

**LEGCO PANEL ON HEALTH SERVICES  
LEGCO PANEL ON WELFARE SERVICES**

**Support Measures for  
Severe Acute Respiratory Syndrome (SARS) Patients and their  
Families in the context of the Outbreak from March to June 2003**

**Purpose**

In the SARS outbreak in Hong Kong from March to June 2003, 1,456 SARS patients recovered while the remaining 299 died. The purpose of this paper is to brief Members on our package of continuous support measures for family members of the deceased SARS patients, and the recovered SARS patients.

**Background**

2. The SARS outbreak from March to June 2003 was a tragic incident. A total of 1,755 individuals were infected, including 299 deaths. We fully sympathize with the plight of the patients and their family members, and senior officials have on different occasions expressed solicitude for them.

3. Since the start of the outbreak, the Social Welfare Department (SWD) and the Hospital Authority (HA) have been rendering support and assistance to the patients and their families, such as medical treatment and rehabilitation programs, provision of daily necessities for those in home confinement, child care arrangements, emergency financial assistance, transitional residential placement, as well as counseling and psychological treatment, with the full co-operation of other departments and non-governmental organizations (NGOs).

4. SWD and HA have contacted SARS patients and their families (though some have declined assistance). Take the example of SWD, it has contacted each and every of the 287 families of the 299 deceased SARS patients to identify and address their needs for assistance (though 53 families have declined assistance) and is providing support to 449

recovered SARS patients, with 286 through family service centres/integrated family service centres and 163 by medical social workers.

5. The details of support measures with statistics are set out in Annex A.

### **Justifications for Enhanced Support**

6. The SARS outbreak from March to June 2003 was unique and unprecedented. This was a major epidemic caused by a new virus and of proportions not seen in modern HK history. Many of those patients died of SARS have left behind dependent family members and need special help to overcome their trauma and support their maintenance. Besides, some recovered SARS patients may suffer from longer term effects, attributable to SARS, which may result in some degree of physical or psychological dysfunction.

7. In such unique and unprecedented circumstances, the Government should provide these families with humane care and enhanced support. As part of our continuous effort in this regard, we propose to offer special ex-gratia assistance on compassionate grounds. We note that the community has made its contribution through Operation UNITE, Business Community Relief Fund for Victims of SARS, Project Blossom, We Care Education Fund and Teachers Against SARS etc.

8. A similar arrangement was made in 1993 when special assistance was provided on compassionate grounds to patients contracting AIDS through transfusion of contaminated blood products in Hong Kong prior to August 1985. There was no safe blood product alternative available in HK prior to this date, and the blood products used (screened or treated in accordance with the prevailing international standards) were the best treatment available at that time. According to legal advice, the Government was not liable to pay compensation to such patients. However, in view of their tragic situation, the Government considered that special assistance be given to them on compassionate grounds. A Trust Fund for AIDS was established in 1993. Under the AIDS Trust Fund (as in the case of another administrative scheme like the Criminal and Law Enforcement Injuries Compensation Scheme), recipients of special assistance are required to reimburse to the Fund their special assistance received, in case they succeed in obtaining common law damages subsequently.

## Proposals

### *Proposed Trust Fund*

9. In the light of the recommendations in the SARS Expert Committee Report issued on 2 October 2003 and having regard to the tragic situation of the families with deceased SARS patients and that of certain recovered SARS patients, we propose to set up a Trust Fund for SARS (the proposed Trust Fund), similar to the Trust Fund for AIDS, to provide, on compassionate grounds, special ex-gratia relief payment or financial assistance to the eligible applicants<sup>1</sup> with need -

- (a) special ex-gratia relief payments to families with deceased SARS patients; and
- (b) special ex-gratia financial assistance to recovered SARS patients suffering from longer term effects, attributable to SARS, which may result in some degree of physical or psychological dysfunction, subject to medical proof and financial need.

In this connection, the deceased/recovered SARS patients in question should be HK residents infected with SARS during the outbreak in Hong Kong from March to June 2003.

10. Taking into account SWD's experience in administering funds for SARS affected families, we suggest that the proposed Trust Fund should cater for the following purposes -

- (a) **Special ex-gratia relief payments for families with deceased SARS patients**

For the deceased SARS patient cases, special ex-gratia relief payments will be made to their families with surviving spouse, dependent child(ren) and dependent parent(s) based on the scale set out in Annex B.

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<sup>1</sup> Those cases which have been given financial assistance under the Financial Assistance Scheme for Family Members of those who Sacrifice their Lives to Save Others (heroic death cases) will not be eligible

(b) **Special ex-gratia financial assistance for certain recovered SARS patients suffering from longer term effects, attributable to SARS, which may result in some degree of physical or psychological dysfunction**

For a recovered SARS patient suffering from longer term effects, attributable to SARS, which may result in some degree of physical or psychological dysfunction, special ex-gratia financial assistance will be given, subject to medical proof and financial need, by reference to the type, severity and duration of the disabling condition (medical consideration) and the financial need arising from such disabling condition (welfare consideration). Such cases will have to be considered on a case-by-case basis having regard to the attending doctors' assessment and the medical social workers' advice.

This serves as a tide-over ex-gratia assistance to help those –

- (i) whose income have been reduced as a result of the SARS infection, such as unemployment or loss in earning capacity; and/or
- (ii) who have to incur additional expenditure because of the SARS infection, such as purchase of medical/rehabilitation aids and expenses on personal care and child care, etc.

SWD will assess the individual circumstances of each case to recommend the level of assistance, having regard to the medical need of the patient after stabilization of his/her medical condition, income and asset levels of his/her family, as well as changes in the family's income and expenditure arising from SARS. The financial assistance for each patient will be limited to a certain duration with the cumulative assistance receivable by that patient not exceeding a cap per patient (see Annex B for details). As it will take HA some more time to observe the recovered SARS patients to identify the likely type(s) of longer term effects, our best assessment at this stage is to earmark a certain sum (see Annex B for details) for this group to provide a buffer which may be invoked to cater for contingency as medical knowledge unveils.

11. We will make the application and processing procedures simple as far as possible, e.g. simple declaration.

12. A Committee will be set up to advise the Administration on the operation of the proposed Trust Fund, and approve the applications. It will be chaired by a non-official and comprise a balanced mix of non-official members from various backgrounds (such as social worker, healthcare professional, patients' group etc.) and certain official members.

13. Since the special ex-gratia relief payment and financial assistance come from public funds, these will have to be taken into account in determining the eligibility for the Comprehensive Social Security Assistance (CSSA), if the recipients wish to apply for CSSA.

#### *Other Support Measures*

14. As regards other support measures, SWD will ensure continuous follow-up support is available to the families of the deceased SARS patients and the recovered SARS patients, including those families who have refused assistance earlier on. A checklist has been developed to ensure that there is a comprehensive assessment of their needs.

15. On recovered SARS patients, besides the usual medical care provided, HA is inviting all recovered SARS patients for a detailed medical check-up, including checking for the progress of rehabilitation, assessing the impact of treatment, and providing appropriate tests and treatment. Active medical and other appropriate follow-up actions will be undertaken, including offering treatment and rehabilitation programs, if problems are identified.

16. Besides, SWD and HA will continue to work closely to assess the psychosocial wellness of the recovered SARS patients and provide various support and welfare services for them and their families. For example, when the recovered SARS patients return to HA's hospitals for the above-mentioned medical check-up, the psychosocial wellness of all of them will be assessed again by SWD, together with the checklist mentioned in paragraph 14 above, to identify any further needs for referral to appropriate services, such as counseling etc.

## **Financial and Staffing Implications**

17. On the basis of the information available to the Administration at this stage, a one-off commitment will be required for the proposed Trust Fund for SARS (*note : the funds may be disbursed beyond 2003-04 for the recovered patients*). Details of the financial implications (with breakdowns) are set out in Annex B. We welcome community donations towards this cause.

18. The Administration will administer the management and disbursement of funds under the proposed Trust Fund. A core team will be set up in SWD Headquarters to support the operation of the proposed Trust Fund and oversee follow-up support services for the affected families. The Health, Welfare and Food Bureau will provide secretariat support to the Committee to be set up for the proposed Trust Fund. The additional workload will be absorbed within existing resources.

## **Way Forward**

19. Subject to Members' views, we intend to seek funding support from the Finance Committee for the proposed Trust Fund for SARS in November 2003. We will also continue to review the other support measures in the light of experience and feedback to ensure that appropriate services are provided to the needy.

Health, Welfare and Food Bureau  
October 2003

## **Support Services for**

### **Recovered SARS Patients and Families of Deceased SARS Patients**

#### Follow-up in designated SARS out-patient clinics

All discharged patients will be followed up in designated SARS out-patient clinics run by hospitals treating SARS patients. Their functional and psychological progress will be regularly monitored. They will be screened through a standardized questionnaire for need of pulmonary rehabilitation and psychosocial rehabilitation.

#### Rehabilitation Programs

2. Recovered SARS patients having shortness of breath during exercise, decreased exercise tolerance or difficulties in coping with activities of daily living undergo tailor-made lung rehabilitation program, in which physiotherapists and occupational therapists teach them skills in breathing control or proper physical exercise, and offer work rehabilitation training. So far, 523 patients have entered the program.

#### Medical Social Services

3. During the outbreak of the Severe Acute Respiratory Syndrome (SARS), medical social workers (MSWs) and clinical psychologists of the Social Welfare Department (SWD) and the Hospital Authority (HA) rendered counselling and timely assistance to hospitalized SARS patients and their families in helping them cope with emotional disturbance or difficulties arising from SARS. However, owing to the stringent protective measures adopted in SARS wards, MSWs could not have face-to-face conversations with patients and had to explore alternative means to provide assistance. Also, given that family members might refrain from visiting the patients in hospitals to minimize the risks of cross infection, MSWs maintained contacts with the families and patients through telephone, fax or e-mails. As a communication channel between patients, their families and medical personnel, MSWs

passed messages for them and helped patients with their day-to-day needs, such as purchase and delivery of daily necessities to the hospitalized patients. Social workers had also arranged temporary accommodation for children and elder persons in lack of care as a result of hospitalization of their carers and furthermore, applied for emergency financial assistance and charitable trust funds, etc. for those families of SARS patients with financial difficulties. MSWs provided grief counselling to family members of the deceased and disbursed burial grants to those in need.

4. Upon the recovery of patients, MSWs would discuss with medical personnel on their discharge arrangement. For patients who could not return home immediately, arrangements were made by MSWs for them to have temporary residence at the Cheung Muk Tau Holiday Centre for the Elderly. A total of 25 discharged patients and their family members had received this service. Moreover, MSWs would also apply short-term living allowance for patients who were not yet ready for work and suffered financial hardship. While patients were receiving out-patient treatment, MSWs would continue to take care of their psychological or rehabilitation needs. In August, MSWs sent questionnaires on Chinese Inventory of Wellness to all recovered SARS patients to better understand the latest position of their physical and psychological well-being in order to provide appropriate follow-up services.

5. During the SARS outbreak, MSWs of SWD and HA had contacted all SARS patients or their families through telephone and letters and followed up on the welfare matters of over 1 500 patients and families of the deceased SARS patients.

#### Support to Families of Deceased SARS Patients

6. We attach great importance to the welfare needs of the families of deceased SARS patients. SWD has passed a list of the deceased SARS patients received from the Department of Health on to its District Social Welfare Officers for arranging frontline social workers to contact the families concerned with an aim to providing services to them. The Department has contacted a total of 287 families of deceased SARS patients (which involve 299 deaths). Among them, 53 families declined

SWD's offer of service out of various reasons, such as their cases have been followed up by the medical social workers of the Hospital Authority, while some families claimed they have no welfare needs. The welfare needs of the remaining 234 families have been followed up by SWD's Family Services Centres/ Integrated Family Services Centres, including provision of emotional support, arrangement of school places and leisure activities. Our social workers have helped 119 families with financial assistance and 14 families with housing assistance. Meanwhile, 29 family members were referred for clinical psychological services, 12 families for volunteer services, 9 for voluntary legal advisory services and 67 for community support services, etc. Our social workers will continue to take care of the welfare needs of the families of deceased SARS patients including the 53 families which had rejected our services previously and to render support to them.

#### We Care Education Fund

7. Of the 299 deceased SARS patients, 46 (of 45 families) have left behind 75 minor children. Initiated by four civil servants, SWD set up the We Care Education Fund (the Fund) under the Director of Social Welfare Incorporated in May 2003 to provide a steady financial source to the children for their education and other learning needs. In the 2003/04 academic year, some \$3,324,200 was disbursed by the We Care Education Fund Advisory Committee to 73 qualified children of 44 families. These grants, to be made on a quarterly basis, are intended to meet the children's educational expenses, including school fees, tutorial fees, meals, extra-curricular activities, school transport expenses and textbooks.

#### Psychological and Emotional Support

8. Through the Department's website and via the media, SWD's clinical psychologists provided advice on how to prevent and handle any psychological reactions arising from the SARS during different stages of its outbreak. In addition to this, our clinical psychologists set up hotline services specially to residents of the Amoy Garden and the Ngau Tau Kok Estate, rendered on-site psychological advisory service to residents who were required to come under confinement in holiday camps, and organised seminars to child care workers and small group homes on how

to handle psychological reactions of children. From April to August, the special hotlines manned by SWD's clinical psychologists had handled a total of 268 help calls, including 180 SARS-related cases. Of them, 21 cases were referred to the Clinical Psychological Service Branch for psychological treatment, and 31 cases to SWD's Family Services Centres for other welfare services. By October this year, our clinical psychologists had provided psychological treatment to 84 persons.

9. In July, SWD's Clinical Psychological Service Branch and the Family Crisis Support Centre of Caritas - Hong Kong jointly organised a group counselling and sharing session for surviving children and their parents of deceased SARS patients. Our clinical psychologists assessed the psychological needs of these children on-site and took the opportunity to brief parents on how to identify and handle their own grief and that of the children. A total of 21 parents and 33 children attended the session.

10. In August, SWD's Clinical Psychological Service Branch joined hands with clinical psychologists and doctors of other organisations to hold a large-scale seminar -- "Psychological Rebuild After SARS" in Kwun Tong to render psychological support to the public affected by the disease. Meanwhile, the clinical psychologists had worked with District Social Welfare Officers to hold talks on combating SARS in various districts to brief the residents on suggestions about how to handle SARS-related worries and psychological disturbance and on channels to seek help.

11. The clinical psychologists in HA have also provided psychological treatments to the patients and their families. They have been helped through bereavement counselling and counselling on skills to cope with expressed and laden emotions arising from the incidents, and counselling on ways to re-build one's new life in the aftermath. Altogether, around 200 patients have received their services.

#### Support Services During the Home Confinement Period

12. During the outbreak of SARS, SWD had provided support services for 889 persons of 343 families under home confinement, such as meal delivery and purchase of basic daily necessities. For people who were in lack of care due to the hospitalization of their family members,

SWD had arranged for them accommodation at the Department's Wai Yee Hostel in Tuen Mun. Moreover, the Department had also approved 750 applications for the "Emergency Financial Assistance Scheme for Prevention of the Spreading of SARS" involving a total amount of \$620,130.

#### Other Financial Assistance

13. SWD has been tasked to process applications and disburse funds from the "Business Community Relief Fund for Victims of SARS" set up by the business community. A total of 624 grants have been made, comprising one-off gratuity grants to 135 families of deceased SARS patients and 489 grants for short-term maintenance ranging from three to six months. Total funds disbursed amounted to \$16,327,000. Under "Subhead 157 — Assistance to Patients and Their Families" of SWD, emergency financial assistance including burial grant had been provided for patients and their families at a total of \$1,740,148. Also, we had applied for educational grants under the "Project Blossom" on behalf of 140 SARS patients, involving \$2,428,658, to provide their children with short-term educational expenses. Social workers responsible for processing the applications had interviewed the applicants, with immediate emotional support and counselling provided apart from financial assistance, and applicants were referred to the Family Services Centres where necessary for receiving personal counselling and other appropriate services. 2 148 calls were received by the telephone hotlines set up in SWD for various funding applications to provide proper information and immediate counselling for people in need.

#### Coordination and Communication

14. During the SARS havoc, the SWD headquarters maintained close contacts with all service units to ensure timely provision of support to those in need. Collaborated efforts had been made by the SWD's Family and Child Welfare Branches and the Department's Clinical Psychologist Service to conduct special meetings with the Assistant District Welfare Officers to explain to caseworkers how to identify and handle properly the multifarious needs of families of deceased SARS patients. This was followed by the distribution of a Checklist for them to assess the welfare needs of these families as well as information on community resources to ensure that frontline workers were well informed

of the main intervention techniques for families of deceased SARS patients and arrange for appropriate follow-up services. Based on the actual operational needs, SWD provides a range of services in a prompt manner and co-ordinate the efforts of various governmental departments, formulate relevant working guidelines and booklets on resources as well as equip frontline caseworkers with adequate information and the needed techniques.

### Continuous Support

15. SWD will continue to cope with the welfare needs of families of deceased SARS patients and recovered SARS patients. At present, 748 cases are still receiving services from MSSUs stationed in hospitals and/or Family Services Centres of the districts, among which 585 are handled by the Centres and 163 by MSSUs.

Social Welfare Department  
Hospital Authority  
October 2003

**Proposed Ex-Gratia Payment Schedule and Financial Implications  
for the Trust Fund for SARS**

| <b>Category</b>  | <b>One-off</b>  | <b>No. of Cases<sup>1</sup><br/>(where<br/>information is<br/>known to the<br/>Administration<br/>at this stage)</b> | <b>Estimated Total<br/>Amount</b> |
|--|---|--|-----------------------------------|
| <b><i>Deceased Patients - Ex-gratia Relief Payment</i></b> |   |  |                                   |
| Surviving dependent children                               | \$500,000 for each child aged below 18 at the time of the parent's death                                  | 74 <sup>2</sup>  | \$37 million                      |
|  | \$300,000 for each child aged over 18 and below 21 in full time studies at the time of the parent's death | 10 <sup>3</sup>  | \$3 million                       |
| Surviving spouses  | \$200,000 regardless of age   | 160 <sup>4</sup>   | \$32 million                      |
| Surviving dependent parents <sup>5</sup>                   | \$300,000 for each dependent parent   | 19   | \$5.7 million                     |

<sup>1</sup> Families that have received financial assistance under the Financial Assistance Scheme for Family Members of those who Sacrifice their Lives to Save Others (7 heroic death cases approved so far) are not eligible, and have been so excluded from the respective categories.

<sup>2</sup> This is ascertained from beneficiaries of the We Care Education Fund who are children aged below 18 whose parent(s) have died of SARS, excluding one child from a heroic death case.

<sup>3</sup> This is only an estimate based on a few known cases rendered support by SWD such as referring to other sources of funding for meeting their educational needs (e.g. Project Blossom).

<sup>4</sup> There is one child with both parents died of SARS. It is proposed that in addition to the payment receivable as a surviving dependent child, the child should be given the payment of \$200,000 for surviving spouse.

<sup>5</sup> Dependent parents will be defined as those who are living with the deceased and have been relying solely on the deceased for financial support. Other justified cases will be considered on a discretionary basis subject to the advice of the Committee.

| <b>Category</b>  | <b>One-off</b>   | <b>No. of Cases<sup>1</sup><br/>(where information is known to the Administration at this stage)</b> | <b>Estimated Total Amount</b>              |
|--|--|--|--|
| Other families not eligible for any of the above   | \$100,000 for each family  | 76 <sup>6</sup>  | \$7.6 million                              |
|  |  | <b><i>Sub-Total</i></b>  | <b><i>\$85 million</i></b>                 |
| <b><i>Recovered Patients</i></b>   |  |  |  |
| For certain recovered SARS patients suffering from longer term effects, attributable to SARS, which may result in some degree of physical or psychological dysfunction | With cumulative assistance receivable by a patient capped at \$500,000 per patient | Not available at this stage, pending medical knowledge to unveil.                                    | \$50 million                               |
|  |  | <b>Total</b>   | <b>\$135 million (say ~ \$130 million)</b> |

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<sup>6</sup> This is an estimate based on the number of deceased aged 80 and above.