。

Dr YEOH Eng-kiong:

Mr Chairman, I think what we tried to do was to provide the information that we had and the information not for them to have any undue anxiety in the international community, so they had put into context of the background atypical pneumonia.

李柱銘議員：

因為你不想他們不來，是嗎？因為你們不想他們不來，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, we did continue to emphasize that there were these cases in the community and based on the information, there were four clusters.

李柱銘議員：

那很清楚了，“people will not be scared, and will not take unnecessary action not to come to Hong Kong because Hong Kong is actually safe at that moment.”很明顯地，你是不想他們因此而不來香港嘛，這你都不承認？

Dr YEOH Eng-kiong:

Mr Chairman, I said that we believe that with the right information, I think this is the whole context of giving people the right information, we believe that with the right information, people would not make those decisions. So we were

all the time trying to give the information as we saw it in the most open and transparent manner and for people to make up their minds.

李柱銘議員：

而目的就是希望他們不要因此而不來。

Dr YEOH Eng-kiong:

Unnecessary actions, we were always worried about unnecessary actions. We always wanted to give the appropriate information, the correct information so people could make up their minds.

李柱銘議員：

你的目的就是想他們繼續來香港，是或不是？

Dr YEOH Eng-kiong:

Mr Chairman, the motivation was to provide as accurate information as possible and for individuals to make up their minds.

Hon Martin LEE Chu-ming:

But you want them to come, surely.

Dr YEOH Eng-kiong:

We wanted them to make up their minds because we believed that with the right information, they would not take unnecessary action.

李柱銘議員：

局長，身為一個香港人，希望遊客多些來香港，這沒有錯呀，為甚麼我這樣問你，你都不肯回答？

Dr YEOH Eng-kiong:

Mr Chairman, because I already said that we believed that with the right information that people would make up their own minds.

李柱銘議員：

好了，接着那句：“It is no different from going to any big cities in the world because there is certainly no evidence to say Hong Kong has an outbreak of atypical pneumonia in the community.”兩部分

—— 第一，我想問你，即是全世界的地方都是這樣的了，所以，你既然能去歐洲，也就能來香港，很safe的，是嗎？是不是？

Dr YEOH Eng-kiong:

Mr Chairman, based on the information at that time, we were still making reference to the atypical pneumonias, to the background atypical pneumonias which are a group.

李柱銘議員：

你知不知道我剛才問你甚麼？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

李柱銘議員：

那我剛才問了你甚麼？因為你答來答去都是這樣，我剛才問了你甚麼，局長？

Dr YEOH Eng-kiong:

Mr Chairman, I am answering the question.

李柱銘議員：

不，我現在問你，我剛才問了你甚麼，令你給了我這個答案？

主席：

局長，我想你回答的那條問題，好像是在回答甚麼問題的答案似的，那你……

Dr YEOH Eng-kiong:

But could I ask in terms of, Mr LEE, in terms of what exactly does he wish me to answer?

李柱銘議員：

局長，因為不論我問你甚麼題目，你都是給我這個答案。所以我便反過來問你，究竟我問你甚麼題目，你有沒有聽過呀？

主席：

不過，李議員，你似乎問了很久都在問同一個問題，那就是他的motivation，是嗎？我相信大家都清楚了。

李柱銘議員

不，剛才已經不是了，我就是已經不是了，他卻仍然是這個答案。

主席：

即你等於是黑貓是黑色，白貓是白色，熊貓是紅色這樣的問題，都一樣。

李柱銘議員：

是呀，每次都是白貓黑貓，白黑貓、熊貓，白黑貓、熊貓。你問9個都是這個題目，都是這個答案。局長，這裏說：“there is certainly no evidence to say Hong Kong has an outbreak of atypical pneumonia in the community”。這裏很清楚說“沒有證據顯示香港有社區爆發非典型肺炎”，對嗎？這句是這麼說的。

Dr YEOH Eng-kiong:

Mr Chairman, that's why it is really part and parcel of all the context of the things that we said in the first few days of this phenomenon when it was a new phenomenon that we were trying to avoid any misunderstandings in the lumping, that's why when you ask me the questions, they all go back to the reason why we made this difference and try to distinguish between the outbreak of atypical pneumonia in the generic sense which is the 1500 and 2000 cases of pneumonia that we see in the community to avoid the confusion of equating that with this phenomenon that we saw in healthcare workers and when you look through the transcripts, we honestly and accurately reflected the situation in Hong Kong. So we never kept any information away from the public or from the international community but we wanted to distinguish at all points in time this community pneumonia cases and this phenomenon of the clusters that we saw in the healthcare workers. So I am afraid, Mr Chairman, if you ask me all these questions relating to the transcript of those two days, that was the context of what we were trying to do, to distinguish the two phenomena.

李柱銘議員：

局長，我們人人都知道那幾天發生了甚麼事，那個context我都知道。我現在每問你一樣東西，你就給我整個context，每問你一樣東西，又是給我整個context，那有甚麼意思呢？我們這個聆訊是不能有進展的。局長，我現在再問你吧，這一句你是清清楚楚說沒有、肯定沒有證據顯示香港有社區爆發這個非典型肺炎，是嗎？只是我用了中文來問你英文的字而已。

Dr YEOH Eng-kiong:

Mr Chairman, as I said, this was the background of the atypical pneumonia I was talking about. It still goes back to the same answer, Mr Chairman, I am afraid.

李柱銘議員：

你……你……

Dr YEOH Eng-kiong:

But you also say, Mr Chairman, you can also see that I talk about the special situation of ‘clusters of atypical pneumonia in healthcare personnel taking care of patients with atypical pneumonia and some clusters include the relatives of these individuals so we were talking about the total picture at every point in time to provide this to distinguish between the phenomenon, the two phenomena, so right through, even if you ask me to……

李柱銘議員：

局長，社區爆發和醫院爆發有甚麼不同呢？

Dr YEOH Eng-kiong:

Mr Chairman, we have always said that there were cases of these atypical pneumonia in the community but the phenomenon was that these patients were then hospitalized and infected healthcare workers in the hospital environment so when the alerts came out on the 12th of March, this was the alert of the World Health Organization alerting the international community that there were patients with this respiratory symptom that then infected healthcare workers very easily and the families. This was the global alert that was issued by the World Health Organization and we were just reflecting that phenomenon at that point in time.

Hon Martin LEE Chu-ming:

But don't you see the, how artificial this is to try to make a distinction between outbreak in the hospitals or the clusters and the outbreak in the community because the patients would have come from the community into the hospitals and then it could spread right again back to the community. How can you distinguish them like that?

Dr YEOH Eng-kiong:

Mr Chairman, this is exactly what we were trying to discern in terms of the extent of the infection in the community. We only saw four of these cases and then they led to the outbreaks. The World Health Organization's concern at that time was the infection of these individuals to the hospital sector and to family contacts so the main focus of work at that period of time was how to stop this infection from spreading so quickly because the hospitals provided an environment where these infections would spread very quickly and in fact until the Amoy Gardens outbreak occurred, the infections were very limited to healthcare workers and family contacts and obviously very close contacts of these individuals.

主席：

或許，李柱銘議員，我建議不如這樣處理，好嗎？因為有幾位委員都舉了手。

李柱銘議員：

那我趕快問完這部分好了。局長……

主席：

或許，李議員，我建議你考慮，在字眼上很容易令大家重複又重複討論，因為我們現在一直用的字眼，如果英文就是“atypical pneumonia”，中文就是“非典型肺炎”，是形容兩樣不同的東西，是同一個字眼形容一個背景的 atypical pneumonia，而且同一個字眼，在3月15日之前，我們描述威院的爆發都是用“atypical pneumonia”，所以在語言上大家說來說去，就出現了這種混淆不清的地方，所以希望你問的時候要留意這點。

李柱銘議員：

局長，你身為局長，你講說話，尤其是你對記者說話，你的目的應該是令社會人士更加明白，而不是搞到“亂晒籠”，不知道你在說甚麼，這一點你同不同意？

Dr YEOH Eng-kiong:

Mr Chairman, we did try our best to provide information and that's why we were clarifying because this is a very technical area of work.....

李柱銘議員：

局長，我是問你同不同意我剛才所說，即是你開記者招待會的目的，是希望社會人士，尤其是包括市民，更加明白那個狀況，而不是故意搞亂他們。這你也不肯承認？

Dr YEOH Eng-kiong:

Mr Chairman, obviously that is the intention and we tried to do that.

Hon Martin LEE Chu-ming:

So the answer should be “yes”, please. Please. “Yes.” It would save us a lot of time.

主席：

我想實際上他已經說“是”了，不過他用了一句長的說話來說“是”而已。我相信這個理解是無需爭論的。

李柱銘議員：

好了，既然是這樣，你應該告訴市民，香港是有這個很嚴重的狀況。主席說得對，“atypical pneumonia”可以包含很多樣東西，而其中包含的這一樣東西，雖然未曾定性，未給它一個名字叫“SARS”，但你知道是很不同的嘛，是很緊張的嘛！

Dr YEOH Eng-kiong:

Mr Chairman, that is exactly what we did. When you look at all the transcripts, I'm not, I'm not familiar in terms of what I didn't act to describe in this phenomenon. Right through this early period, right through the whole epidemic, we reinforced this time and again. We described the phenomenon. It was not easy to communicate at a time when little was known, when there was

confusion about terms. We did also try to get experts; on the 18th I got my team of experts to explain the phenomenon with me so I was not alone in explaining it, Mr Chairman.

李柱銘議員：

局長，你有沒有回家再看一遍？你想，你看完之後，是不是更加混亂呢？如果我們人人看完都不知道你想說些甚麼。你不是澄清，你沒有澄清到，你弄得更混淆了。

Dr YEOH Eng-kiong:

Mr Chairman, obviously I was very clear about the phenomenon. We did try to explain it as clear as we could. It was not easy to explain these medical facts at that moment in time when there was a lot of emotions so it's a challenge of communication in an outbreak where we also tried to get our experts, clinicians to explain this phenomenon. In fact we did all we could to try to explain the phenomenon at different points in time and that's why at different points in time, we described the phenomenon and I also got the experts on the 18th to describe the phenomenon with me.

李柱銘議員：

局長，你認為你甚麼時候才承認社區有爆發SARS？

Dr YEOH Eng-kiong:

Mr Chairman, we have always described this outbreak and described how this infection was spreading in the community. So when you look at the transcripts, when you look at what we were describing, we were describing how the epidemic evolved so right through on a daily basis, we described how many cases were infected, how many clusters there were, whether they were linked or not. So it was a description of all these that we put in. Mr Chairman, the outbreak of SARS, we, obviously with hindsight, know that it occurred, it was recognized on the 11th of March when we had the outbreak in the Prince of Wales. We always thought that these cases came from the community. What we were describing was the extent of the spread to give the public as much information as possible in relation to how many cases there were, how they were acquired, how the outbreak was proceeding.

李柱銘議員：

即是3月11日其實已經有SARS，不過當時還沒有名字而已，對不對？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, of course, on the 11th of March now that we have the diagnostic test, we know that that outbreak was caused by SARS, SARS coronavirus.

李柱銘議員：

因為你每一次這樣說，都令人得不到很清晰的訊息，就是香港現在已有一種很不同的現象，是很嚴重的，雖然當時沒有名字。因為你每次說我們有幾多千個，有幾多千個，這個訊息便很混淆。沒有人知道，香港當時其實是一個很嚴重的情況，你是否同意？

Dr YEOH Eng-kiong:

Absolutely not, I think every time we did describe the phenomena of the subset of this atypical pneumonia and on the 18th of March, as I already said that there were patients who carried this virus in the community where they were then brought to the hospital because they were sick and because we were unaware of this virus. It then spread to healthcare workers and to close family contacts so I said this on the 18th.

李柱銘議員：

現在談到15日，為甚麼你當時還要說“*We have in fact through the tourism departments inform the consul generals*”，為甚麼要告訴領事？

Dr YEOH Eng-kiong:

Because I think, Mr Chairman, as I said we really wanted to avoid any unnecessary misunderstanding of the international community as to what was actually happening. We provided all the facts to the international community. We did not want any unnecessary misunderstanding of the extent of the problem.

李柱銘議員：

好了，我最後問一件事，是英文本 —— 15日，最後一段第4行 —— “*As far as we are concerned, we think Hong Kong is absolutely safe and no different from any other big cities in the world.*”，沒可能是對的吧，你當時知道那麼多東西。

Dr YEOH Eng-kiong:

Well, I think, Mr Chairman, at that time we only saw these four clusters and they were grouped to healthcare workers so for the person in the street, he would not be in contact with these healthcare workers.

李柱銘議員：

其他世界的大城市，有我們這4個clusters嗎？

Dr YEOH Eng-kiong:

Well, I think, Mr Chairman, it's obviously a question of judgment about the safety of the tourists to Hong Kong. At that time, we only saw these four clusters. We didn't see any widespread cases in the community.

Hon Martin LEE Chu-ming:

But Dr YEOH, how can you say this: "Hong Kong is absolutely safe and no different from any other big cities in the world"? How can you say that?

Dr YEOH Eng-kiong:

Well, I was talking about in the context, Mr Chairman, right through about the background community pneumonias. So when you look at the transcripts, they have always been in the context of the pneumonias that one sees in many countries. We are not referring to this phenomenon that we see which we are still recognizing this, a lot of it is unknown, and perhaps I think the context of what I said was in the context of the background Community-Acquired Pneumonia.

Hon Martin LEE Chu-ming:

Was there such a phenomenon in New York, London or Paris or Rome? Yes or no, please?

Dr YEOH Eng-kiong:

Mr Chairman, at that time we were not aware that there were these pneumonias in other countries but my context is still about the whole Community-Acquired Pneumonias.

Hon Martin LEE Chu-ming:

So how can you say "Hong Kong is no different, no different from any other big cities in the world"? How can you say that?

Dr YEOH Eng-kiong:

Well, I was referring to the community, the background Community-Acquired Pneumonias.

李柱銘議員：

暫時我不問了，主席。

主席：

何秀蘭，接着是勞永樂，接着是陳婉嫻。

何秀蘭議員：

謝謝主席。在李柱銘議員那一組問題中，退後少許。局長怎樣形容他自己在2月10日至3月10日和前衛生署署長一起工作的關係，究竟是監督的性質，還是如局長自己所說，已經是一個積極參與的性質？

Dr YEOH Eng-kiong:

Mr Chairman, I think over that period, the main role was to monitor and supervise them but I already took a more active part in overseeing the getting of the information. So because of the anxiety relating to this outbreak in Guangdong province, I did actively interact with the Department of Health to see what needed to be done but the operational things were still done by the Department and by the Hospital Authority. So the normal relationships continue but the relationships were already enhanced in terms of playing a more active role in seeking information.

何秀蘭議員：

主席，剛才局長提及他和港大袁國勇教授通過電話，或者幫一幫我們，可否告訴我們，在2月10日之後，局長大概甚麼時候就廣東省的疫情爆發，和袁國勇教授通過電話？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recollect the exact dates and time frame of the contacts with Professor YUEN but they must have been towards, not immediately, not certainly, in my recollection, not in the first week or so of the outbreak in Guangdong province. It was more probably towards somewhere in the middle of the later part that I was aware of Professor YUEN's work and I interacted with him and to keep updated from him findings of his work.

何秀蘭議員：

局長是否知道港大派了兩位教授到廣東省瞭解當地的疫情？

Dr YEOH Eng-kiong:

Mr Chairman, as in the context of my conversations with Professor YUEN, I was aware that, I didn't know the exact arrangements but I was aware that he had people that were going there to collect specimens.

何秀蘭議員：

其實袁國勇教授亦在2月12日及2月16日跟前衛生署署長陳太通過電話，提及兩位教授到廣東省的情況。在和前署長的溝通中，袁教授說過，知悉廣東省是有一個高度傳染性及危險的病症正在擴散，亦提及應在本港和廣東省或鄰近地區，多搜集一些數據作為資料。局長和袁教授通電話時，有沒有這些資料？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection on the discussions with Professor YUEN really were related to the investigations that he had been doing and that he was trying actively, that the information and knowledge was that there was this respiratory infection in the Guangdong province that it was affecting healthcare workers and that he was trying to identify the causation, to identify the organisms that may be responsible. So his main area of work, from my recollection, is really to do the laboratory investigations, to find out whether there was any cause that could be identified which was responsible for the outbreak in Guangdong.

何秀蘭議員：

有幾位以前來為我們做取證的港大教授，例如何栢良教授和 Kenneth TSANG教授，都提到他們知道廣東省有疫情爆發，都會擔心很快會到達香港，甚至說那麼久還沒到達而覺得很奇怪。當時局長和袁教授傾談時，會否擔心這疫症亦會很快越過邊界而到達香港？

Dr YEOH Eng-kiong:

Mr Chairman, obviously there was great anxiety at that time relating to this possible transmission infection and the spread to Hong Kong but this Severe CAP Working Group that was set up by the Hospital Authority was exactly to try to identify at an early stage whether there were such cases. So there was great anxiety within the health and welfare sector relating to any possible risk of

spread of this infection to Hong Kong. So we were trying to understand what was actually happening and the hospital sector and the Department of Health had this surveillance system of Severe CAP to try to identify these cases early.

何秀蘭議員：

袁教授來為我們做取證時也說過，如果沒有足夠的數字和統計便下結論，說有沒有社區爆發，引用袁教授的說話，便是傻的。局長當時在3月13日的記者會上說沒有社區爆發的時候，他手上持有的數據，他覺得是足夠還是不足夠下這個結論？

Dr YEOH Eng-kiong:

Mr Chairman, I am afraid that Members may not find my reply satisfactory but I am going back to the issue about the description of the outbreak. It was based on the information and fact that the experts had provided to me on the 13th and 14th and there were two sets of information – one was the surveillance on pneumonia, Community-Acquired Pneumonia on a monthly basis and that information was provided to me both from the Department of Health and the Hospital Authority that in monitoring of Community-Acquired Pneumonias there was no increase in the monthly figures of Community-Acquired Pneumonia but that's obviously a very gross figure because it just gives you total numbers of pneumonias. So if it's very widespread in the community, you would expect that those Community-Acquired Pneumonia figures to be significantly increased. The second set of figures that was given to me was the Severe CAP surveillance that was done by the Hospital Authority in February and that they were not able to show any particular patterns, I mean, when they compared it to severe pneumonias in the previous year, there was no difference in the pattern. And the experts in the groups were not only the representatives from the University of Hong Kong and the Chinese University and the Director of Health in the Department of Health but there was also a WHO expert, Dr FUKUDA who was present in those briefings where we looked at this data. So the information that we presented on the 14th was based on that data and we were always referring to the Community-Acquired Pneumonias.

何秀蘭議員：

主席，又確實未能說服。因為在3月14日局方那個Task Force meeting其中有一項，或者局長可看會議紀錄，是我們的文件，號數是A1(C)，就是Task Force 3月14日的會議紀錄，標題是“Communication of information”。

主席：

第2頁，是嗎？應該是最後那頁。

何秀蘭議員：

那會議紀錄有3頁，在第2頁。

主席：

第2頁，即那3個bullet，是嗎？

何秀蘭議員：

是。那處是這樣說的——“For public communication purpose, it was agreed that: Pneumonia was a common disease in Hong Kong, with 1 500-2 000 patients admitted to hospital every month”，然後下面就會談到通常肺炎有百分之幾找到原因，有百分之幾找不到原因，找不到的就是非典型肺炎了。那處一共有3點，作為向公眾發放消息的所謂“line-to-takes”，其實在這3個基本線上，局長是否在說，當時發生的現象是一個普通的現象，所以才會有“Pneumonia is a common disease in Hong Kong”這一句？

Dr YEOH Eng-kiong:

Mr Chairman, it was exactly because of this confusion that this information was discussed and presented at the Working Group, because we worked with the experts. Obviously it is a very technical area which was difficult to explain particularly because we didn't have the name SARS at that time of pneumonia so one of the surveillance that was done, because as part of the surveillance we would be doing the surveillance of the pneumonias that we have in the community, because, if it is a widespread phenomenon in the community, we would expect the month-to-month figures of pneumonia to be increased but it would be a very crude tool because, say, if there are 1500 to 2000 cases of pneumonia in the community and if there was a new disease, a new virus, a new bacteria that caused a large outbreak in the community, we would expect these 1500 to 2000 to be different. But obviously, that would then be a very significant outbreak before you can see that. So, we were trying to say to the public that we had this although it was a crude surveillance tool that we saw no significant changes in that. When we looked at the Severe CAP, Severe Community-Acquired Pneumonias which the Hospital Authority and the Department of Health Working Group looked at, they did present it on the 13th, they looked at the Severe Community-Acquired Pneumonia which would more likely pick up this new entity called SARS we thought and that's why we had

that group and there they also saw no changes in the numbers. So, as Mr Chairman, as the Honourable Cyd HO is saying, in fact we were a little surprised that the number of cases that we saw at that stage were small because those were honestly the things that we could only see at that point in time that there were these four cases, the four clusters. But we were trying, actively trying, to find these sort of searching for a needle in the haystack because in this maze of Community-Acquired Pneumonias there were some of these cases of SARS which we were actively trying to find and it was very difficult because we had very little knowledge about the disease. We had no way of testing to see how it was different from the others. So the only tool we had was these surveillance tools and although they were crude, they provided us with some indication as to the extent of the problem. There would not have been a very fine tool because Community-Acquired Pneumonia is a collective thing for a lot of diseases but, at least, it gave us the information that there wasn't a large number in the community.

何秀蘭議員：

主席，可否問局長，當時那4個組羣，是被視為尋常的一部分，還是當時有否一個目標是要告訴社會大眾，這些事件是不尋常的？

Dr YEOH Eng-kiong:

Mr Chairman, the whole purpose of the press briefings was to say that this was an unusual phenomenon and I did say almost every time that this was an unusual phenomenon, that we were now seeing these four clusters which were cases that came from the community that seemed to have a predilection to infect healthcare workers and family members. So, we did emphasize this unusual phenomenon was a subset of Community-Acquired Pneumonias. So this was the attempt that we tried to make for the public to have an understanding of the context of this.

何秀蘭議員：

這個subset是整體尋常1 500至2 000的肺炎內一個不尋常的部分，還是一個尋常的部分？

主席：

他答了你是不尋常。

何秀蘭議員：

但在Task Force會議裏，便沒有決定要突出不尋常的這一點？

Dr YEOH Eng-kiong:

Mr Chairman, in fact, obviously all this communication, the minutes are very brief but the information about informing the public was obviously foremost in our mind and to present this picture, otherwise we would not have done this press conference but this was just a capture of some of the gist. We had a lot of discussions relating to Community-Acquired Pneumonias because we had some data relating to Severe CAP and what proportion was caused by bacteria and what proportion was caused by virus etc and that's why these were specially highlighted. Because the experts were informing me of these Community-Acquired Pneumonias in the backgrounds and what proportions that we see. So they thought that it was important that we present the whole picture to the public including this unusual phenomenon and what one would normally see in the community.

何秀蘭議員：

主席，在這個會議紀錄內，旁邊那頁也有這一行 —— “Press releases and line-to-takes will be provided to the experts for their reference”，其實當天也有專家坐在會內，包括港大的袁國勇教授。當天袁教授有沒有重複他對前衛生署署長講的說話，就是告訴會上人士，廣東省的疫情可能是高度傳染，也非常危險，是應該開始搜集多一點數據？

Dr YEOH Eng-kiong:

Mr Chairman, I think the concern of Professor YUEN was being addressed in the surveillance work that the Hospital Authority had done. In that meeting, there was certainly more information, our concern was then already the outbreak at Prince of Wales which we saw was highly infectious and rapidly progressive. So, I think, that information by the time that we had that meeting had already surfaced and the research and collecting of information, strengthening laboratories, all that was discussed at that meeting, infection control measures that needed to be taken, the respective roles of the health sector, they were all discussed at the meeting.

何秀蘭議員：

主席，我們都知道行政會議，以及各問責局長，是有所謂早禱會這件事。在3月10日至3月13日，問責官員和行政長官有沒有進行這些早禱會？或者麻煩主席向局長解釋甚麼是早禱會。

主席：

英文叫morning-prayer，即碰頭的會議。

Dr YEOH Eng-kiong:

Mr Chairman, we have meetings in the morning with the Chief Secretary and the Financial Secretary but these are usually meetings that look at the media reports. The Chief Executive's meeting is on a monthly basis, is usually held on a Friday morning. So my information is that the first Friday was the 14th of March so there was no specific meeting of the Chief Executive's Special, the meeting of the senior officials until the 14th.

何秀蘭議員：

即3月14日早上便有這個會議了，是嗎？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

何秀蘭議員：

當天在會上，大家有沒有討論過威院的情況？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that I had in fact already discussed the outbreak with the Chief Executive before the meeting, briefed him on the updates of what was actually happening and in the senior officers meeting obviously there were continued discussions to brief him on the outbreak situation, providing him the information as we saw it and obviously he gave instructions as to things that we were doing, that information should be provided to the public on a daily basis which we had already started. And the advice should be given to public on precautionary measures and to work closely with international organizations.

何秀蘭議員：

在3月14日之前，如果局長已跟行政長官談過，那是甚麼場合？還有甚麼其他人在場？

Dr YEOH Eng-kiong:

Mr Chairman, I had a lot of meetings with the Chief Executive through the outbreak. Most of these were individually with him to brief him on what was actually transpiring so that he was updated on the outbreaks. The other meetings were either with the senior officers or the special meeting that he chaired, the Chief Executive's Steering Committee on the 25th but prior to that, most of these were individual meetings with the Chief Executive.

何秀蘭議員：

主席，我自己會覺得在3月13日之前和行政長官開會議的時間是頗重要的。局長可否嘗試清楚看看在3月13日之前，他是在甚麼時候和行政長官互相討論威院的情況？

Dr YEOH Eng-kiong:

Mr Chairman, I honestly cannot give you an accurate recollection of the exact times and dates except that I did inform the Chief Executive of the situation. Obviously he was very concerned about the outbreak and I kept him informed of things that were evolving because things were evolving very quickly. And, of course, he was very concerned about it and he, himself, visited the Prince of Wales Hospital in the afternoon of the 14th.

何秀蘭議員：

當局長第一次和特首討論的時候，雖然剛才局長已說了是在個人情況下互相討論，但我真的想局長記清楚一點，他在3月13日之前討論的時候，有沒有其他人在場？

Dr YEOH Eng-kiong:

Mr Chairman, I have no recollection that there were other people present.

何秀蘭議員：

我問完問題，主席。

主席：

勞永樂、陳婉嫻、鄭家富。勞永樂。

勞永樂議員：

多謝主席。其實剛才李柱銘議員都問了很長時間，是關於楊醫生在一段時間的談話紀錄。我重新審視楊醫生回答我們第12至14條題目，都有很多引述，說他當時對媒介的談話也好，對立法會衛生事務委員會的談話也好，說他當時談話的意思其實是甚麼。但其實，從媒介得到的印象，似乎並不如楊醫生所引述的，楊醫生引述的，報紙沒有引述；報紙引述的，你卻沒有引述。究竟你有沒有想過，原因何在？

Dr YEOH Eng-kiong:

Mr Chairman, as I just said, it was a difficult time in terms of communicating. There was a lot of anxiety. Knowledge was still evolving and the technical nature of this atypical pneumonia made it even more difficult, as Dr LO will understand, atypical pneumonia is not a very precise term even in medical usage. So there were all these issues where people would be equating and had equated atypical pneumonia with this phenomenon in its entirety. So I think obviously there were a lot of issues and in communicating at this, in this epidemic at this point in time was a particularly challenging task.

勞永樂議員：

“challenging”.....你用了很多字，或者你嘗試向委員會解釋一下，甚麼是subset，這個字你是很喜歡採用的。

Dr YEOH Eng-kiong:

Subset.

勞永樂議員：

Yes. 你經常採用的字。譬如你向委員會和公眾解釋一下，What is a subset? What subset are you talking about?

Dr YEOH Eng-kiong:

Well, Mr Chairman, I think we talked about this very unusual phenomenon, because atypical pneumonia embodies a lot of different infections, a lot of different causes and within those infections and causes, what we were trying to

identify was a group or a subset within that, to try to identify whether there was any unusual subset. So, it's a sub-group if you were, as it were of this larger group.

勞永樂議員：

你覺得公眾會否明白？

Dr YEOH Eng-kiong:

Well, Mr Chairman, I think we did try our best to present the information and at every occasion, we continued to explain it and I even also got my experts to help me explain the phenomenon.

勞永樂議員：

另外一個句子你用了很多次 —— atypical pneumonia as a generic group. Can you explain that in simple terms to the Committee?

Dr YEOH Eng-kiong:

Mr Chairman, this is just in terms of, not a specific but a general, we did try to talk in terms of a broad category or genus, a group of individuals rather than a specific species as such so it's a whole group of individuals and a more general term for a large group of disorders.

Dr Hon LO Wing-lok:

Genus, species, generic, do you think the public can understand that?

Dr YEOH Eng-kiong:

Mr Chairman, I wrote this for the Committee here.

Dr Hon LO Wing-lok:

But that's in your transcript, in some of your transcripts.

Dr YEOH Eng-kiong:

Mr Chairman, we did write it for this Committee but in the descriptions, that's why in the descriptions we did try to describe the phenomenon of clusters, we did try to say that there were cases in the community, that obviously the cases came from the community so we made every attempt to dispel this notion that there were no cases and that we were trying to downplay.

勞永樂議員：

楊老總你有沒有接受過面對媒介的訓練？

Dr YEOH Eng-kiong:

Mr Chairman, all of us in the public sector have had these sessions in terms of media training.

勞永樂議員：

你覺得你自己在這方面的成績如何？

Dr YEOH Eng-kiong:

Mr Chairman, I think this is not for me to judge. As I said, this is a very unusual phenomenon. I think people do recognize that in a time, in an epidemic, the communication strategy is one of the key components. The communication strategy is not just what is said, how it's said, the forum that it is said, who says it and I think there are a lot of issues. I think one of the issues which I did acknowledge and which is pointed out by the expert group is that this impression, because of my political role as a Secretary that, what I say may be perceived to try to downplay the situation or as Honourable Martin LEE had said to try to avoid Hong Kong's image to be affected. But in fact there was no intention as such and I can honestly tell the Committee today, I can honestly tell you that right through the epidemic, my intention has always been to provide as honest and open and transparent information as was in my possession. If we had not been able to do it, obviously there are reasons for those which could be my failings in being able to communicate effectively under those environments. But it's not a normal situation where I was also trying to explain that there was also this confusion of terms because the name 'SARS' had not been coined. So, we were also going round in trying to describe the phenomenon of these subsets of a cluster and simply because there was no other way to describe it, obviously I think maybe we should meet but if we had got some communication experts, that could help us in testing the information and testing it in terms of how we could communicate it better. Obviously we would have done better but obviously time was not on our side and things were moving very quickly and when I looked at my diaries everyday, we were moving from working to deal with the crisis, to communicating to the public and I don't think we spent enough time on working out our communication messages so that public would have a clear picture as to what we were trying to communicate.

勞永樂議員：

局長，你今早提及過你有時會有角色混淆，你用的句語是 *confusion of roles*，一個角色是你剛才所說，你是一個政治任命的局長，另一個角色是一個專業人士——一個醫生。對於在SARS期間自己的表現，你覺得你做局長的成績好呢，還是做一個醫生的成績好呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think in terms of the performance, I certainly will not be making any judgments on my own performance but I think that certainly my background in hospital management, my background as a physician provided me with a lot of insights and perspectives that helped me to get the epidemic under control. Obviously, my primary role was really overseeing the total, the totality of health in Hong Kong, and of course, getting the epidemic under control was my primary task. And my backgrounds and my knowledge and experiences, I honestly believe helped me, enabled me to do more than would have been expected of another Secretary.

勞永樂議員：

局長，我想進入另一個問題。其實今早你對我們說過，向廣東省索取資料是有很大的困難。我的理解有沒有錯？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, certainly in the outbreak, we were unable to get any information from the Guangdong authorities.

勞永樂議員：

又請容許我引述一份報紙的報道，是2003年3月31日《明報》的報道，標題是“楊永強指大陸無隱瞞疫情”。主席，可否提供這份報紙給楊局長參考？

主席：

我需要旁邊那些幫他看，不過如果你想引述……

勞永樂議員：

……我會讀出來的。其實很多方面是我們可以討論的，我們可以在這裏取證。在第3段是這樣說的：“記者問楊永強曾否‘被要求’

淡化內地在風波裏的角色，他說：‘香港和內地溝通良好……要知道，廣東每年有5 000宗肺炎，要準確分辨‘典型’和‘非典型’才能有數據。’”楊局長你是否記得你當時有沒有說過這樣的說話？

Dr YEOH Eng-kiong:

Mr Chairman, I don't remember exactly what I said but the context of this background pneumonias, I remember, was in the discussions with the Minister of Health. So when he was in Hong Kong, we did discuss, and as I was explaining to Members, he did go into greater detail of the work they were doing in China and in fact, my recollection is that these figures, I don't remember the exact figures but certainly I remember in that discussion, he did talk about this background of pneumonias soaring in China and the difficulties of distinguishing the different types of pneumonia.

勞永樂議員：

接着報道又這樣說：“他指出——“他”是指楊永強，中港兩地醫療系統不同，廣東幅員遼闊，又有城鄉差異，故難以定期更新醫療資料，所以廣州‘難以交出不存在的資料’。”你有沒有說過這些說話？

Dr YEOH Eng-kiong:

Mr Chairman, I think this would probably be in the context of our discussions with the Minister when he was here on the difficulties of trying to distinguish this phenomenon in Guangdong. So I may have made some comments similar to that relating to the systems in China where they had difficulties in distinguishing some of this, what I was describing just now, the phenomenon, they had the same problems because as Dr LO would know that it's not easy to be able to distinguish this new disease from the atypical pneumonias when you do not have the diagnostic test. So I think the context was really in that the investigations that were done in China and the Minister's sharing of this very honest difficulties with us.

勞永樂議員：

這個給我的印象是：“他說香港和內地的溝通良好”——第一句，接着說廣東省的事情。似乎你那時給公眾的印象，便沒有如你今天早上對我們所說，和廣東省那種溝通上的困難。

Dr YEOH Eng-kiong:

Mr Chairman, I was referring to our contact with the Mainland authorities with Beijing. Because the information, because the difficulty that we had with was the Guangdong authorities, but we had been able to access the Beijing Ministry of Health where they were providing us with the updated information and they reported to us the findings that they acquired. So these were all in relation to the interactions with the Ministry of Health in Beijing.

勞永樂議員：

你那時是否已確認和廣東省的溝通，存在很大的困難？

Dr YEOH Eng-kiong:

Mr Chairman, I think at that time after the difficulties we had with Guangdong, we already had been in contact with the Ministry of Health in Beijing and we already started initiating that we would improve the notification systems and communication with Guangdong. So, I think we did recognize that the communications with Guangdong were inadequate but the communication channels had all along been with Beijing Ministry of Health.

勞永樂議員：

好的。同一個報道，內文說 —— 第2段 —— “衛生部長張文康上周二說：‘內地未有將病毒傳到香港’。接着下一句，但楊永強說……

主席：

……勞議員，不好意思，我希望你能明白，委員會過往已有討論，我們是不會要求證人澄清每一份報紙的報道，因為你知道，很多份報紙有很多天的報道。所以，如果我們要求證人每一份報紙都要澄清，是不符合我們過往的考慮。不過，你盡量爭取時間，好嗎？

勞永樂議員：

我問完這一個問題便完。“但楊永強昨日接受一個電視台訪問時，他說過，意思是說‘病毒在中國出現，未必代表中國是病源’的道理。”局長你有沒有作過這種解釋 —— 在那段時間？

Dr YEOH Eng-kiong:

I don't actually recollect having said those specific words but I guess it's really in the whole context at that time, we really did not know where this virus, although we were all postulating that the infection started in Guangzhou but certainly we had no information to make these conclusions but I am afraid that I don't really recollect those reports that Dr LO mentioned.

勞永樂議員：

主席，我暫停發問。

主席：

各位議員，現在是4點鐘，我建議我們休息10分鐘，再回來繼續。回來後是陳婉嫻和鄭家富，我們希望大約5點多要完成今天的研訊，好嗎？休息10分鐘。

(研訊於下午4時暫停)

(研訊於下午4時11分恢復進行)

主席：

各位委員，我們繼續。有兩位議員已舉手示意，首先是陳婉嫻，接着是鄭家富。陳婉嫻議員。

陳婉嫻議員：

是，多謝主席。署長.....局長，你好，因為我剛剛想問衛生署。局長，你好。我想問一問，你與衛生署之間.....剛才何秀蘭議員已經問過這問題，我仍然想重複少許問一問，你們與衛生署的分工是怎樣的？雖然你在陳述書中有提到，但我想你再清楚一點說明。

Dr YEOH Eng-kiong:

Mr Chairman, as I said in the submission, managerially the Department of Health is accountable to the Bureau. Obviously in terms of the policy formulation, this is the responsibility of the Health, Welfare and Food Bureau, the implementation of the policies is done by the Department of Health. So operationally, the Department executes policies and, in terms of public health functions, the powers are vested in the Director of Health because the Director of Health is the organization within the Government that's responsible for dealing

with communicable diseases. But in the overall work, obviously, they are accountable to us and we monitor and oversee the work of the.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....Department. The Director of Health is also the Chief Health Adviser to the Government so this is the role but in the context of the work that we do, obviously because the Bureau has only 200 staff as I said in my reply and the Department has 6,000 over staff. So, the way that we operate is that we will have the oversight of the work but we will leave most of the operations to the Department to operate. And we will then have a mechanism.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....for monitoring the work. So this is done through, what I described as, our quality reviews. Because on the quality basis, we have a formal session to review the work of the Department of Health with the Director of Health and her team or his team and the Bureau executives. On a monthly basis, we also meet regularly to look at the work of the Department, to bring up any issues and if there are issues of concern, we then have specific forums like in this instance of SARS to have discussions, to look into the issues and to actually get involved in overseeing that work in a more detailed way. So this is how we have normally operated. But as, when SARS, the SARS outbreak started to be recognized and occurred, obviously we took a more active role within our ability to be more involved in the work of the Department particularly as the outbreak escalated. But the design of the system is that most of the operation of things are done by the Department and the professional knowledge and expertise is the Department, and the Bureau's role is really one of monitoring and coordinating and policy formulation.

陳婉嫻議員：

是。局長，請你具體一點向我說明，你很清楚表示，她要向你負責，也是政府的健康事務顧問。你剛才也提到，當SARS爆發的時候，你的角色是要走前一點。我想知道那個界定，你說爆發

初，是指哪個時間呢？進一步爆發的時候，你們更加緊密。我想你清楚釐訂有關的日子。

Dr YEOH Eng-kiong:

Okay, Mr Chairman, obviously even in terms of the monitoring role and the involvement, it only started as we recognized the outbreak in Guangdong province. We played a more active role in seeking information, in making sure that the Department actively reported the things that they were doing, reviewing their work. When the outbreak was.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....recognized in the Prince of Wales, I immediately started this Task Group to coordinate the work of the Department and to oversee the work of the Department. But as the outbreak then continued, as you were saying that there were cases that increased,.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....after the Prince of Wales outbreak, I would say that towards, it's more of an evolution but there were certain events that.....

陳婉嫻議員：

是。

Dr YEOH Eng-kiong:

.....led to certain changes, for instance on the 20th to 21st of March, my recollection is when Dr William HO and Dr LEONG Che-hung.....

陳婉嫻議員：

他在23日。

Dr YEOH Eng-kiong:

.....brought up this issue about the contact tracing in the Prince of Wales Hospital, and the number of cases at that time was approximately 200, this was on the 21st of March, then obviously I saw the need because for us to really look at more in depth of the systems that were being done because in the monitoring mechanism, some of the problems of contact tracing were starting to emerge. So we then had to play a more active role in reviewing the systems that were being put in place by the Department because normally we would have let the Department do the contact tracing because at the outbreak.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....my information would have been that, they have a system of contact tracing and I had been to Prince of Wales to see the team working between the Department of Health and Hospital Authority, there was this outbreak center and the teams seemed to be working very well. So the information that was available to us is that they already have developed the systems so there was no reason for us to question their work but as problems emerged in the overall outbreak control, obviously then I would have to ask questions in terms of what were the systems the Department had. So I then started going to greater detail of the Department to look at their systems for infectious disease surveillance, for the outbreak controls, contact tracing.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....So it was as a result of that I saw a need to enhance some of the systems and then eventually as we went on, I got more and more involved in some of these systems, developing the e-SARS system and the police contact tracing system so that we would then have real time information. As soon as patients were admitted to hospital that we would have the information relayed from Hospital Authority to the Department of Health so that we would have been able to get in touch with patients early because prior to that, when you don't have an information system like that and you wait for cases to be confirmed, it could be anywhere between a few days to a week later and of course by which time the contacts would already have been infected and that's why Professor Sydney CHUNG was so anxious that day. The timeliness of the contact tracing simply

because of the system was such by the time that you contacted the contacts, some of them had already been infected. So the earlier you had the information, the more effective would be the contact tracing. So, I saw those issues, so as the issues arose, I then played a more active role and also in Amoy Gardens. When the Amoy Gardens outbreak started to emerge, I was very concerned as everyone really was so I kept very close tabs. I actually interacted directly with Dr Thomas TSANG who was the person responsible for investigating the outbreak and my recollection is that on the evening of the 28th, I rang him up when he was in Amoy Gardens that night and he gave me the updated information as to what was happening and I then gave him instructions as to what should be done next. So in fact I became more and more involved in the operational level of tackling the outbreak because I saw a need to and because I thought certainly in my own honest opinion, that I could contribute to that area of work. As the outbreak occurred, the usual relationships changed. We had a lot of systems that were put in place, the relationships were that we were behaving as if we were one organization. So towards the end of March, we were already working as if it was a senior system with the Department of Health and the relationship was such that whoever had that background of strength, would be able to contribute in certain areas, would do those things because I thought I would have been able to input and understand some of the investigations and that's why I got very actively involved in investigating Amoy Gardens although I was not in the field but I was constantly in contact with Dr Thomas TSANG and the Department of Health and there were regular reviews of the findings. So right through the whole process, I got more and more involved in actually tackling the outbreak as it emerged and looking at strategically what areas of work that I could contribute to get the outbreak controlled in the quickest possible time.

陳婉嫻議員：

嗯。局長，很多謝你詳細地作答。不過，我還是……既然你的參與是從2月份廣東省煲醋時，你開始留意，一直你也關注……與衛生署，那即是說，廣華的情況，你是知道的？即是劉教授入住廣華，你是知道的？

Dr YEOH Eng-kiong:

Mr Chairman, I wasn't aware of the, I don't have a recollection at that time of Professor LIU because he was not picked up. In the surveillance system he was picked up but this was part of the surveillance system of the Hospital Authority of Severe CAP so these cases were not highlighted at that time in totality because they had over a 100 Severe CAP cases and Professor LIU was one of the cases that they picked up through this surveillance system.....

陳婉嫻議員：

嗯。

Dr YEOH Eng-kiong:

.....so these were not highlighted to us as specific cases where the patterns were different from the others.

陳婉嫻議員：

嗯。我想問一問局長，你說沒有特別指出，不過我想衛生署.....

主席：

陳議員，我不知道你是否想問有關劉教授的問題，因為較早前.....

陳婉嫻議員：

不是劉教授，主席。

主席：

.....因為今天早上已問了頗長時間。

陳婉嫻議員：

不，不，我不是問這方面。

主席：

OK，那麼你問吧。

陳婉嫻議員：

主席，或者我直接把問題說出來。

主席：

嗯，嗯。

陳婉嫻議員：

因為局長表示，自煲醋事件之後，他和署長密切聯絡。我看到的是，劉教授在24日入住廣華，在28日，他的太太到了廣州，這是由廣州告訴香港衛生署的。他的妹夫亦在28日入了廣華。其後，在3月1日，他的妹妹也進了那裏。接着，我們也看到，在3月5日，衛生署亦接獲世衛通知，表示有一位河內商人轉介到香港，而後來也知道，這位商人曾經入住京華。我把所有日子說出來，局長，你只需記着我所說的日子便可。在3月8日，河內再通知，有10多名醫務工作人員因為這個河內病人而受感染。此外，我們亦看到，在3月8日，新加坡亦都通知我們的衛生署，表示他們有3名人士……

主席：

陳議員，我們未進入contract tracing……

陳婉嫻議員：

不，no, no。我現在是說14日。主席，請你先聽我問完有關問題。

主席：

嗯，那麼你……

陳婉嫻議員：

讓我很快把它說出來……

主席：

……問題。

陳婉嫻議員：

……OK。所以，接着3月10日，就是威院。我想問的是，當我們有那麼多資料，根據那些資料，引發的中心都是香港。我主要想問問你，在3月14日，你剛才回答我的同事時，為何你仍然在這問題上，你會認為……我特別關注你在中文版，有一段令我覺得，你當時是想把這問題淡化，但你剛才一直也否認，表示沒有這樣的事。所以，我便問你與衛生署的關係。接着我再看看，我們的

衛生署實際上接到很多訊息，它理論上是給你的。但為何那個判斷……我不明白當時為何會得出這樣的結論？主席，我希望局長回答我。

Dr YEOH Eng-kiong:

Mr Chairman, certainly I had none of the information that Members are referring to on the 14th of March. What was presented to me was the background pneumonias. There were two sets of information that were provided on the 13th and the 14th of March to me. One was this pre-meeting of the Task Force but in both meetings there were experts from the field and from the World Health Organization. So the two sets of information available – one was the background Community-Acquired Pneumonias which I described. The second group of information was the information about the work done between the Department of Health and the Hospital Authority on Severe Community-Acquired Pneumonia and in the presentation, certainly the information about Metropole Hotel, the linkages, even Professor LIU, those things were not brought up. What we had was a presentation of the total picture. My understanding is that in the investigations as I saw the report from the Expert Committee that the Department of Health had not picked up at that time that this Professor LIU was any different from the other Severe Community-Acquired Pneumonias. So the information never surfaced until later on when the Metropole Hotel link was picked up and I wasn't even aware of the information until the 19th of March relating to the Metropole Hotel because right through the whole process, this investigation and the outbreak control were being done by the Department of Health. So our role was monitoring in the Bureau but we were not involved in the detailed operations of the investigations at that stage in time because this was left to the Hospital Authority and the Department of Health.

主席：

或者陳議員，我都提供一個資料給你，前署長是在3月18日才知悉京華酒店有關的個案需要跟進。

陳婉嫻議員：

主席，我知道。但我亦看到，剛才局長告訴我他與衛生署的關係。我們的感覺是，理論上HA和衛生署，應該都要與局長有緊密的聯絡。即是說，如果情況是這樣的話，局長豈不是要到很後時間才知道，即是之前所有分布在不同醫院的情況，他都不知道……

主席：

不過，陳議員，我剛才給你那個資料，是要向你解釋，無論他們是多麼緊密，都不可能在3月14日之前告訴局長一些她在3月18日才知道的資料，對嗎？

陳婉嫻議員：

我明白。

主席：

OK？

陳婉嫻議員：

不過，我覺得這令我有點詫異。當然，我也有份聽陳馮富珍那一部分，但剛才我問了局長，他表示他們隸屬這樣的一個組織，即衛生署與衛生福利局，但很多情況，去到差不多……即令我很詫異的，就是連HA轄下威院的醫生的情緒，我相信局長也是不知道的，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I was at the Prince of Wales Hospital on the 14th of March and again on the 20th of March. On the 14th of March, I met with the doctors that were dealing with the investigation outbreak and taking care of patients and also with the Department of Health colleagues. On the 20th of March, I went there to a large staff forum where there were I think 300 or 400 healthcare workers and I interacted with them there and I also subsequently went back again to visit the patients and staff who were in the SARS wards, so I was aware of the emotions and the stress that the colleagues in the hospitals were facing.

But I guess Mr Chairman, to answer Honourable CHAN Yuen-han's question, the roles evolved, just as I was trying to explain, that our normal relationships is that a lot of the operational work has got to be done by the Department and our role is to ensure that we have a monitoring mechanism. It's really a matter of the detail so until such time that we see there are problems, we, as long as there is a system going, obviously we cannot assume that there are problems. So we only had the Severe CAP Working Group going and they were trying to pick up the cases and they kept me informed of their findings broadly. But if they couldn't discern the information, there was no way that we would have known in the Bureau. So even on the 13th when the information was presented, the information was presented by the Hospital Authority on the

Severe CAP cases and none of this information emerged in that presentation to me. They were talking about the general figures about the types of causes they found for Severe CAP. They had not identified any particular patterns that would have alerted us. So I can assure Members that the information was presented to us on what we found but obviously they cannot give me information at that time they had not been able to decipher in the studies, and I guess the difficulty that the public and Members would have is expectations that a lot of this intelligence in the analysis should be available at the soonest possible time but obviously it is not easy. I understand the difficulties the colleagues faced. They did try their best, both the Department of Health and the Hospital Authority to try to fathom and understand what was actually happening. And when you look at outbreaks of infectious diseases, because it's a new phenomenon, it's not something that we understood, it's something we did not understand and we had the World Health Organization experts to help us right from the start and there were difficulties. So I hope Members will understand that it's not an easy task when they were trying to do. You could be, like a detective work in finding and understanding what was happening in that process and I think if you ask me, the whole ability to fathom up, to find out the cause was done in a relatively short time.

Obviously, we wish we could have done it on day one but I think it was done reasonably quick and of course, we hope that we could have done it even faster and better but with the experience of new outbreaks in different parts of the world, even in America where they have big teams in their CDC, they have thousands of people there, thousands of public health experts, it took them time to understand the HIV Aids, what was happening with HIV Aids. It took New York quite a long time to understand the West Nile virus because they had people dying from West Nile virus, they took months before they could identify it was the West Nile virus so I hope Members will understand, the context of the difficulties in public health, when you are trying to tackle a new disease that occurred so quickly and rapidly that the system had great difficulties in coping because there was no experience at all in dealing with an outbreak of this nature, of this size and this propensity. So obviously we all tried our best and we complemented one another's strength to try to tackle the problem.

陳婉嫻議員：

局長，剛才你再三強調，我們的主席也告訴我，衛生署在3月18日後才通知你。但我覺得，換了是我們，當然我們並不是局長你，我們從傳媒也看到很多報道，我完全感受得到，因為你在第7、第8段回答我們時也表示，有關威院的情況，你都是透過傳媒才知道。我看到你這樣回答我們的問題。不過，我覺得，你作為統籌這個很重要的……衛生福利局局長，就算他們不告訴你，傳媒每

天也會告訴你。即是我剛才所提到的，例如廣華、有關威院的情況，每天的新聞，如果你的新聞官都告訴你，那麼就算陳馮富珍不告訴你，你都應該是知道的。是不是？

Dr YEOH Eng-kiong:

Mr Chairman, I think obviously we have a lot of media reports and these are reported to me as I said earlier on a regular basis. I have three sources of reports from the media. One is from my Press Secretary who briefs me every morning. The second would be the written summaries of the media reports that's done by my Bureau colleagues on a daily basis and they are available to me in the middle of the morning every day and the third set of media reports.....

陳婉嫻議員：

你今天早上已說了，我聽了你回答麥議員的問題。我的意思是，局長，就算署長沒告訴你，理論上，你也看報紙，你知道那段時間都有頗多傳媒很關心這個問題。我便感覺到為何到了14日的時候，當天你已成立由你統籌的Task Force那個會議，說明你們關注這個問題，但為何在這情況下，還作出社區沒有爆發這個判斷？

Dr YEOH Eng-kiong:

Mr Chairman, as I was explaining that we had only two sets of information and one set of information was the Community-Acquired Pneumonias, the background pneumonias where the professionals and experts presented to me, both the Director of Health, and the Hospital Authority and our clinician. The other set of information was the Severe Community-Acquired Pneumonia that there were no increases as compared to previous years. So these were two sets of information and as I was explaining, that we were trying to explain the phenomenon of, trying to separate out the distinction between the Community-Acquired Pneumonias that you see on a month-to-month basis and the subset of SARS. So I think the difficulty and the confusion arose from our trying to clarify this misunderstanding.

陳婉嫻議員：

局長，我想問一個很簡單的問題，我相信威院一定透過傳媒知道，我相信你一直看見社會上包括威院的狀況，帶有一些恐慌性的情況，你是看見的，但你可能由於仍然堅持你得到兩個訊息，是由官方給你的，而你亦不相信這些報道，會否因為你前提 ——

我假設，你看是不是 —— 因為你前提仍然認為如果香港有社區爆發，可能對香港不利，是否這樣？

Dr YEOH Eng-kiong:

Mr Chairman, I think we need to distinguish between what transpired after the 14th from what was said on the 14th. On the 14th, SARS was not coined, we are trying to explain the phenomenon in a very difficult environment. We tried to provide information as honestly as possible. Obviously, if there was still, we were unable to do it effectively for a number of reasons. When the subsequent concerns because of that impression that we said there were no cases in the community, the Prince of Wales colleagues obviously had a misunderstanding in terms of thinking that we were trying to downplay the situation or was not in control of the facts or the information. But subsequently when the number of cases in Prince of Wales Hospital increased, we were better able to get the information because as I described earlier, the epidemic evolved so rapidly, the cases in the morning were different from the cases in the afternoon simply because people then started getting admitted, they started to get sick, so the whole picture evolved so rapidly. So the information flow took some time but by the time that Professor Sydney CHUNG talked to the media about the community outbreak, it was already a very different picture. In fact, by that time, we already had the information relating to the family contacts, the things that were happening in the hospitals, the information that came to us was certainly much improved in terms of the updatedness of the information. So by the time that Professor CHUNG talked about this community outbreak it was in a very different context. It wasn't the context of the 14th, he was talking about the patients who had been discharged, the healthcare staff who had gone home and had contacts with the family members and they got infected.

By the time that Professor Sydney CHUNG talked about this in the media, we already had that information. So when he talked to the media, obviously I was very concerned because, not concerned in terms of what he was saying to the media, concerned because I was concerned that there may be information that I may not be in possession of that would help me to understand the outbreak. So when I rang him up that same day with the main intention of trying to understand from him what were the concerns of the hospital and to understand what information and to try to see whether there was any communication that he was in possession of that I did not have. And when he told me about his, about the number of cases that he was seeing, the family contacts that the healthcare workers who had gone home had infected their relatives, the patients were discharged, went home and had infected the family members. That information by that time was already available to us in the Bureau and we knew what was happening. It was really in the context of, the contact tracing that, this was really

related to the work of contact tracing, how soon we were able to get in touch with people and the advice we gave to people to keep them from infection.

陳婉嫻議員：

我沒有問題了，主席。

主席：

鄭家富議員。

鄭家富議員：

主席，我想補充幾個今天早上所問以及剛才同事一直提問的社區爆發的問題。我想補充幾句，即是幾個問題而已。從剛才局長的答覆和我們看回記者會的傳聞，我想局長答一答，因為你給我們的證供或者陳述書，給我的印象，就是你當時起初，你用的字眼，我今早其實已講過，不過希望今天再提醒你，我會用這些來向你提出問題，你說：“I had been open on how little was known about the disease right from the beginning.”從開始你一直說你知道得很少，但現在回看3月14日，你說香港並沒有爆發肺炎，到了3月15日，主席，容許我讀一兩句，以便中文上可提醒楊局長，到3月15日，你用的字眼是：“你到國際不同的城市，也會有這樣的事情發生，這個不只單在香港，若矛頭指向這個地方，不太公平。”到3月16日，你的說法是：“在某處地方先發現病菌，並不代表來源就是來自那處地方，我們想強調這點，我們會再與世界衛生組織跟進，大家應如何合作和調查，瞭解今次是否一種新病菌，多些瞭解才可以解決問題。”到了3月16日，在另外的英文版本，你甚至說：“Hong Kong is still a safe place to come to.”這麼多東西，連續三天，中文、英文加在一起，不單止香港沒有社區爆發肺炎那麼簡單，而是你一次又一次，在你認為對疫情所知不多的情況下，講了那麼多似乎有更具結論性的資料。你是否覺得你其實沒有真正向公眾交代你所知不多？你好像讓人覺得你知道很多，“我”有結論，是否這樣？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I don't agree with that assessment. The intention had always been to give as much information as possible at that moment in time. We were always trying to explain as I said earlier that at the first possible occasion we already alerted the World Health Organization on these cases in Prince of Wales. If we had wanted to hide this information, we would not have

alerted them so early. We could have waited till we had discerned what was actually happening. So, when we informed the World Health Organization there weren't even a lot of patients with pneumonia. My recollection is that the numbers of patients with, or healthcare staff with pneumonia was quite limited but we had staff fallen ill. So we alerted them at the earliest possible time because we wanted to give the international community a fair assessment as to what was happening and for them to make the judgments. I think unfortunately as I say the impression is that, were given is that we were trying to downplay but I think that certainly was never the intention. All we wanted was that there was no unnecessary misunderstanding because the situation was already sufficiently urgent just to deal with those cases that were facing us. That alone itself was of concern to us, let alone if there is a confusion that all the 2000 cases of pneumonia that we see on a regular basis were all related to SARS. I hope Members will at least accept that we in fact tried to do that. What we didn't want to do was people to equate those 2000 cases of pneumonia to be SARS and that was the effort at explaining. I mean, whether I did it sufficiently well, whether it was effective, obviously Members can have their own judgments, but that was the only motivation to clarify these two groups – one is Community-Acquired Pneumonia and second is the subset and when we look through all these transcripts we have always described this phenomenon as a subset. We provided as accurate information as we had at that moment in time and never downplayed or hid any information from the public or from the international community.

鄭家富議員：

我明白，但局長剛才你用了alert這個英文字，其實你想說儆醒香港的公眾，甚至是國際的公眾，剛才我quote那麼多一些你當時在發布會所講的字眼，像安撫或我們所用的 downplay或淡化，多於儆醒，我的問題核心是因為你所知不多，你有否考慮過當時你應在記者會上向公眾交代“其實我們真的是所知不多，我們會和世衛繼續研究”，而不是用那麼多結論性來令到公眾似乎……現在回看，你是否擔心你在誤導公眾甚至是國際社會？

Dr YEOH Eng-kiong:

Mr Chairman, I think absolutely not. We provided the information in the most honest way. All the information was provided. We also alerted the public to take precautions. I think, one of the reasons I guess that this publicity needed to be clarified was that when there was confusion of this information, it could have also led to unnecessary panic. Can you imagine if people unnecessarily equated 2000 cases of pneumonia to be SARS, what impact would that have? In the impressions, because if Members would remember, that right

during the crisis, there were times when there were reports that Hong Kong would be declared an infected place and of course, if that would have occurred, it's not just the international image that was important, it would have led to panic in Hong Kong itself. I think when some of those rumours were going around, people would be very concerned in Hong Kong. The community might take actions that would be detrimental to themselves. So the unnecessary panic was what we tried to avoid. We were never had the intention at any time in the outbreak to allay the alarms or to necessarily blunt the alertness of the community. We always, at every juncture, alerted the public, emphasized the infection control procedures, provided as much information as we had at that moment in time.

鄭家富議員：

主席，我再問剛才李柱銘議員曾問過的問題，但我掌握不到很清楚和清晰的答案，因為你回答陳婉嫻議員時，你提及過鍾尚志教授的言論，主席，我同意一會兒……那個問題，我想我們會在威院的部分詳細再問。局長，用你的定義說社區爆發，你現在回看，甚麼時候開始你覺得香港真正有社區爆發非典型肺炎？

Dr YEOH Eng-kiong:

Mr Chairman, we have always said that there were cases in our community. On day one, we had cases of SARS in the community and we have always said that these cases that going into the hospitals are from the community, so this, this……

鄭家富議員：

……局長，你答覆了。你是說社區存在，不是表示社區爆發。你一直說沒有社區爆發，我們想用你的定義，今天我們聽了很多，明白了你的定義，但在你心目中，社區真的爆發，是甚麼時候？是不是鍾尚志教授走出來說了之後，還是再遲一陣子？

Dr YEOH Eng-kiong:

Mr Chairman, our reference to the community outbreaks have always been in the context of Community-Acquired Pneumonia. We have always acknowledged that there was an outbreak of this subset in Hong Kong so we have always talked about the outbreak of this subset in the hospitals that come from the community. So, I don't think it is necessary to, Mr Chairman, to dwell on this issue. I have explained that the two were very separate entities. Although one was a subset, we were trying to differentiate the two entities in our briefings to the media and to the public.

Hon Andrew CHENG Kar-foo :

Can you put your answer in a time frame that what date, an exact date, that in your definition that you believe the community did have outbreak of SARS?

Dr YEOH Eng-kiong:

Mr Chairman, I do not have a definition. What I was trying to present was to give the most accurate information to the public and I was trying to distinguish in the public's mind, to separate out Community-Acquired Pneumonia and this subset and on every turn, we said that there were cases in the community, that it came from the community, that it specifically infected, seemed to infect healthcare workers and close family contacts. So we described the phenomenon. We always described the phenomenon.

鄭家富議員 :

沒有問題了，主席。

主席 :

局長，我有幾條很簡單的問題想澄清你證供的部分，特別有些和陳太的證供，至少在我印象中，是有少許不同的。首先回到2月10日，有關廣東省非典型肺炎爆發的問題。我先說我的印象，以及你所說的證供的差異所在。在陳太給我們的證供中，我得到的印象是當謝麗賢醫生嘗試接觸廣東省的官員時，接觸不到，她把這件工作向陳太報告。於是陳太囑咐謝麗賢繼續接觸廣東省，她就會接觸北京那方面。在你的證供中，當陳太和你溝通時，你建議陳太打電話和北京接觸。我想問，你當天和陳太接觸時，是你先說要打電話到北京，還是她說她想打電話到北京？或者是你提出打電話到北京時，她亦說出早有這想法？我想知道當時的溝通是怎樣。

Dr YEOH Eng-kiong:

Mr Chairman, as I say, my recollection is that when I spoke to the Director of Health, obviously my intention was to ask her to contact the Ministry. I do not recall the exact sequence of what we actually said, but my recollection is that as I said just now that she had been, she had not been able so far to get in touch with the Ministry so certainly, my recollection is that I asked her to continue to try and make sure that we are able to get in touch with the Ministry of Health, to continue to try until we get the direct contact. So she may have, as you say, she may have already done the contacts when I asked her but my recollection is that when she talked to me the first time, that the contacts had not been made because

I remember that evening, quite late in that evening, I got a call from the Director of Health at home, I think it was probably about 11 or sometime in that hour that she had been able to get in touch with the Director General of International Cooperation and that they would provide us with the information the next day and Guangdong province would clarify to the public because in my conversation with her, she said that she had talked to them about how necessary it was to give the public information and that there were all these reports in the media and they should clarify this.

主席：

另一個想澄清的是有關派衛生署同事上廣州蒐集更多資料的問題。我們也理解到在梁栢賢醫生跟前署長商討工作時，梁栢賢醫生也有跟署長討論是否派同事上廣州蒐集資料的問題。你今天的證供也說你和陳太討論這件事。你的記憶是你帶出這個討論，還是她帶出這個討論？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that I did ask her. I initiated and discussed because the Director of Health had not suggested to me that she should go to, send a team to Guangdong province health authorities. I brought this up and asked her whether we should.

主席：

第三件事我想稍為澄清的也是和2月10日有關。因為你的證供是2月10日你才首次知道廣東省爆發非典型肺炎的問題，在你記憶裏，關於煲醋這件事，究竟是2月10日之前，還是之後，你留意到與煲醋有關的新聞？

Dr YEOH Eng-kiong:

My recollection, Mr Chairman, is about that time.

Chairman：

It's about that time?

Dr YEOH Eng-kiong:

Yes.

主席：

但是孰先孰後，你便記不起？

Dr YEOH Eng-kiong:

I don't have recollection. I think probably it was more or less about the same day but I can't be precise about the exact date.

主席：

當然我也是記不得很清楚，但這個資料必須查核。我想提醒證人，如果煲醋事件在2月10日之前發生，而你又在2月10日之前知悉煲醋事件，照理你不應在2月10日才第一次知悉廣東省爆發的問題。不過，這也要查回紀錄才可以確認。各位委員，現在是4時55分，較早前我提到大約5點鐘便要完了。陳國強，你是否有問題想問？

陳國強議員：

我只有一條提問，一條而已。

主席：

你問吧。

陳國強議員：

在局長2月11日的記者招待會內，你說每一個國家，每一個城市，每天都有肺炎發生。肺炎有很多不同的品種，有一些健康的人也有的，但健康人也會有的肺炎的數量一般不會很多，是不會爆發的。這一句說話是否真的呢？

主席：

或者請陳國強再說一說……

陳國強議員：

……2月11日。

主席：

2月11日的新聞發布中的……是一些transcript？

陳國強議員：

是的，是的，是transcript。

主席：

即局長……即你們部門的transcript——2月11日。

陳國強議員：

2月11日。

主席：

第1還是第2頁？

陳國強議員：

在2月11日那一頁的中文版，在差不多結尾那裏，記者問市民要搶購白醋那一段。

主席：

或許，陳國強你再重複那個問題？

陳國強議員：

那裏是說，每個國家、每個城市，天天都有肺炎發生。肺炎有很多不同的品種，有一些是健康的人都會有的，但健康的人有肺炎的數量不會多，是不會爆發的。

Dr YEOH Eng-kiong:

My recollection of that was really explaining, trying to explain the whole phenomenon of pneumonia to the public so this is the first attempt to talk about pneumonias in general. So in pneumonias normally, for most pneumonias, most pneumonias, the infection would, for healthy people, the pneumonias, you do not usually expect healthy people to get pneumonias, at least not a lot. So I was describing the phenomenon of, in an enormous society that we would have a group of individuals who are healthy, who would develop pneumonia and then I went on to talk about the elderly and some of the individuals whose immune system would be compromised, who would be more likely to get pneumonia. That's why I was saying that the numbers in this Community-Acquired Pneumonia that one would normally see in any community would be small. So I

think it was in the context of the background Community-Acquired Pneumonia that I made those remarks.

陳國強議員：

但是現在這種說法，即是事實上這些肺炎有不同的品種，而這個非典型肺炎的品種，事實上在健康的人身上都會爆發。這句說話，你在當時是不是說得不太好呢？

Dr YEOH Eng-kiong:

I think, Mr Chairman, in February, we really didn't know what was happening so we were just trying to tell the media to put in the context of the general pneumonias that we usually see and I was explaining in terms of that if your health is good, then generally in any infection, when the health of the individual is good, the chance of getting pneumonia is less. So this was the description of the pneumonias in general. So it was not specifically relating to the phenomenon that we subsequently saw. So on the 11th, because we only knew about the pneumonia cases in the Guangdong province, we really didn't understand what was happening so I was giving the media a general explanation of how pneumonias actually occur in the community, but normally in healthy individuals you would expect the pneumonia cases to be smaller in number.

陳國強議員：

如果在現時的情況之下，你再召開記者招待會，你會否把這句說話重新說成“健康的人如果得到這些肺炎都是會爆發的”？

Dr YEOH Eng-kiong:

I think, Mr Chairman, this was in the context of, on the 11th of February, it was in the context of explaining Community-Acquired Pneumonias. So what I have been trying to describe today, that for the public to understand the context of pneumonia that you have in the community on a day-to-day basis a large number of people with pneumonias but in those pneumonias, in healthy people, the numbers are usually small. So I was explaining in that context of this background pneumonia and not particularly referring to SARS because SARS was not even in existence in February.

陳國強議員：

但那時人們都在說大陸煲白醋，那時應該是非典型肺炎，說的都是這一種了，是嗎？

Dr YEOH Eng-kiong:

I think, Mr Chairman, we had no, I had no information of what was actually happening. We knew of this phenomenon. So I was referring to the context of pneumonias in general and not the phenomenon in Guangzhou because I had no knowledge and no information relating to what was actually happening other than the information given to us, 300 cases of pneumonia and five deaths.

陳國強議員：

但如果你說沒有這個information，即是沒有這個情況的資料，那麼其實便不應說健康的人的爆發會少一點，即不該這樣說？

Dr YEOH Eng-kiong:

But I think, Mr Chairman, I was referring to pneumonias in general. I was referring to pneumonias in general, that pneumonias that we see in any place on a day-to-day basis and put it in that context. I think one of the difficulties is what I have been trying to explain today is that in every country in the world on a day-to-day basis, there are these pneumonias that we see. The general pneumonias in Hong Kong is 1500 to 2000 cases a month. In Guangzhou, it's about 5000 cases a month and I was not going to specifics of the phenomenon that we were observing in Guangzhou. I was putting it in the context of the background pneumonias.

陳國強議員：

主席，我沒有問題。

主席：

麥國風，是不是有一個很簡短的問題？

麥國風議員：

希望簡短吧，我想5分鐘吧，也是關於社區爆發。我想楊醫生看看我們的文件A35。那是一個統計表，是關於一些感染的情況。

楊醫生，我想今天我們又用廣東話，又用英文問你，你都說得模稜兩可——即是關於社區爆發的情況。除非我們用馬拉文來問你，否則我想我們怎也問不到你怎樣才看成是社區爆發了。倒不如純粹看圖表好了，從這個統計表看到，其實由13日至17日……在13日至16日，全部你說的情況都是成立的。那就是說，似乎那些組羣是在醫院出現的，對嗎？但到了17日，你看到情況

已經不同，已有23個，在“Others”那裏，即是除了醫護人員有感染……17日都有23個醫護人員感染，但另外有23個是其他人士感染。那你怎能說這個情況不是社區已經有大規模的爆發呢？

Dr YEOH Eng-kiong:

Mr Chairman, as I have been trying to explain, on the 14th, the community outbreak was referring to Community-Acquired Pneumonia as a generic entity. And right through, we have acknowledged that there were cases of this phenomenon which we now call SARS, that there were cases in the community. Even on the first day of our press conference, we said that there were four clusters which implied that there were four cases already in the community and that infections had to be in the community, otherwise the healthcare workers would not be infected. So we have always emphasized that point but obviously through the discussions, this did not stick in people's mind and they kept on talking about community outbreaks. The cases, because this is the definition of terms, because as I said there is no definition of that and rather than labour on the cases whether it was spread, etc., we provided information about the cases that we saw, that came from the community, infected healthcare workers, then went back to the community and infected family members and then the chain of events. So the information that was provided, we always tried to honestly depict the actual situation. So this was all the information that was given to the public so they would understand the dynamics of the infection, where the risks were, how the infection was spread, so this would give a much better picture rather than going into the discussions of definitions, where in fact there was no definition.

麥國風議員：

應該在3月15日世衛已公布了“SARS”這個名稱，很清楚。如果3月15日之前，你說定義不清楚或者不清晰，我倒覺得沒有問題，但在3月15日我們已經有了很清晰的世衛的定義，就SARS來說，臨床的表徵有甚麼是最重要的。為甚麼你仍然在說，你一直的解釋就是說“我其實是說幾種肺炎而已”？其實，由3月15日開始已經有SARS，如果看了這個圖表，17日一定可以說是社區爆發的了。

Dr YEOH Eng-kiong:

Mr Chairman, we have always been……

麥國風議員：

SARS的爆發。主席，我說的是SARS的爆發。我不想證人又回頭去說……

主席：

不過，在局長未再回答你的問題之前，我想提一提麥議員，你要留意，A35這份文件中的那些數字並不是每一天公布的數字，而是事後將那些已證實的SARS再補回去。

麥國風議員：

那就更大件事……

主席：

而不是……譬如舉例說，在3月17日公布的數字，跟這個會有點出入。

麥國風議員：

哦，那其實更大件事了。其實即是一早已是這樣，如果說“Others”那裏，在3月17日，“Others”那裏有23個人感染，其實他們應該是早幾天已感染了，但這23個，到17日……

主席：

不，不，不……

麥國風議員：

……我們才可以證實他們是SARS。

主席：

不，我剛才就是跟你說，他不是17日告訴別人有23個……

麥國風議員：

就是了！

主席：

.....是事後才說是23個。所以，那個“23”是事後證實的數字。
那是事後，不是17日.....

麥國風議員：

但我們便不知道那是多久的事後了。

主席：

是了，即不是17日那個時候。

麥國風議員：

即未必完全是，但也不可以不表示在17日是23個的嘛。

主席：

我.....

麥國風議員：

即是大家都有機會吧。所以，如果根據這個統計數字，應該在17日，你便一定要認同是有SARS的社區爆發了。

Dr YEOH Eng-kiong:

Mr Chairman, I always said that there were cases of SARS in the community.....

麥國風議員：

爆發！我說的是爆發呀，主席。

Dr YEOH Eng-kiong:

.....We had at no time said that there were no cases of SARS in the community. We just provided information of all the cases of SARS, where they got infections, how and where the infections were going, so this would be more relevant for people to understand. We said that there were patients who carried this virus in the community. So we continued to emphasize this and on the 18th I said there were patients who carried this virus in the community.....

麥國風議員：

主席，如果……

Dr YEOH Eng-kiong:

……so it is important to provide the public with the information on the number of cases, where they got the infections, how they got the infections and who were at risk. So this was the information that was provided and Mr Chairman, I can clarify in fact the information in your paper on the 17th, those were the actual statistics that we announced on the same day.

Chairman:

On the same day?

Dr YEOH Eng-kiong:

Yes, on the same day.

Chairman:

It's the same.

Dr YEOH Eng-kiong:

Yes.

麥國風議員：

主席，如果23個人在不同的地區，他不繼續感染人，那你可以說不是爆發，但這23個人是可以不停感染其他人士的嘛！如果你在醫學角度，這怎會不是叫做社區爆發呢？

Dr YEOH Eng-kiong:

Mr Chairman……

麥國風議員：

而且接着下來，局長，你看到那個數字，至少在“Others”那裏，是不停有的，不停在上升的嘛。我想請你去向社會大眾解釋，你怎能說沒有社區爆發呢？到17日。兼且鍾尚志教授出來對傳媒也是這樣說的。

Dr YEOH Eng-kiong:

Mr Chairman, I have already said that the only reference about, there was no community outbreak referred to Community-Acquired Pneumonia. At no other time did I make reference to this. I always said there were cases in the community and described the actual number of cases in the community, actually described how the infections were acquired, and how the infections were going back to the community. So you can interpret that as community outbreak, if you so wish but I always described it, the actual information. So my reference to community outbreak was only related to Community-Acquired Pneumonia and it started on the 14th of April when there was no term of SARS being coined and it was very difficult to explain and that has caused the confusion in the subsequent communications and at every point in time, when there was an opportunity, I did try to explain the phenomenon but obviously it was not easy because the Community-Acquired Pneumonia was something that was not in the public arena in the past so people had difficulty understanding our attempts to distinguish those two phenomena, one is the Community-Acquired Pneumonia and the second is SARS. So as the epidemic evolved, we felt that it was not useful, with this misunderstanding of the terms, to use them. So what I tried to do was to emphasize the actual figures, the cases that came to light and there were cases in the community.

主席：

麥議員，除非你還有其他問題，因為……

麥國風議員：

不，我問多一句，我問這個……

主席：

你先聽我說吧，因為剛才局長已把“3月14日”說成“4月14日”，即是 he 已經相當疲勞，所以如果你再問剛才的問題，他可能會再說錯日子。

麥國風議員：

不，不，我問另外一些。局長提過很多次，說有panic和anxiety——恐慌和焦慮，即是在市民當中。所以他就說，想提出很多解釋，不停說，由14日開始解釋，用很多 he 認為即所謂他的interpretation，他的解釋。無奈，我想社會大眾都不接受這樣的解

釋，到今天我們都不接受，不知道用甚麼語文才可以令大家的溝通好一點。所以我就說要用馬拉文，就是這個意思了。

主席：

那麼你現在還想用甚麼語文問呀？

麥國風議員：

我又不懂馬拉文，不過我想問你……

主席：

那你問你的問題吧。

麥國風議員：

我要問的就是我想瞭解一下，究竟局長當時怎樣掌握社會的恐慌和焦慮，在14日至17日，直至鍾尚志教授出來說社區有爆發？另外就是，你有沒有把這個焦慮或恐慌在任何場合告訴你的官員、你的下屬或者特首，讓他們可以做多一些工作，以及讓大家可以一起去令社會的恐慌或者焦慮減低？

Dr YEOH Eng-kiong:

Mr Chairman, in doing the press briefings, right from the very start, we recognized that the public needed to be informed with the most accurate information and it was always our objective because the more information, the more accurate information the public receives, the less likely that there will be unnecessary panic. It's when the public doesn't receive the information in the most open and transparent manner that there will be panic. So fortunately in Hong Kong, we did not have panic. We obviously had a lot of anxiety. The public was very concerned about this new disease. It was very terrifying because it was not something that we could touch or see or feel. It wasn't something that the public understood so there was a lot of anxiety relating to whether it was airborne that Hong Kong was an infected place. So we did try to provide the information as we saw it in the most honest way and the most transparent way so that the public would be alerted to the precautions they needed to take and yet not to have caused the unnecessary panic which we saw in some other countries, in other places. There was panic in many places. Fortunately, in Hong Kong, although there was very high level of anxiety and we recognized in the Government this anxiety that there is one basic principle in public health "to really provide the best information as possible so that the public can cooperate with us in dealing with this outbreak control" so I can assure

Members that from the public health perspective, it would have been in our interest to provide as honest and accurate information as possible and I can honestly put hand on heart to tell Members that we honestly tried to do that. And when you look back at all the data and information that we had, we held back no information. We provided the information that was available to us to the public at the soonest possible time.

麥國風議員：

楊醫生，你沒有回答我，你和你的下屬或者其他官員有沒有討論過擔心社會有恐慌，以及打算要求其他有關部門、官員怎樣協助把恐慌或者憂慮減至最低？

Dr YEOH Eng-kiong:

Mr Chairman, because in the early part of the outbreak, it was still very much within the Health, Welfare and Food Bureau, because not until the Chief Executive's Steering Committee was set up, the work was done predominantly by the Bureau. And certainly in our discussions, we recognized the need to provide this information so that the public would have the information and there would be no need for unnecessary alarm or panic but to provide the information so they would be alerted to work with us.

麥國風議員：

但我看你們的SARS Task Force，即貴局那個Task Force，其實由14日開始都沒有討論過關於社會的.....即你有沒有那份文件？我們的A1(C)，Annex B。那是貴局的Task Force on SARS。其實14日開始有第一個會議，14日開會，接着17日又開，20日又開，但我看不到有任何文字說到我們需要有些策略或者對策，把市民大眾的焦慮或者恐慌減低，或者你有沒有說過有沒有恐慌。

Dr YEOH Eng-kiong:

Mr Chairman, the Working Group's, Task Group's minutes were very brief because I wanted the team to focus on the work and I didn't want very lengthy minutes but just the record of some of the things that were important, the knowledge and the decisions. So that's why they were very, very concise. When you look at the section on "Communication of Information", really it reflected our discussions at the meeting regarding the information to the public and although the minutes did not capture this need to provide information, the fact that we had this communication highlights the need for us to provide the information to the public.

麥國風議員：

梁醫生，你開……即是我們的研訊……

主席：

你也太累了……

麥國風議員：

最後一句了，最後一句。

主席：

……是“楊醫生”，不是“梁醫生”。

麥國風議員：

(笑聲)我也是說楊醫生的，不過是有一點點“嚟口”而已。

在研訊開始時，你用中文向市民道歉，你說你有溝通問題。溝通可能真是一個問題，但我想問你最後一句，你是否用良知加上你最高的專業評估，去說社區爆發這個問題？

Dr YEOH Eng-kiong:

I, Mr Chairman, I'm not, I don't really understand what Mr MAK is referring to, I mean, what is it exactly that you are asking me?

麥國風議員：

你說沒有社區爆發，大家是收到的。就算你怎樣說，現在怎樣去解釋，我想大家即所謂我們的interpretation，都不可以說你沒有說過“沒有社區爆發”這件事。

主席：

那你的問題是甚麼？

麥國風議員：

我問他是不是用他的良知、專業判斷去說當時他所說的這句話？

Chairman :

Your conscience.

Dr YEOH Eng-kiong:

Mr Chairman, I don't understand. Mr Chairman, the facts in fact are in front of Members, whether you accept or not, and the communication process effectiveness in terms of the receiving end, the factors involved, etc., obviously it is a judgment relating to how effective the communication was, whether the factors led to difficulties in communication but the fact remains that right through the transcripts, you can see that we were referring to the Community-Acquired Pneumonia, and we always described the phenomenon of the cases. So I would accept Members' criticisms of communications in terms of the method and skills and capabilities, etc. but the information presented then, the information presented to Members is, I hope Members will accept that we were always referring to the Community-Acquired Pneumonias when we talked about on the 14th, when we talked about there was no outbreak, I was not referring to SARS as we said it. And on the 14th it was a particularly difficult time because there was no term called SARS, there was no understanding of the disease, there was no understanding of Community-Acquired Pneumonia so it was a particularly difficult time to be able to communicate clearly, to be able to get it accepted and understood completely. So, there is no question at all, Mr Chairman, in my mind relating to, there is no question in terms of one's conscience or anything else because there was never a question. The question has always been to provide as honest and transparent and open information as possible and to provide the most accurate information to portray the situation. So we tried to portray the situation as it was and I cannot see anything that we have provided to Members that is contradictory, that we did not provide any information to the public. All the information is in the public arena and there is no inconsistency in what we presented to the public at that time. All the information that was presented was all the information that was available and accessible to me.

麥國風議員 :

主席，要待市民來判斷，我沒有問題了。

主席 :

各位委員，我們今天的研訊到此為止。大家返回C房，我們談一談接下來的安排。李議員。

李柱銘議員：

楊醫生，是不是有些東西要交給我們，讓我們回去看看是不是有些……

主席：

你是說那些錄音嗎？是的，是的，他要回去看看有沒有那些錄音，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I think it has been such a long time and I think the usual practice, of course we have so many of these press briefings, we try to record these, my Press Secretary normally does the recording and she transcribes the things onto the transcripts and I would imagine they usually then just erase the recordings after some time. So I have to check in terms of whether those are still available.

李柱銘議員：

主席，另外一點，是否應該告訴楊醫生下次大概要多久？

主席：

我打算完了這個研訊後，我們要和楊局長談一談怎樣去安排，好嗎？我們先結束研訊吧，好嗎？

(研訊於下午5時25分結束)