

**For Information
on 10 January 2005**

LEGCO PANEL ON WELFARE SERVICES

Supplementary Information for the Third Progress Report on the Trust Fund for Severe Acute Respiratory Syndrome

PURPOSE

This paper provides the supplementary information requested by Members during the discussion of the paper of “Third Progress Report on the Trust for Severe Acute Respiratory Syndrome” (Ref : LC Paper No. CB(2)340/04-05(03)) at the meeting on 13 December 2004.

BACKGROUND

2. At the meeting of 13 December 2004 when discussing the third progress report on the Trust Fund for Severe Acute Respiratory Syndrome (SARS), Members requested that the Administration:

- (a) provide supplementary information on the distribution of patients whose monthly claims for dietary supplements exceeded the \$1,000 ceiling; and
- (b) confirm whether we had responded to the letter from the Society for Community Organization (SOCO) on their views on the operation of the Trust Fund.

This note provides the requisite information.

CLAIMS FOR DIETARY SUPPLEMENTS EXCEEDING THE CEILING

3. As we have pointed out at footnote 3 of paragraph 8 of the previous LegCo Panel paper on this subject (Ref : LC Paper No. CB(2)340/04-05(03)), of the 455 applications approved with dietary supplements by June 2004, the actual claims varied widely from \$23 to \$40,000 a month. We further pointed out in footnote 4 of the same paper that 72% of these successful applicants (i.e. 327 applicants) had their claims for dietary supplements fully reimbursed by the Trust Fund.

4. For the remaining 28% successful applicants (i.e. 128 applicants) whose monthly claims exceeded \$1,000 and hence with their claims not fully reimbursed by the Trust Fund, we have, as requested by Members, prepared an analysis on the distribution of the claimed amounts at Annex A. As revealed, even if we increase the ceiling by say 50% from \$1,000 to \$1,500, we would only be able to fully meet the demand of 31 additional patients, representing only 24% of the 128 applicants. Requests exceeding \$1,500 spread over the full range of \$1,500 to \$40,000 and it would be difficult to draw a line where the demand of most patients would be regarded to be satisfied.

5. With the above supplementary information, it will be difficult to justify any increase in the ceiling for dietary supplements from a prudent public financial management point of view because:

- (a) the Trust Fund is now providing re-imbursements for medical and rehabilitation expenses incurred by eligible recovered SARS patients and 'suspected' SARS patients treated with steroids at rates chargeable by the Hospital Authority. The medical needs of these patients are well taken care of;
- (b) the Hospital Authority would soon introduce a long-term medical waiver scheme to provide free medical services to all recovered SARS patients and 'suspected' SARS patients treated with steroids for medical problems relating to SARS. The patients should not therefore be worried about their long-term medical needs; and
- (c) most of the claimed dietary supplement items are general health food for health upkeep. Such indirect and supplementary medical expenses are not part of the medical requirements and therefore not considered to be essential to recovery of the patients. It is difficult to set an objective yardstick to

determine an appropriate ceiling amount which would satisfy all patients but in line with the principle of prudent use of public resources. The present ceiling of \$1,000 per month has been drawn up with reference to the actual claims by the first 220 applicants. The Committee on Trust Fund for SARS has recently reviewed the ceiling and remained of the view that it is an appropriate level for meeting the needs of the majority.

RESPONSE TO SOCO

6. We met SOCO as well as a group of recovered SARS patients and family members of deceased SARS patients on 11 December 2003. SOCO handed over a written submission to us at the end of the meeting (Annex B¹ refers). We already responded to SOCO's views vide a letter to them on 9 February 2004. The letter, which was attached to the earlier LegCo Panel paper for this series as Annex A (Ref : LC Paper No. CB(2)340/04-05(03)), is now re-attached as Annex C to this paper to facilitate Members' reference.

7. On clarification with SOCO, we understand that SOCO has in fact noted the reply that this Bureau has sent them. They would however like to know the more updated thinking of the Government regarding two of their proposals in the submission which are under the purview of the Home Affairs Bureau, namely the proposals to organize memorial activities and erect a monument in the Gallant Garden to commemorate those who lost their lives in the SARS outbreak. Given this clarification, we have already asked the Home Affairs Bureau to respond to them direct.

ACTION REQUIRED

8. Members are kindly invited to take note of the content of the above supplementary information.

Health, Welfare and Food Bureau
January 2005

¹ No English version of Annex B is available from SOCO.

**Analysis of the Actual Requests for Dietary Supplements
under the Trust Fund for SARS
(as at June 2004)**

Amount Requested (\$)	Number of Successful Applicants	As a Percentage of the total number of successful applicants of 455 (%)
\$1,000 or below		
0 to 1,000	327	71.9
<i>Sub-total</i>	327	71.9
1,001 to 5,000		
1,001 to 1,500	31	6.8
1,501 to 2,000	29	6.4
2,001 to 2,500	6	1.3
2,501 to 3,000	12	2.7
3,001 to 3,500	7	1.5
3,501 to 4,000	6	1.3
4,001 to 4,500	5	1.1
4,501 to 5,000	6	1.3
<i>Sub-total</i>	102	22.4
above \$5,000		
5,001 to 10,000	17	3.8
10,001 to 15,000	4	0.9
15,001 to 20,000	2	0.4
20,001 to 25,000	1	0.2
25,001 to 40,000	2	0.4
<i>Sub-total</i>	26	5.7
Total	455	100

香港社區組織協會 對政府「沙士」善後工作意見書

「沙士」疫症令香港近三百家庭痛失摯愛親人、一千四百多名市民失去寶貴健康。如此具大的天災人禍，其影響之大實為本港歷史鮮有。疫症過後，政府並沒有立刻進行善後工作，直至政府委任的專責委員會指責政府對受「沙士」影響人士的支援不足後，才匆匆制定「沙士」信託基金（下稱「基金」），而基金的原則及運作仍有多項問題。另一方面，除了經濟援助外，政府對「沙士」苦主並沒有作出其他協助。本意見書將詳細闡述有關問題，並提出建議，要求政府改善「沙士」的善後工作。

（一）「沙士」信託基金問題

1.1 「基金」並非恩恤性質

政府強調「基金」以體恤為理由，向病故者及康復者發放特別恩恤金或經濟援助，但事實上，「沙士」苦主均對「基金」性質表示異議。一方面，基金並非無條件發放，「沙士」苦主需要進行一連串申請程序及經歷各樣審查，才能獲發款項。另一方面，日後若從普通法向政府、醫管局及私家醫院成功索償，均要退還款項予「基金」。可見整個基金的性質只是一項申請程序嚴格的經濟援助，絕不帶有任何恩恤性質，更沒有表達出對「沙士」苦主的體恤及關懷。

1.2 病故者方面

a. 第四類別的受惠家庭申請問題

近三百名的「沙士」病故者當中，長者及長期病患者佔了大部份。此類病故者的家庭並不符合首三類的申請類別，只能從第四類別申請。但第四類的申請卻困難重重，既要證明病故者與申請人的關係，亦要證明經濟上需依賴病故者。可見因「沙士」病故的長者及長期病患者的家屬絕少機會可以受惠於「基金」。「基金」如此界定受惠人仕絕對是忽視第四類家庭的需要。

b. 誤診死亡者未能受惠

「沙士」期間曾有不少擬似「沙士」的病人被誤診及服用沙士藥物。「基金」雖承諾協助誤診而康復者，但對於誤診但死亡者，「基金」卻沒並未包括在受助範圍內。對於這批誤診死亡者，絕對是一種不公平的對待。

c. 申請程序問題

「基金」的申請程序繁複，但並無任何職員協助申請，所有表格均需由申請人填寫。一些「沙士」長者遺孀在無人協助下，根本難以提出申請。

1.3 康復者方面

a. 經濟審查標準不合理

康復者如要獲得每月經濟援助，必須證明三點：

- i. 經醫管局主診醫生評核證實出現某程度的機能失調；

ii. 經社工評估確認導致收入損失或減少，或支出增加；

iii. 家庭資產金平不超過某一上限。

條件 i 方面，所謂「某程度的機能失調」的準則不明，有康復者擔心只有骨枯的康復者才能符合有關條件。康復者的機能失調情況不一，就是沒有骨枯，也可能出現骨痛及骨質異樣情況，令康復者難以長期工作及需服用藥物改善身體情況。

條件 iii 方面，資產上限的釐定並不合理。「基金」康復者申請人的資產上限採用長者申請醫療費用豁免的標準，但後者是用於衡量貧窮人士，不應與前者混為一談。「沙士」並不只針對貧窮人士，而「沙士」康復者的經濟開支較長者為大，所以資產上限應以另一準則釐定，及定於較高水平。另外，是項資產上限以家庭為單位，但這假設同住家庭會照顧其他家庭成員，家庭總資產應用於協助「沙士」家庭成員支付各項開支及經濟支援。這個假設並不成立，因此「沙士」康復者的資產審核應以個人為主。

其實如「基金」屬於恩恤性質，整個申請根本不應進行任何經濟審核，這樣才符合無條件恩恤的意義。

b. 醫療開支審核嚴格

雖然「基金」設有實報實銷的醫療開支援助，但這方面的援助又是關卡重重。康復者並不能報銷醫管局指定以外的中醫藥服務費用。而服用的中藥或其他藥物，又必須經醫生判斷為有需要，才能報銷有關費用。但何謂有需要藥物則未知準則如何，令康復者不敢購買有助改善身體狀況的藥物。

c. 援助的財務安排問題

康復者若獲批發援助，究竟屆時如何發還仍未清楚告知。至於醫療開支援助方面，援助款項發放的細節更連前線社工也不清楚。據現時「基金」安排估計，康復者申請援助、報銷費用及發還款項的安排十分煩複，並不能簡單直接地協助康復者。

現時「基金」的醫療開支援助只會支付 11 月 8 日以後的醫療開支，對於之前的便沒有任何資助。事實上，康復者於出院後至 11 月期間的醫療開支才是很大的，如果這段期間的醫療開支未能報銷，對康復者而言絕對沒有任何幫助。

d. 申請程序問題

康復者同樣面對申請程序煩複的問題，而他們所需填報的資料更加複雜，亦沒有任何人士協助他們填寫。而現時康復者申請「基金」時根本沒有任何承諾可於何時領取款項。

(二) 政府及醫管局跟進問題

1. 欠缺悼念活動

「沙士」期間對非醫護人員的「沙士」病故者的喪葬禮儀十分嚴格，令家屬未能

盡孝。有些家屬將病人送院後，一直未見一面，最終身故後只能取回骨灰；有些家屬只能簡陋的儀式，各種情況，均加深家屬的哀傷。但政府對此完全沒有任何善後工作。

2. 歧視情況嚴重

康復者面對嚴重的歧視問題，如於工作上受同事取笑、在社區上感受到鄰居迴避、甚或因感染「沙士」被僱主解僱，種種情況都顯示社會對「沙士」康復者的歧視情況嚴重，但政府及平機會卻沒有採取任何措施或進行社會教育，處理歧視問題。

3. 治療跟進安排問題

雖然醫管局已經設置中央小組統籌「沙士」治療工作，但個別前線員工仍然未配合中央統籌，支援沙士康復者。例如醫管局曾承諾康復者有任何問題，可隨時回院求診，但曾有康復者曾急性骨痛，幾次回院求診被拒，以致要向私家醫生求診。

4. 康復者的資訊不足

「沙士」康復者對「沙士」病情的資訊掌握不足，全因醫生沒有告知有關資料。另外，對其他資訊，如申請「沙士」基金等的資訊亦沒有得到知會。

5. 護幼基金發放款項問題

護幼基金發放款項過嚴，令一些不在主流教育課程的「沙士」遺孤不能受惠。另外，家屬雖要每年申請護幼基金，增添家屬不少麻煩。

(三) 建議

就以上問題，本會有如下建議：

3.1 有關「基金」方面

1. 政府應放寬所有審核資格，使「基金」真正符合恩恤性質，否則便應向外界澄清「基金」只是一項需經審核的經濟援助；
2. 政府應立即讓康復者申請恩恤經濟援助金，並即時發放一筆無條件恩恤金，日後再由專責部門審核身體狀況，按後遺症嚴重程度以後每月發放援助金。而經濟審查則應只按個人的資產計算；
3. 「基金」不應扣減日後循普通法成功索償的款項；

3.2 有關善後工作方面

1. 成立「嚴重急性呼吸系統綜合症專責委員會」，負責統籌沙士信託基金及籌募款項、監察沙士康復者的跟進治療情況、資助沙士醫學研究工作、協調各有關部門如衛生署、社會署、醫管局、大學等對受沙士影響的市民的協助、教育社會不應歧視沙士康復者等工作；
2. 設立「悼念沙士死難者委員會」，舉行悼念活動以慰亡靈及安慰家屬；
3. 於浩園豎立沙士死難者紀念碑，刻上死者名單以供弔唁；
4. 交待病故者感染過程，令家屬得知真相；

(Translation)

Our Ref: HWF/W/L/M/72 03

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Society for Community Organization
(Attn: Mr. PANG Hung-cheong)
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9 February 2004

Dear Mr. PANG,

**Submission of the Society for Community Organization(SOCO)'s on
the follow-up actions taken by the Government
after the SARS Outbreak**

Thank you for your suggestions relating to the follow-up actions of the outbreak of Severe Acute Respiratory Syndrome (SARS), submitted to us after our meeting on 11 December 2003. Having carefully considered your suggestions, we would like to set out our response as follows.

Trust Fund for SARS

With regard to the eligibility criteria of the Trust Fund for SARS, as we have stated it clearly in the Finance Committee agenda item (FCai), the Trust Fund is created to provide, on compassionate grounds, special ex-gratia payments or special ex-gratia financial assistance for eligible applicants so as to help dependent family members of deceased SARS patients to overcome their trauma and support their maintenance; render assistance to recovered SARS patients suffering from bodily dysfunction attributable to SARS or the medication received for SARS, if any, subject to genuine financial needs, or "suspected" SARS patients treated with steroids (hereinafter both called recovered/ "suspected" patients). This provides tide-over assistance to these patients. This clearly shows that the Trust Fund is an ex-gratia scheme.

In the light of the feedback received from SOCO and other relevant parties, we have reviewed the eligibility criteria of the Trust Fund jointly with the Committee on Trust Fund for SARS (the Committee), having regard to the purpose of the Trust Fund as stipulated in the FCai, the actual situation of the families affected by SARS and the availability of resources. We are pleased to inform you that indeed **a more flexible approach has been adopted in the following areas with a view to offering strengthened support and more choices to recovered patients or “suspected” patients :**

- (1) in our processing of the applications for monthly financial assistance from recovered /“suspected” patients, **only the assets of the applicants** will be taken into account in the calculation of their asset amount (i.e. assets of their family members are excluded from the calculation). The prescribed asset limits would however continue to be determined by reference to the those set out for medical waivers by taking into account the total number of family members. In other words, a patient with more family members will be entitled to a higher asset limit. We believe that this flexible arrangement would enable more patients to receive assistance from the Trust Fund;
- (2) to provide more choices for recovered or “suspected” patients, the Committee has decided to **allow them to choose between medical and rehabilitation services provided by the Hospital Authority (HA) and the private sector**. Moreover, **expenses relating to Chinese medicine would also be covered by the Trust Fund**. However, private medical rehabilitation will be confined to consultation and rehabilitation services only, but not medical assessments. The maximum amount of private medical and rehabilitation service charges reimbursable by the Trust Fund will be capped by those charged by HA for similar services; and
- (3) our medical expenditure assistance provides relatively wide coverage. Apart from **direct** expenses on medical and rehabilitation services such as general medical services, rehabilitation services and other allied health services, **indirect** medical expense items such as dietary supplements and transportation to and from clinics/hospitals, are also included to offer holistic care for the medical needs of recovered / “suspected” patients. In order to expedite and streamline the approval process for medical expenditure assistance, the Committee has set out clear and simple guidelines for the Social Welfare Department to follow. Nevertheless, as pointed out in the FCai, where

beneficiaries of the Trust Fund succeed in obtaining allowances or claims, if any, for the same purpose from other parties such as their employers, in the case of, for example, civil servants, or medical insurance, they would be required to make reimbursement to the Trust Fund.

As regards your Society's proposal of granting an unconditional ex-gratia payment to recovered SARS patients immediately, given that the Trust Fund is set up to provide assistance for recovered patients suffering from longer term effects attributable to SARS or SARS-related treatment, which may result in some degree of bodily dysfunction and hence resulting in financial needs, it would not be possible for us to accept this suggestion.

You have also asked us to consider entrusting a dedicated department to examine the medical conditions of recovered SARS patients and determine the level of monthly financial assistance according to the seriousness of the dysfunction. At present, apart from conducting medical assessment on all SARS recovered patients and "suspected" SARS patients treated with steroids, HA will also carry out medical re-assessment on a six months basis to review patients' need for continued assistance. We believe that patients whose dysfunctions are more serious would suffer from a heavier loss in income and should have been given a higher level of monthly assistance. It is also envisaged that patients in poorer health are more likely to receive continued assistance under the Trust Fund (which covers monthly financial assistance and medical expenditure) after the six-month re-assessment. In a nutshell, the current eligibility criteria and calculations of the monthly financial assistance are formulated in such a manner that the seriousness of dysfunction, if any, suffered by recovered patients would be duly reflected.

As for the proposal to waive the requirement for the beneficiaries successful in obtaining common law damages to make reimbursement to the Trust Fund, we had made it clear in our meeting that the Government had set up different relief funds to provide financial assistance for people with different needs, and the reimbursement arrangement for the Trust Fund had been worked out in line with the practice of other similar funds, such as the Trust Fund for AIDS and the Criminal and Law Enforcement Injuries Compensation Scheme. Therefore, we consider that there is no need to change this arrangement for the Trust Fund.

Follow-up Actions

As regards your proposal for the Government to organize memorial activities and erect a monument in the Gallant Garden to commemorate those who lost their lives in the SARS outbreak, we have forwarded the proposal to the Home Affairs Bureau (HAB) for consideration.

We have been informed by HAB that the Equal Opportunities Commission (EOC) has been following up on complaints about discrimination against recovered SARS patients, infected individuals, suspected SARS patients and other relevant people since the outbreak of SARS in our community in March 2003. The EOC has formed a Quick-Response Team to deal with SARS-related cases with a view to settling SARS-related disputes expeditiously.

In the meantime, the EOC and the Chinese University of Hong Kong also conducted jointly an opinion survey on “SARS Related Difficulties in Work and Social Lives in Hong Kong” in July 2003 to gauge the attitudes and behaviours of the public in order to help the EOC and various sectors develop a package of measures to handle similar crises and formulate civic education strategies for eliminating discrimination in future. The report on the survey was made public on 28 July 2003.

The findings of the survey agreed with the EOC’s experience in handling public enquiries and complaints on this front. Most of the respondents stressed the need for making more information available to enhance their understanding of SARS. They also hoped that the Government would provide guidelines to both employers and employees. Public awareness, a better grasp of the disease and good practices by employers are indispensable for the people to make sensible decisions and behave more rationally in daily lives.

As part of its efforts on public education, the EOC has taken steps to disseminate information to employers about the approaches to handle different SARS-related situations. The EOC has also incorporated into its monthly training programmes for HR managers and NGO staff as well as the training materials for civil servants topics on SARS-related staff management problems.

The HKSAR government will continue to work with the EOC to promote unity between the disabled and the able-bodied through public education, and to enhance the public understanding and acceptance of recovered SARS patients.

As regards the specific proposals on memorial activities and monuments, you may wish to know that the Advisory Committee on the Promotion of the Fighting Spirit against SARS, chaired by Secretary for Home Affairs, was set up in June 2003. The Committee is primarily tasked to identify the values and spirits manifested by the whole HK community in the fight against SARS and save them for the benefits of the generations to come. The Committee has submitted a number of recommendations to the Chief Executive concerning the spirit to be commemorated and the ways to achieve it. The Committee will publish the report in due course and follow up on the arrangements.

My colleagues in the Health Division will give you a detailed reply separately concerning your proposal to establish a dedicated committee on SARS-related matters and request for an account of how the deceased SARS patients succumbed to the disease.

Should you have any enquiries about the aforesaid issues, please feel free to contact us. In connection with the memorial activities and monuments, please contact Mr. Enoch YUEN, Assistant Secretary for Home Affairs (Tel: 2835 1384).

(Miss Diane WONG)
for Secretary for Health, Welfare and Food

c.c. Director of Social Welfare (Attn: Miss Ophelia CHAN)
Chief Executive/Hospital Authority (Attn: Dr. Daisy DAI)
Secretary for Home Affairs (Attn: Mr. Enoch YUEN)