

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

第二十三次公開研訊的逐字紀錄本

日期： 2004年3月16日(星期二)

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)

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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-third Public Hearing
held on Tuesday, 16 March 2004 at 9:00 am
in the Chamber of the Legislative Council Building

Members present

Dr Hon LAW Chi-kwong, JP (Chairman)
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP (Deputy 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

Member absent

Dr Hon David CHU Yu-lin, JP

Witness

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

主席：

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的處理手法專責委員會的第二十三次公開研訊。提醒各位委員，整個研訊過程必須有足夠法定人數，連主席在內是4位委員。

我亦要每次藉此機會提醒旁聽今天研訊的公眾人士和傳媒，在研訊過程以外場合披露研訊中提供的證據，是不受《立法會(權力及特權)條例》所保障。所以如果有需要，各位列席人士和傳媒應該就他們的法律責任，徵詢法律意見。

我們今天的研訊現在開始，委員會會繼續向衛生福利及食物局局長楊永強醫生索取證供。楊醫生，多謝你出席今天的研訊。提醒你，你於3月13日上午作供時已作宣誓，所以現在你是繼續在宣誓的情況下作供，其他兩位陪同你出席的人士亦不可向委員會發言。

各位委員，如大家有問題，可以舉手示意。首先，我邀請丁午壽議員。

丁午壽議員：

多謝主席。早晨，楊局長。我想問一問，衛生福利及食物局專責小組的職權範圍是監察疫症爆發的情況，以及監督控制疫情的工作。我想問一問局長對於這個專責小組，你作為主席，你覺得應怎樣評價這個小組在疫情中的表現？

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

Mr Chairman.....

主席：

局長。

Dr YEOH Eng-kiong:

.....when the outbreak of this SARS occurred in the Prince of Wales Hospital, on the 13th of March I organised a meeting of experts from the field in Hong Kong and also fortunately we had an expert from the World Health Organization with us in Hong Kong. I also assembled colleagues from the Department of Health and the Hospital Authority, and we reviewed the

information available relating to this outbreak, and to see whether there were things that we could do to provide more insights as to how the epidemic would evolve.

So, we examined all the information. We gathered as much intelligence as we could to estimate what the problem would be, and then we also at that meeting came to the decision that we would have a Task Force which would really be responsible for coordinating the outbreak control, and also to provide a forum for any new knowledge and information to be rapidly assembled, synthesized and disseminated, because it was such a new disease that we really needed such a group and such a forum.

Obviously it was also important for us to have a mechanism to investigate the outbreak and to have infection control procedures which would protect staff and the community. We also recognized the need to look for the causative agent and research needed to be done. So all these were identified in the meeting on the 13th, which led to the formation of the Task Group.

At the Task Group there was a clear definition of responsibilities. The Hospital Authority would be responsible for asking staff, training staff to follow infection control guidelines which would protect both staff and patients. The Department of Health's primary role was to do the epidemiological investigations to provide a better understanding of the outbreak, to identify the cases and trace close contacts for public health action; and the two organizations would work very closely to be able to do the contact tracing and to do the investigations, and the outbreak investigations as well required cooperation between the two organizations. And the university and our colleagues in the field would also collaborate in doing the research that eventually led to the identification of the coronavirus in Hong Kong. So, all the research, all the new knowledge, would be the responsibility of all three organizations so that we would be able to better control the outbreak.

So, all these tasks were identified and the role of the Task Force was to oversee all of these and to monitor the performance of the two organizations and provide the forum where all these would be discussed and coordinated.

The Task Group met on a number of occasions and was able to fulfill these objectives. Obviously, when the Chief Executive formed the Steering Group, the way that we coordinated the work of the two organizations changed, because we were aware that we should not have too many committees, otherwise people would be spending all their time in committees, so the Task Group only met when it was necessary. So, when the Chief Executive's Steering Committee was formed, I did much of the coordination myself with the help of my colleagues in the Bureau. And the Task Group only met when there was a need to look at new information and to advise us on certain decisions. For example,

in the incidents on the 30th of March when the preliminary investigations of the Amoy Gardens outbreak were available, I invited the Task Group members to look at the updates of the investigations done. And the Task Group then came to a view that they agreed that there was something going on in E Block, and one of the options was to quarantine E Block residents.

So, I believe the Task Group was able to do the work that was intended.

丁午壽議員：

Good。可以這麼快找到病菌，我覺得這當然是一個很好的例子。另外我想問一問，作為衛生福利及食物局局長，你覺得醫管局和衛生署在SARS爆發上的警覺性和準備工作這兩方面，你又覺得怎樣呢？

Dr YEOH Eng-kiong:

Mr Chairman, before the outbreak occurred, when we were aware of the issues in the reports of the outbreak in Guangdong Province, both the Hospital Authority and the Department of Health had formed this Severe Community-Acquired Pneumonia Task Group where they participated and were really actively trying to identify any possible agents, agent or agents, that could be responsible. So they acted very quickly and they did do their best in terms of trying to identify the organism.

The Department of Health, as I gave evidence on Saturday, the Director of Health also actively contacted both Beijing and the World Health Organization to try to secure more information. Although we did not have a great deal of success, but certainly we did our best to acquire the information.

When the outbreak occurred in the Prince of Wales Hospital, this disease investigation centre at the Prince of Wales Hospital was set up very quickly. And both colleagues from the Department of Health and the Hospital Authority worked side by side in this investigation and disease control centre, and they really then very quickly, in my view, were able to identify the index patient. They were able to at least get some preliminary information relating to the epidemiology in terms of they had some estimates about the incubation period. And they were able to work out a system - although there were problems with the system subsequently because of the large number of patients involved - they were able to develop a system where they would be able to identify cases early and then to identify the contacts, so that these individuals who came into contact with infected patients would be given the appropriate advice, how to protect themselves, and to be admitted to hospital when they became ill. And obviously this was important because the only effective preventive measure that

we knew of at that time is to do contact tracing so that people who were exposed to the disease would be protecting themselves and protecting others, and if they were sick, to present for medical treatment.

And right through the outbreak obviously there were great challenges, because as the outbreak escalated with such rapidity that we had not seen before, both departments put in a lot of extraordinary hard work, from top to bottom. Everyone in the Department of Health and the Hospital Authority worked day and night, practically, and did their best within their capabilities, to cope with the outbreak, because many of the systems that we had before were not sufficient to control the outbreak.

For instance, as I made reference on Saturday, the contact tracing system of the Department of Health had already been in place, but it was very much a manually operated system, and of course it had served us well in the previous outbreaks because of the size of the outbreak and the urgency of the outbreaks was not the same as in this particular instance. So, we then had to develop a new system right in the middle of the outbreak, which was automated so it would enable the Department to do the contact tracing in a more timely way.

And equally on the Hospital Authority, there were great challenges because they were just swamped by the number of infected patients. This was compounded by problems of some of patients presenting in a not very typical way, and the colleagues in the front line had difficulty making a diagnosis, because there was no reliable diagnostic test. So very often one had to rely on the clinical picture and symptoms that patients presented with, and these were often not very specific for SARS. So, there were difficulties in identifying patients and difficulties in treating patients and managing patients, and a lot of anxiety and emotions in the hospitals because a lot of healthcare workers were falling sick.

So the Hospital Authority did its best to coordinate the development of treatment protocols, did its best in terms of providing protective gear, providing training programmes for individuals, making arrangements in terms of how patients would be cohorted and treated, and there were a lot of challenges. And I believe that in fact they did a marvellous job in working with us to control the epidemic, which we eventually did, despite this very large outbreak.

丁午壽議員：

Yeap。我覺得後期是合作得頗好的，但我想問一問，你覺得，譬如說威院於3月10日那天已經知道很多醫護人員“中招”，可是衛生署要到11日早上看報紙才知道，才派人去參加這個會議，你覺

得這方面你又做了些甚麼，去改進雙方欠溝通的問題？你覺得是不是這樣呢？

Dr YEOH Eng-kiong:

Mr Chairman, certainly at the early part of the outbreak there were a lot of issues relating to the communications and the coordination of work. As the Honourable Member said, we did not learn about the outbreak until the next day, and there were issues relating to the initial communication from the Hospital Authority. My understanding is that the hospital management sort of thought that the authorities had been informed, but there was some communications problems within the organization, and we only learnt about it unfortunately from the media the next day.

Obviously all these issues had to be dealt with and we had developed a system. In fact the system was already there in terms of having any infection, which should be of public health concern, there should be no question of not informing both the Department of Health and the Government, the Health, Welfare & Food Bureau, at the first instance. I think this is a very clear that information is required, and the Hospital Authority recognizes this. So this is, from that unfortunate problem with communication, we have obviously put in new systems where we would be informed if there is any alert, and it has been formalized.

丁午壽議員：

OK。那我想跟進問一問，其實在11日早上，威院的醫生開會，主要是想解決怎樣可以控制病人或者探病人士不能接觸。他們在10日關閉了8A病房，但他們發覺他們沒有權力去制止病人自行外出，而衛生署則有這個權力可以quarantine的。其實11日早上衛生署派一個人過去，並不是幫他們解決這方面的問題，要解決的是教他怎樣做一個表來做問卷的問題，這方面有否錯配的問題？

Dr YEOH Eng-kiong:

Mr Chairman, the information that we got on the 11th and 13th after the outbreak was the ward in the Prince of Wales had been closed for admissions and discharges, and visitors were restricted to the ward, and infection control procedures had already been carried out, and there was arrangement made between the hospital and the Department of Health that contact tracing would be done. For the hospital staff and the in-patients, the Hospital Authority would be responsible. For the patients that were discharged and other contacts, the Department of Health would be responsible. So they had developed a system of monitoring and controlling the situation.

It did not surface at that time there was a need to enact the quarantine laws. Certainly I was not aware that there was any discussion of a need to enact any quarantine laws whereby we would be using the legal powers to restrict and require people to report or to be admitted.

My understanding is that, right from the Department of Health, they said that generally the medical practitioners had been cooperative in reporting, and there were no, they had not encountered any difficulties in patients not agreeing to the advice. Because you will require those laws if people refuse to comply. So I was not aware that there were issues in relation to non-compliance to the advice given by the Department of Health in terms of the restrictions to movements and the requirement for admission.

丁午壽議員：

不過，我想，如果根據那時我們問沈祖堯，他們當時關閉都是想防止別人接觸。然而，作為局長，怎樣可以傳達這個訊息，令兩者更加融洽，使這些構思無需等到後期才去做呢？有沒有做過甚麼措施去防範這些問題重現呢？雖然SARS現在納入了那個傳染病名單，所以已不需要了，但如果發現其他新品種的傳染病，有沒有甚麼辦法去防止這些問題呢？

Dr YEOH Eng-kiong:

Mr Chairman, the Hospital Authority and the Department of Health set up this mechanism in the hospital, although I know that there were issues in terms of the working relationships at the early part of the outbreak in the Prince of Wales. But I remember very distinctly when I went, on the 14th of March, to the Prince of Wales Hospital with the Chief Executive to understand from the field the situation and the measures taken to control the outbreak. I was quite impressed that there was a large team of doctors and healthcare staff from the Hospital Authority and the Department of Health who were working very closely together in the Disease Control Centre where they were very active in identifying the cases. And there were mechanisms for the two organizations to discuss these issues. Unfortunately, as it transpired, that the communications were still inadequate because things were moving so quickly, and people had different responsibilities, so not all the meetings were attended by the same person. So there were some issues relating to some of the communications in the hospital. And some of the issues of concerns of the doctors in the Prince of Wales somehow were not sufficiently reflected to us, although we did try our best to get the information.

So I guess this is one very unique situation where the outbreak occurred so quickly where there was a new system put in, in terms of working relationships,

and as such with new systems, there are obviously difficulties in terms of how the new system works. So the lesson we have learnt from that is that we have now have systems where we are trying, such as when we have our SARS alert systems, where we actually test the alert systems, how it would work in cases of such outbreaks and emergencies. And of course the more practice we have, the fewer the problems will be. And a lot of the systems, if we can anticipate, can be institutionalized, obviously there will be less problems in the actual implementation.

So, what we have now done is that, with our SARS alert systems, when we activate them, we actually go through the practices and see how we can interact under those circumstances. So some of those problems that were encountered in the early part of the outbreak in the Prince of Wales Hospital should not be the problem in the future.

丁午壽議員：

Thank you。我想問一問局長，自從特首的Steering Committee成立之後，那個所謂你的專責小組便沒有開會了，但專責小組內的幾位，主要的如何兆煒醫生、高永文醫生和劉少懷醫生，都是你的專責小組最重要的成員，但他們卻沒有參加這個Steering Committee，那麼你覺得在疫情進行的時候，你認為派一個醫管局的人員去SARS Daily Roundup Meeting是否足夠呢？

Dr YEOH Eng-kiong:

Mr Chairman, we had considered the best organization, because I was very concerned, in relation to the time that we spent in meetings and the time that we spent in actual work. Because the Hospital Authority had also their own structure, and of course they had their Round-up meetings, which I know every morning took about two or three hours in the morning where all the Chief Executives of the hospitals, all the executives from the Hospital Authority would be attending. And if we had required the Hospital Authority to attend all the meetings chaired by the Chief Executive, I think it would have been very difficult for the Chief Executive of the Hospital Authority to function because then the clusters I believe had also their own meetings to coordinate the work in each cluster.

So I took the view that I would be doing the coordination myself with the support of my Bureau colleagues because I would know all the issues that had been dealt with, that the Government needs to deal with, and the issues that the Hospital Authority would be encountering. So I undertook to perform this bridge of communications between the Government and the Hospital Authority, which was how we worked normally anyway. Because most of the issues in the

Chief Executive's Committee dealt with broader issues of public health functions and some of the impact on the other segments of the community. Although there were concerns on hospital infection, but there were mechanisms whereby, when it was necessary, we could always get the Chief Executive of the Hospital Authority, or the Chairman of the Hospital Authority to attend the meetings of the Chief Executive. In fact, my recollection is that in one of the sessions they did in fact attend.

I think that it worked well, because if not to have them as regular members, only when they were required, as and when, it worked well, because we were still able to work efficiently. And the communications after the initial part of the outbreak generally was not a problem.

丁午壽議員：

OK。好，我沒有問題了。

主席：

沒有了，是嗎？麥國風。

麥國風議員：

謝謝主席。楊醫生，我想瞭解一下，你的局的專責小組在14日開始成立，接着也開過幾次會議，分別是在14日、17日、20日和24日，接着25日便有特首的督導委員會了。我想瞭解一下，特首其實一早都已知道了，在14日已經和你一起去過沙田威爾斯親王醫院造訪。其實在這段時間，你是何時覺得特首需要成立一個督導委員會，以及你有沒有與他就最新的形勢有甚麼溝通？

Dr YEOH Eng-kiong:

Mr Chairman, certainly right through the outbreak I had been in very close communications with the Chief Executive to brief him on the situation as it progressed, because it progressed so rapidly. There were frequent communications with the Chief Executive. Sometimes I would ring him, sometimes he would ring me, sometimes we would meet in his office, and I kept him updated on the progress and the situation, what everyone was doing, and he expressed to me his views and his concerns.

But as the number of SARS patients continued to increase and the disease's social and economic impact became more severe, issues then arose in decision-making, which required input from many policy areas. For instance, on the issue at that time, if we remember, there was concern about schools, whether we

should close schools, because a lot of the children of the families of SARS patients who themselves then subsequently got SARS, did not follow the advice given by the Department of Health and actually went to school. So there was a lot of concern and anxiety among the parents and in the community, and there were questions whether we should be closing schools.

So, obviously, that was a decision which I could not make. I could only offer my advice, and it was a decision which the whole Government had to make in its entirety. So as the epidemic evolved, there were then many issues and it required a committee beyond the health sector. So in our discussions, he discussed with me that he intended to set up this Committee and that he intended to chair it himself. And I think that is how it progressed. Of course as he then head this overall Committee, then I had to obviously adjust the way that I functioned so that there would not be too many committees in the overall epidemic control.

麥國風議員：

你開始覺得需要，發覺這許多……你剛才說過有些學生不聽衛生署的忠告，照樣上學，那麼你何時開始覺得特首需要介入，或者更高層需要介入？因為你剛才說過，你經常與特首或者特首找你溝通，你是在甚麼時候覺得還是由特首他老人家去處理這個問題較好一點？

主席：

麥議員，你問的是日子，是嗎？

麥國風議員：

是的，甚麼時候？因為我們不清晰，現在要求證嘛。

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall the exact date when we discussed this, because in my interactions with him there were such frequent interactions that I did not record when we had this specific discussion. But my recollection is that it probably occurred between the 20th and the 25th, around that time, I would say around the 20th or thereabouts, because the Committee was set up on the 25th. So my recollection is it was probably discussed, probably around one or two days before this Committee was set up. But I cannot be precise about the exact date.

麥國風議員：

剛才局長你說過，有些學生不聽忠告照樣上學，可是在你的專責小組裏面其實是沒有提過的，因為我看你的會議紀錄，在20日你曾經略略提過關於學校的問題，但沒有說過有些學生好像你剛才所說般如常上學。你看看你的SARS Task Force Meeting, Third Task Force Meeting on 20th March，為甚麼你沒有提過呢，局長？

Dr YEOH Eng-kiong:

Mr Chairman, the issues started surfacing around that time. I think it was probably subsequent to that, where there were issues relating to some of the, I remember the Director of Health reported to me that there were one or two students that had gone to schools and had not followed instructions and when they were in schools they had fever. But, fortunately, when they did the subsequent follow-up, then the disinfection, and they did not appear to have disseminated the infection to other students. And I was aware that the Department of Health, the Director of Health and the team had been in discussion with the Education and Manpower Bureau to see what precautions needed to be taken and how to set up this knowledge and preventive work in the schools. And I am aware that they developed guidelines where if a child had gone to school that should not have gone to school and had fever, then the school would be closed for a week and there would be disinfection of the school, and this was generally thought to be sufficient.

So these issues were not raised in the Task Group because the Director of Health had already dealt with the issue in terms of what needed to be done if a child had gone to school who was possibly a SARS case.

麥國風議員：

就特首的督導委員會，局長你有否就成員……我的意思是membership，就那個membership，你有否給特首提供意見？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall exactly our discussions, but certainly I recall specifically the Chief Executive discussing with me the inclusion of the Director of Health as part of the Committee. The other members, I think he may have mentioned some of them, but I do not recollect that we had a long discussion on who should be included.

麥國風議員：

OK，主席。我就這個部分已完結了，謝謝。

主席：

各位委員，就衛生福利及食物局專責小組的角色、功能，大家還有沒有甚麼問題？如果沒有，我們可以進入另外一個關於感染控制的部分……鄭家富。

鄭家富議員：

不好意思，主席，我想問一兩個關於文件A140，那是楊局長對於Hospital Authority那個report的一些回應，一兩個問題，好嗎？主席，可否請楊局長看一看A140那份文件？就是Annex C，講到“Chain of Command”那處。

主席，或許方便的話，我們請楊局長也看看HA Review的report 2.19段，因為局長這份文件“Chain of Command”是回應2.19和6.105段。主席，就2.19段，我想問局長，其實他們這個report的批評是對於首兩星期，即3月10日及3月24日，缺乏一個明顯的統領去面對SARS這個問題。局長在Annex C這份文件中只是輕輕帶過，說已有3個小組了。但其實我覺得仍然未能夠，而且我剛才聽局長回答我們同事的問題，似乎未能夠足以回應這個Panel的這個report所提到的，首兩個星期似乎大家，政府上沒有一個很明顯的統領。因為有時一些很重要的人物和部門，不是一起在決定上凸顯政府的central decision making body。局長可否再多說一點？因為你的Annex C似乎只說了一些fact出來，就是說有這幾個committee，但你怎樣解釋，特別是2.19最後那段所指，缺乏一個“effective strategic decision making at the highest levels”這個批評？

Dr YEOH Eng-kiong:

Mr Chairman, in relation to the Hospital Authority report, we have very clearly stated that many of the observations really were not valid because they were not verified: a lot of the information was not factual; there was no investigation done to look at some of these issues and roles. Certainly there was very little information that the Committee acquired from us formally and so we have said that we have obviously a lot of reservations about many of the comments made by the investigation committee of the Hospital Authority, which was intended to be an internal review. So, in fact when I actually offered to go to meet with the members of the panel, I made the remark that if they really

wanted to investigate the Government's role, it would require much more time and effort and that they needed to have much more information and documentation to make it a reasonable process.

But that has been made. On this particular point, I think it really highlights that the Committee of the Hospital Authority really did not understand how we were operating, because they had no opportunity of looking at the documents, discussing with us, interviewing people, how we actually worked.

As far as our command structure was concerned, it is very clear. It is accepted that, even when there is no outbreak, the Health, Welfare and Food Bureau coordinates all the health-related actions and policies in Hong Kong. We have many instances whereby, if there is a need to coordinate the work of the Hospital Authority, we form *ad hoc* committees. We have groups to discuss in meetings, if necessary. I very often do the coordination if there is a simple task and there is need for coordination between the Hospital Authority and the Department of Health. I can either organize a meeting and have the heads of the two organizations meet with me, or I can have separate conversations down the phone, if it is a very simple process.

In the context of SARS we set up this Task Force, and the Task Force comprised the key people from the Hospital Authority and the Department of Health. Both heads were members of the Task Force. In addition, their key deputies were also members of the Task Force. We also had the academics who were providing input. So the structure was very clear. The Task Force helped us do this coordination work and provide the input, and I myself was doing the coordination of the two organizations, in terms of the operational matters with the support of my Bureau. Because in my Bureau I have Deputy Secretaries and Principal Assistant Secretaries and Assistant Secretaries, who are designated to coordinate the work of the Hospital Authority and the Department of Health. So the structures were in place.

But as the outbreak evolved, obviously the working relationships changed, because we could not depend on a formal structure all the time. As I gave evidence last Saturday, in an outbreak of this size and magnitude and of such rapidity and severity, very often we had to short-circuit some of the communications. So I would, as the outbreak evolved, interact directly with some of the subject officers. For instance I was interacting directly with Dr Thomas TSANG, or I would interact directly with one of the Hospital Authority executives to understand how they were controlling the outbreaks. So these were the changing relationships that had to take place in this epidemic. But it did not mean that the chains of command were not clear.

I think that one of the, my understanding of the Hospital Authority's report is that they thought I should not go directly to the front line, which I completely

disagree with. I think it is exactly in this sort of epidemic, where the command structure is that the Secretary is accountable for the totality of the outbreak control, then he or she has got to have access to everyone in both organizations. But in fact everyone was informed of what was happening, so any decision I would have made would have been communicated either by myself to the Chief Executive of the Hospital Authority or the Director of Health, or their staff would inform them about some of the views that I had.

So I think in the context of the command structure, the chain of command, I do not see any basis for that criticism.

鄭家富議員：

主席，麻煩局長再翻到那個report的6.105段，因為你那個Annex C都是回應這兩段。在6.105段，Panel的report提出3個很具體的觀點，他們看到為甚麼沒有一個統籌、統領，然後當時有一些工作令他們覺得有這個結論。請局長告訴委員會——雖然他剛才不認同這個Review Panel——譬如第1點就是關閉威院或者醫院的關閉等等的問題，在討論當中沒有HA Board和“its Chairman being involved”。這裏要特別留意，希望局長要明白，6.105段說會議上沒有所有“key stakeholders”作為統籌和討論得出的結果。就着這個觀點，局長可否說一說你的見解？

Dr YEOH Eng-kiong:

Mr Chairman, I do not know what this Panel was referring to. Certainly as far as our Task Force was concerned, the key stakeholders should be the Health, Welfare and Food Bureau, the Hospital Authority and the Department of Health. The executives were all represented. And we also included the expert from the World Health Organization and some of the local experts to advise us. So the key people were there in our Task Group. In any decision that would have been made, it would always have been a decision made in the context of the Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority, because these were the key organizations involved in the public sector in the outbreak control.

So, I am not clear in terms of what issues that they felt did not include, what other key stakeholders that this Review Panel was referring to.

鄭家富議員：

第2點，局長，譬如說你的局和衛生署提供一些……這裏用“issued instructions to HA staff without the HA Chief Executive’s knowledge”。

Dr YEOH Eng-kiong:

Mr Chairman, I am not aware of what issues, what examples that they were referring to. Obviously at the working level, at the operational level, there would be instances where the Department of Health and the Hospital Authority would be working in parallel, and there would be agreements in terms of what needed to be done. The Department of Health, being the public health authority, certainly in the context of public health functions, would have a role in terms of advising of what needs to be done from the public health perspective.

There are no examples of what these instructions were. I am not really clear what instances this Panel was referring to and whether there was any basis at all for these remarks.

鄭家富議員：

第3點，局長，是關於你們局作出“instructions to HA Chief Executive without the HA Board’s involvement”。

Dr YEOH Eng-kiong:

Mr Chairman, during the outbreak I had very frequent meetings with the Chief Executive of the Hospital Authority and the Chairman of the Hospital Authority. We had regular meetings together. The Chairman himself understood, in an outbreak of this nature, that many of the communications would have to be made directly at the executive level. But the Chairman was kept informed, or was consulted on any major decisions, either by the Chief Executive or by myself, so I do not think there was any issue of communication to the Board. The Board really wanted to do its best to support the outbreak control but felt that many of these functions had to be done at an executive level. But if there were decisions that the Board should be involved and the Board should be informed, they were certainly either consulted or informed.

鄭家富議員：

主席，在第6.105段那一頁，有關“Central command”那部分，Director of Health給Review Panel的時候，說了一段說話。我想請局長看一看，之後我有一個問題，特別是提到前衛生署署長，她表示，“It is of utmost importance to have political commitment at the highest level to build adequate capacity for communicable disease surveillance and response”。局長在星期六亦曾提過——在回答主席第一個問題談及你的角色時——局長，你是一個政治任命的局長，但你自己本身都是一位醫生，你是否覺得在這角色上，即是在打這場仗的統領上，你覺得你自己在前衛生署署長提到的

一個政治的 commitment，即是政治的……投入，或者是政治的那個……

主席：

使……

鄭家富議員：

……問責的……角色……

主席：

使命，是嗎？

鄭家富議員：

對，使命，對不起，多謝主席。

主席：

嗯。

鄭家富議員：

即是政治的使命，由最高層面作一個最高的統籌。你覺得在整個戰役中，你能否做到例如前衛生署署長所提到這一點的角色嗎？

Dr YEOH Eng-kiong:

Mr Chairman, when the outbreak occurred, we set up this Task Group and this Task Group provided that organization for us really to use as a basis for the central mechanism to coordinate efforts. But as the outbreak evolved, the Chief Executive's Steering Committee provided overall leadership because the issues extended, as I said, beyond the health sector. We also then had other mechanisms. My Permanent Secretary also had an Interdepartmental Action Coordinating Committee to support the work of the health sector. So all the structures were developed as the outbreak evolved to meet the changing circumstances. I absolutely agree with the Director of Health's statement, but I just want to state categorically that all these were put in place when the outbreak occurred. As the outbreak evolved the structures were also adapted to meet the changing needs of the circumstances.

As far as I was concerned, obviously I had the ultimate accountability for the health work that is done in Hong Kong, and I did my best to provide that political commitment and leadership in tackling the problem.

鄭家富議員：

之後的那一句亦特別提到有一個“central mechanism to coordinate efforts of all disciplines and sectors during the epidemic”。你覺得……因為你在上星期六提到——如果我沒有記錯的話，主席，我希望確定局長是否曾提到這樣的一個角色。你是否曾提到，在SARS期間，你覺得你自己有時亦會角色混淆，用“confusion”這個字。主席，是嗎？

我想問問，如果局長你曾經提過有角色的混淆，根據我們一直所聽到那麼多的證據和口供，醫管局屬下有7、8個不同的委員會，局長自己本身最初也有一個Task Force，其後再由特首統領的Steering Committee來取代。從種種證據可見，似乎打這場仗的最高統帥，在政治的層面，由最初局長你轉移至特首。而你自己本身在初期表示，角色有少許混淆，於是乎會否令人覺得，缺乏了——特別在最初的兩個星期——缺乏了一個中央十分具政治任命和使命去作出一個最終統籌與及發號施令的人，而令到整個戰役一開始便陷於苦戰呢？

Dr YEOH Eng-kiong:

Mr Chairman, I obviously do not agree with that statement. Right at the onset, the Task Group and my involvement in coordinating and holding the political responses was very clear. At the start of the outbreak, when we did not know how the outbreak would evolve, it was appropriate that I would provide that overall coordination. I came out to brief the public on a daily basis, even before the World Health Organization coined the term “SARS”, with acceptance of this very difficult role of communicating in the early part of the outbreak when little was known — was a political role I undertook that without hesitation.

I undertook to present myself as the person responsible for the decisions in tackling the outbreak. Obviously I cannot agree with the comments made by the Honourable Mr CHENG.

The confusion of roles, I think, was not a comment made by me. If I have given Members that impression, I do apologise. This confusion over roles was a comment made by the Expert Committee commissioned by Mr TUNG to review our outbreak. And it was making reference not to my confusion but to the confusion of public perception of roles, because I think the issue was relating

to the discussions on the community outbreak where they were making reference to the political and the professional role. My understanding is that they were concerned because if I made the remarks relating to how the outbreak was evolving, the public would perceive that there would be some political motivation behind it. So they thought that it was better, and of course it was something that when looking back, I also accept, that there may be a perception that some of the things I say.....as the person politically accountable for the health sector, although the facts may be such, but the political perception may be that I am using that to play down, as it were, the outbreak.

I think the context of confusion of roles was not my own confusion of roles, but the public's perception of this role of myself as a professional and as a person responsible for, accountable for the health sector.

In fact, I believe that my own background in the health sector, both my experience in the hospitals, in organising management in public health enabled me to provide much more input than a Secretary without that background.

鄭家富議員：

主席，最後一個問題。我想問一問局長，在SARS這場戰役中，你覺得誰是最高統帥？

Dr YEOH Eng-kiong:

Mr Chairman, obviously there are different responsibilities. For the performance of public health functions, it is the Director of Health. But for overall coordinating the health sector's outbreak control, it is myself. And for the overall total responsibility of SARS, the impact on the total community, then it was the Chief Executive.

鄭家富議員：

那即是說有3大支柱、3大統帥，而你的角色，只是其中一個而已，是不是這樣？

Dr YEOH Eng-kiong:

Mr Chairman, that was how I would be seeing the context of the overall leadership and responsibilities for these very different levels of functions.

鄭家富議員：

在3月10日至3月24日，即是特首的Steering Committee在3月25日組成之前的兩個星期，你不覺得你應該是這場戰役的最高統帥嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I said that it was an evolving situation. I have already in my submission talked about the evolving roles before the outbreak, as the outbreak occurred in the early parts, and as the outbreak escalated to require decisions beyond the health sector. Obviously, before the Chief Executive's Steering Committee's role was set up, I undertook most of the roles. But ultimately whatever happens to the Hong Kong community, it goes back to the Chief Executive. My responsibility, obviously, is in the context of public health, but the impact on the health of the community and my remit does not extend beyond that aspect of health. Obviously I have to be mindful of the impacts on other areas of our social system. But I am not responsible for the other aspects of our social system.

鄭家富議員：

但是衛生署在政策和行政架構上，是屬於局長你的管轄範圍。你是否覺得衛生署的工作的執行，都要由你統籌及認許？

Dr YEOH Eng-kiong:

Mr Chairman, obviously the Director of Health has statutory functions. There are functions given to the Director of Health that are not given to me. For instance in the enactment of the Infectious Diseases Ordinance, the Director of Health is the public health adviser to the Government. He or she is responsible for infection control and public health in Hong Kong. There are not just statutory powers, but also administrative responsibilities that the Department of Health has. My role is to oversee and supervise this and to provide the policy guidance to the Department. Obviously in the implementation of the role as the public health authority, the Director of Health is accountable to me in how he or she carries this out. So I have a very close monitoring and supervisory role of the Director of Health's work.

鄭家富議員：

所以其實即是說，你是她的上司，即是前衛生.....即是衛生署署長的上司，那麼衛生署的角色和決定，如有任何出錯或者被批評，最終都應該由局長你作政治上的承擔，你是否同意？

Dr YEOH Eng-kiong:

Mr Chairman, I have said right through that I accept total responsibility for the work of the total organization. Even if the Hospital Authority is not directly, it is an independent organization, but I have taken total responsibility for the whole management of the outbreak.

Obviously what and how one takes responsibility will really depend on the different functions that are performed. My function, as I did state in my submission to Members, is that one must also recognise that the supervisory and monitoring role also is related to the structure. I have stated in my submission that the Bureau has 200 staff. There is only one professional staff in the Bureau in the health sector. Of course the way that we monitor the work is through reports and monitoring of the work of the Department. We can only monitor in terms of making sure that there are procedures and processes and to be alerted if there are problems in terms of the operations. So, there are mechanisms for this.

Obviously, when the outbreak occurred, we had systems in place in contact tracing, public health functions, which had worked well before. Obviously we had to depend on the systems to deal with the outbreak. However when it started to surface, because we then had the monitoring system to see how they were performing, and once it surfaced that these systems needed to be built up, we then immediately took action to work with the organization to get the systems built up very quickly, for instance, the e-SARS.

There are certain functions, obviously there is an issue relating to the statutory functions, and of course this is the separation between the professional and the political role. Of course this area of public health is a very difficult and sensitive area, because all the public health statutory powers reside in the Director of Health: whether you declare a disease an infectious disease; whether we should enact the Ordinances to quarantine. I still recollect that in the issue of the Order for Isolation in Amoy Gardens, I asked the Director of Health to enact her powers.

These are issues that we encountered. The statutory functions reside in the Director of Health. If the Director of Health had refused or refused to enact it, obviously we would then have to depend on our administrative powers. This has been a very unique experience in the tackling of this outbreak in terms of this balance between the professional and the political role. Obviously, in the organization of our Government, ultimately we have two powers: one of course is the statutory powers; the other would be the administrative powers. The Director of Health is managerially accountable to me. Of course ultimately the instructions can be given by the Chief Executive for certain actions to be taken.

鄭家富議員：

主席，不好意思，因為局長……我原本不是打算問這麼久的，不過因為局長剛才提到3大支柱，我希望多問一、兩個問題，因為這是頗為重要……

主席：

根據他所說，是3個level。

鄭家富議員：

3個level，對，3個level。關於這3個層次的決定或者打這場仗，局長，你是否覺得……如果在政治上，便有特首；在前線或者公共衛生方面，則有署長；你會否讓人覺得你除了淡化3月14日的疫情之外，你現在也想向委員會淡化你自己的角色，好像在推卸這場SARS戰役之中的責任？

Dr YEOH Eng-kiong:

Mr Chairman, I would have thought that it is the reverse. On the 14th of March, I took on this political responsibility. I took on a very active and more direct role in monitoring, in understanding what the situation was. I took the initiative in getting a Task Group to try to collate new information. These were very active measures that were taken. Right through, and as the epidemic evolved, my political role continued. I just hope that there is no misunderstanding to say that the political responsibility was carried by the Chief Executive. That is not what I said. I just said that the overall total responsibility of dealing with the outbreak in terms of the impact on the total community and the other social systems were not within my responsibility. Ultimately this is the responsibility of the Chief Executive.

So it did not imply that, because he took on overall responsibility for the totality of the outbreak in terms of the economic and social impact, that I did not continue to carry my political responsibility for dealing with the health sector. I just wish to reiterate that and to clarify any misunderstanding I may have given to Members.

In terms of the work of the Department of Health, in fact it was the reverse of what the Honourable Mr CHENG is referring. In fact I took on much more responsibility than you would have expected another Secretary to take on who was not a professional. I was involved in many of the operational matters of both the Hospital Authority and the Department of Health. I took a very active role in investigating each and every outbreak, provided input to the public health

professionals as to what actions needed to be taken, what further investigation needed to be done. It is entirely the reverse of what the Honourable Mr CHENG is referring. I would be happy to clarify any misunderstandings, if I had given, on why I should have given that impression that I was in fact shirking off my responsibilities.

主席：

各位委員，我建議大家集中就事實那部分去搜集。如果就大家的意見或者一些感覺去尋求澄清，而這澄清與事實無關，我相信我們再舉行多兩天的研訊，也未必能夠完成，各位委員。

鄭家富議員：

其實剛才那些問題，對於接下來提出的問題……關於局長剛才所說，如果他給我們的感覺，令我們有一些誤解，他會作出澄清，那些……接下來的步驟和工序，便可以回應剛才局長的答案，所以我不會再進一步提問。

主席：

OK，你沒有問題了。首先是勞永樂，接着是麥國風。

勞永樂議員：

嗯，主席。楊醫生，關於剛才你提到角色混淆那方面，剛才你似乎……如果我的理解沒有錯的話，你說你自己沒有角色混淆，所混淆的是公眾對你的不同角色的感覺，公眾有時會以為你有政治的動機等。我想問一問你，譬如你出來說“社區沒有爆發”這些言論的時候，你是以甚麼角色說的呢？那時候，你的角色是甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, right through the outbreak I only played one role, that of the Secretary for Health, Welfare and Food, and no other role. It just happened that I had in my possession background knowledge and experience that helped me provide myself a better understanding of the outbreak. It provided me with the opportunity of doing a bit more than you would expect a person without that background and experience.

勞永樂議員：

即是說，以局長的角色？

Dr YEOH Eng-kiong:

Absolutely.

勞永樂議員：

局長的角色，是一個政治任命官員的角色，你是否同意？

Dr YEOH Eng-kiong:

Mr Chairman, obviously within our constitutional system I am appointed by the People's Republic of China on the recommendation of the Chief Executive.

勞永樂議員：

是。即是說，那都是一個政治的角色。

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

勞永樂議員：

所以公眾認為你所說的話有政治背景，其實公眾都沒有混淆，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, no, I think this is what is written by the Expert Committee. It is just the possibility that, because of my own professional background that, I was able to explain some of these things and put that perspective, that was thought to be a confusion of roles.

勞永樂議員：

是。會否其實你自己都有混淆，就是你混淆自己作為一個醫生的角色，以及作為一個政治任命官員的角色呢？譬如說，作為一個醫生的角色，很多時候希望安慰病人。你是否把公眾當作病人加以安慰，對他們說一些好的東西？

Dr YEOH Eng-kiong:

Mr Chairman, I think that is certainly not what I was doing. I only played one role and that is the role of Secretary for Health, Welfare and Food. I think one of the difficulties that we all have as individuals is that we all have different experiences and backgrounds, and obviously those experiences and backgrounds will influence people's perceptions. It will also help or impede us in our own work. I think this is quite natural.

勞永樂議員：

好的。我們進入第二個話題，再說說你和衛生署署長的關係。我們都聽得很清楚，現在都瞭解到衛生署署長是政府最主要的衛生顧問。你與她之間的關係，在管理架構上，衛生署署長要向你負責。楊醫生，你都會同意我這一點吧？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

勞永樂議員：

雖然衛生署署長有一些立法的權力，或者主動推動立法的權力，但如果衛生署署長需要立法的時候，她都需要你和局在政策上的支援，你是否同意我的說法？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

勞永樂議員：

是。除了政策上的支援，衛生福利及食物局亦都負責聯繫其他部門，例如找律政司草擬有關法案，你是否同意我的說法？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, I cannot understand what the problem is.

勞永樂議員：

嗯。如果在政策上，你不給予支援，或者你不擔當聯繫的角色，不着手推動、找其他政府部門協助立法，那麼即使衛生署署長希望立法，亦無法做到？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, that is correct.

勞永樂議員：

嗯。所以實質上，雖然法例是這樣寫，但在權力架構中，其實你在公共衛生方面執掌最大的權力，你是否同意我的說法？

Dr YEOH Eng-kiong:

Mr Chairman, it depends on what functions you are referring to.....

勞永樂議員：

嗯。

Dr YEOH Eng-kiong:

.....Obviously in terms of enacting legislation, it is the Legislative Council that has the ultimate powers. If we require to enact any legislation, Honourable Dr LO is absolutely correct that the Director of Health would make a recommendation and would seek policy support and would then seek the Department of Justice's support to draft the legislation, and then to submit to the Legislative Council. But there are many powers which are already given to the Director of Health in the laws. The use of these powers are entirely with the Director of Health's.....

勞永樂議員：

嗯。

Dr YEOH Eng-kiong:

.....because there are many laws which have already been enacted for public health control, which do not require further policy support because these are already in place.

勞永樂議員：

是，那些已是既定的政策。你剛才提過，淘大花園爆發的時候，你建議衛生署署長需要立法，我有沒有聽錯？你剛才是不是這樣說？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, in my submission I did say that after discussion in the Task Group, after discussion on the options of isolating E Block residents, after the meeting, I asked the Director of Health to enact her, to exercise the necessary statutory powers to isolate Block E residents.

勞永樂議員：

好的。其實我們都是……有一個……經常回到一點，就是有關的立法日期是2003年3月27日。其實，世衛在3月15日已將SARS正名，即是正式給它一個名稱。有關的討論點就是，相差了12天。既然你說在淘大的時候，你在3月26、27日的時候吩咐衛生署署長立法，其實這10多天的延遲，是衛生署署長沒有向你建議，抑或你沒有吩咐她？主動權在哪一方面呢？或者遲了這12天，究竟誰人出了問題？是你抑或衛生署署長？

Dr YEOH Eng-kiong:

Mr Chairman, I just want to clarify that on the 30th I did not ask the Director of Health to amend the Ordinance, to put in a recommendation to amend the ordinance. What I asked her is to exercise her powers because the powers were already given to her. The inclusion of SARS in the Infectious Diseases Ordinance, and within the powers, would enable her to isolate the E Block. So I asked her to exercise her powers.

Before the 26th of March, the issue of putting SARS in the Infectious Diseases Ordinance was never brought up. Obviously the first time that this was discussed and brought up, recommended by the Director of Health was on the 26th of March……

勞永樂議員：

嗯。

Dr YEOH Eng-kiong:

……in the Task Force. So before that, this issue was never surfaced. I was not aware that, at that time certainly, aware of the need for this enactment. I depended on the Director of Health to make her recommendation. When she recommended this on the 26th, I agreed with the recommendation and then discussed this in the Chief Executive's Steering Committee.

勞永樂議員：

“Never surfaced”，即是說，並沒有浮現出來。其實似乎不止這一項never surfaced before a certain date。問題就是，衛生署署長是政府最主要的衛生顧問。如果她所給予的意見並不足夠，應該surface的時候，沒有surface，即是應該浮現的時候，又沒有浮現，其實政府有沒有機制，以看看顧問所做的工作是否足夠？第一，為何在26日之前需要立法這一點永不浮現？你們有沒有機制以探討為何沒有浮現呢？另外一點就是，你在星期六到來的時候，我亦曾問你，你的陳述書亦有提到，在2月10日之前，其實你似乎並不知道廣東省爆發非典型肺炎，你透過白紙黑字寫給我們。那麼其實你的主要衛生顧問，有沒有給你意見？有沒有提醒你發生了這些事？如果她沒有提醒你，你有沒有一個機制以確定她所給你的意見是否足夠？

Dr YEOH Eng-kiong:

Mr Chairman, the Director of Health is the public health authority in Hong Kong. The Government obviously has to depend on the professional advice and input from the Director of Health. If there were any other Secretary, as in the past, the Secretary would be 100 percent dependent on the Director of Health's advice, because there is no other way that the Secretary would have any insights as to what is required. One would have to wait until in the monitoring mechanism either there is a voluntary reporting of the issue or a problem surfaces, simply because that expertise and that authority resides at that level.

So, you cannot go beyond that level because that is where the expertise is, that is where the functions reside. The mechanisms of making the interfaces between the administrative and the professional level are always difficult. At the administrative level obviously we need to look at it from a broader context in terms of whether there are systems, whether there are processes. It would be very difficult for the administrative organization to be accountable for the professional decisions made by the person that you have in your organization that is responsible for that professional role.

勞永樂議員：

嗯。

Dr YEOH Eng-kiong:

In the context of the Infectious Diseases enactment, we would have to depend on the advice given: whether that was necessary to include this in the

Infectious Diseases Ordinance. It is only when we are advised there is a need, we would discuss it. If there is no advice of a need, we would not discuss it.

My understanding at the time is that the Director of Health thought that the systems that were put in place were adequate because the Hospital Authority and the Department of Health had already formed this mechanism at the hospital level to do the outbreak control, to investigate the cases, to identify any cases at the earliest possible time, and to identify contacts of the patients and to advise patients the necessary precautions taken, advising them not to go to work, not to go to schools, and to be hospitalized at the earliest possible time. She also told us that there was no problem with identification because the other reason that you would include it in the Infectious Diseases Ordinance is to require doctors to notify the Department of Health. All those things were happening in a voluntary manner. What was lacking was the legal basis if people did not conform to that advice, and we were not aware there were problems in conformance. So, in terms of the enactment to the Ordinance, it really served to protect us if there were individuals that refused to comply with those advice.

勞永樂議員：

是，是，我們聽到政府的局長需要倚賴和倚重衛生署署長的權威。是否由於這個理由，當署長在2003年2月11日向你建議，那個階段不需要即時派人到廣東省，你就因此而接受了她的建議呢？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I had discussions with the Director of Health. In that context obviously the explanations given to me were reasonable at that time: that she had been in contact with the World Health Organization; she had been in contact with the Beijing authorities, and that the information we had got was forthcoming; and they kept us updated on the progress made.

Obviously I think going to Guangdong Province formally was something that I did discuss with her. My recollection is that the difficulties she explained to me would be in terms of the readiness. If people, if the Guangdong authorities were not even receiving phone calls, the readiness of the organization to receive you and to give you the information would have been suspected. I accepted those explanations and I did not insist upon it, particularly since we had another source of information from Beijing which at that time seemed to give us the information that we required. It was seen to be an authoritative source because we knew that there were issues of differences in views between Beijing and Guangdong Province. Of course, if we had stepped in, unless we had information from the two sides, it would have been very difficult for us to decide.

We already had that information from Beijing, and in addition, we also had the liaison with the World Health Organization to understand what was happening. Those were the authorities that we would have got information. A formal visit may not have yielded more information. So this is basically the gist of my recollection of discussions with the Director of Health. So, I accepted her explanation.

勞永樂議員：

在管理架構上，作為衛生署署長的上司，你對這個下屬在SARS期間的表現，尤其是我剛才提到的那幾個建議，你有甚麼評價？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, we all worked, we all did our best in trying to contain the outbreak. Obviously it was not an easy time because the outbreak called for different skills and different sets of working relationships that were not called for in our day-to-day practices. I am of the view that everyone in the organization did try their best within their capabilities to tackle the outbreak.

勞永樂議員：

是。雖然你這麼說，你是否同意，雖然衛生署署長是政府的主要衛生顧問，亦是你的主要顧問，如果你一旦接受了她的意見，你自己本人都要負上責任？

Dr YEOH Eng-kiong:

Mr Chairman, as I said before, whoever make decisions in the organizations ultimately are carrying the accountability.

勞永樂議員：

主席，我停止發問。

主席：

雖然剛才勞永樂議員主要是問局長和署長的關係，不過討論範圍已涉及感染控制那一部分，所以我建議接下來的問題，大家可以就這個範圍繼續提出……大家希望得到的一些資料。首先是麥國風，然後是陳婉嫻。

麥國風議員：

謝謝主席，但我仍會首先問問那個關係的問題。剛才局長告訴我們，你倚賴前衛生署署長作出很多決定，但你又表示，提到你asked D of H作一些法例上的修改。我想問一問你，你是局長，但又有一個專業資格，你曾向我們表示，有一個叫做.....qualification.....

主席：

麥議員，你繼續問下去之前，剛才你描述局長的作證，與剛才他所說的有點不同。他說在30日吩咐署長執行已經修改的法例所賦予的權力，而不是修改法例。你剛才的問題，似乎是提到吩咐她修改法例，但他剛才所說的，是在3月30日行使法例的權力。

麥國風議員：

OK，我是問他asked.....所以我便問，為何他要asked呢？為何要要求或者.....他以英文說的時候，採用“asked”一字。局長，因為你表示你自己有一個Fellowship，Hong Kong College of Community Medicine，這是在2000年的，會不會當時如果前署長覺得你也有一個專業資格，她便倚賴你，由你作出一些決定，或者你作出.....很多事情你都可以作決定，你可以提出建議。因為局長剛才提到，如果不提出討論，便不用討論了。他剛才這樣回答勞永樂議員。我希望知道，在關係上，你們大家會否.....因為那麼不清晰，即是大家.....尤其是你是有專業資格的局長——在醫療方面。

他剛才提到，就以前來說，如果局長沒有專業資格，便完全需要倚賴署長，他很清楚說出這一點。會不會因為這樣，便搞亂了大家的關係，而令到工作推遲了？我想問一問局長對這方面的看法。

Dr YEOH Eng-kiong:

Mr Chairman, I just want to clarify in the first place, that my fellowship in the Academy of Medicine in the College of Community Physician is in the specialty called Administrative Medicine. There are two branches in the College of Community Physician: one is in the public health branch and one is in administrative medicine. Administrative medicine is the area of health management which, with my experience in the Hospital Authority as the Chief Executive, enabled me to get this recognition from the Academy. I am not a

public health community physician. So I have certainly not been trained formally in public health, although I have experiences working in public health. I certainly do not see myself as having that same expertise as the Director of Health in public health because not only is she trained in public health, she has also had experiences right through in her career in working in public health. My work has been mainly as a clinician in a hospital managing a large organization. I have had some involvement in public health work in my days working in HIV AIDS and hepatitis too. I just want to clarify that.

The second is obviously I think as a public health authority, one could not depend on a person with my background to identify all the public health needs.....

麥國風議員：

嗯。

Dr YEOH Eng-kiong:

.....That is quite clearly, the professional expertise does not reside in myself. I just happen to have some knowledge which would enable me to ask questions and maybe cite certain things and provide certain inputs.

Both in terms of expertise and the structure, the Director of Health is the health authority. She has expertise. There is also a large team of public health officials in the Department of Health. So all the expertise, the functions and the powers reside in the Director of Health and the Department. My role is one of supervisory, and also in the outbreak, to coordinate the outbreak controls and to ensure that we have systems to monitor and to rectify any deficiencies as we saw.

Of course, my knowledge in health service management and my experience in public health, some experience in public health, enabled me to be more proactive in monitoring, in asking questions and providing advice and input. So at no time, was there any confusion of the roles between the Director of Health and myself.

麥國風議員：

嗯。你自己沒有confusion，即是沒有混淆，那麼你覺得前衛生署署長有沒有混淆？

Dr YEOH Eng-kiong:

Mr Chairman, I have not seen any evidence of that confusion of roles. Certainly she has not expressed any concerns of this to me.

麥國風議員：

你剛才說過，作為衛生署署長應該 identify public health needs，那麼前衛生署署長在 SARS 期間，有沒有找到應該……那個需要——在這方面的需要？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, it was in response to, as the outbreak evolved, on the 26th of March in the Task Group the Director of Health recommended a whole basket of measures, one of which was to include SARS into the Infectious Diseases Ordinance (Cap. 141); the second was to designate the Princess Margaret, or one of the HA hospitals, preferably Princess Margaret Hospital, as the designated hospital to receive new cases of SARS from Designated Medical Centres; also advising that schools should be closed. It is a whole series of measures that she identified when the outbreak in the Amoy Gardens surfaced.

麥國風議員：

你剛才又說到，如果見到有些問題你就會矯正——“rectify”，you used the word “rectify”。那你在期間有沒有矯正過前衛生署署長……有些 deficiency，有些漏網之魚之類？

Dr YEOH Eng-kiong:

Mr Chairman, I would not refer to “deficiencies”. Obviously as I said, as the outbreak evolved, it was of such a magnitude and scale and occurred with such rapidity. All our systems that we had which serves us well for the last fifty years were not able to cope with the outbreak in the manner that we thought should be done. One example was obviously the development of this contact tracing system, the e-SARS system which I felt needed to be done right away. The Department of Health worked day and night, the colleagues, I am aware, in the regions worked day and night to do the contact tracing. But with a manual system, and with the lack of real-time information of the patients when they were admitted, there would always be a lag time. When the patients were admitted to hospital, you need to have time to work out and make a diagnosis to confirm that the patient has SARS because there was no diagnostic test. So very often it depended on the clinical presentation and how fast a diagnosis could be made, and how fast this case was then notified to the Department of Health. Very often by the time that the cases were notified to the Department of Health, it was quite a few days after the onset date. The contacts would have been exposed and they would have been in the community. So we needed to have a very, very efficient system. Of course this was something that I spotted and thought needed to be rectified, and that is why we did not know those new systems.

This is one example of the things I did. Because of my background, I was able to be more active in initiating some of the changes that were required for the outbreak control.

麥國風議員：

主席，其實我接下來的兩、三條問題都是關於那個角色的。

我想瞭解一下，局長在醫院管理局……它有一個檢討委員會，並且有一本這樣的最後報告。檢討委員會的成立，你有沒有給予任何意見？

Dr YEOH Eng-kiong:

Mr Chairman, the Hospital Authority's Review Panel, the Chairman of the Hospital Authority informed us that they were setting up this Committee. So, I was aware of this Committee before it was formed. But it was more for information than anything else.

麥國風議員：

那對於它的職權範圍，你有沒有給予意見？

Dr YEOH Eng-kiong:

Mr Chairman, when this was first brought up, the Hospital Authority Chairman discussed this with me because he was aware that the Government was also setting up the Expert Committee. He told me, he assured me that the work would be complementary, that they would deal with the internal operations of the Hospital Authority. The Government's commissioned Expert Committee would be more in terms of the more macro issues: the work of the Government, the work of the Department of Health and the work of the Hospital Authority and the totality of the system; whereas the work of the Review Panel of the Hospital Authority would be an internal review.

麥國風議員：

那是否作為局長，你應該會跟這個檢討委員會充分合作的，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I absolutely said I would. That is why, when they wrote to us to ask for the roles of the Hospital Authority, between the Government and the Hospital Authority, I volunteered to attend their meeting. I offered to present

myself. In fact they did not ask me to attend their session. I volunteered to attend the session of the members of the Panel.

麥國風議員：

OK。請看一看我們的文件H2(C)，翻至130035，其實就是局長和這個檢討委員會見面那一天。請看第19段，當天夏佳理想要求局長……

楊永強醫生：

慢着，先等一等。

麥國風議員：

130037，第19段。那個會議紀錄，應該找到了吧？夏佳理主席要求閣下：“drop in a note on the lessons to learn and future contingency plan which would affect HA”。但接着這一句便有趣了：“Dr Yeoh was reluctant to comply as the HA Review Panel was tasked for internal review”。當時為甚麼你不肯去應夏佳理主席的要求，給一個所謂你……你有甚麼學習到了？“a note”而已。叫你給一個note你也不肯，當時是為了甚麼？

主席：

麥議員，我作為主席，首先要問清楚，你現在所問的問題跟我們的調查有甚麼關係？我們不是在調查有關這些檢討的工作，或者是醫院管理局有關檢討局長的表現的問題。除非你能夠告訴主席，你的問題跟我們的調查有關係，否則我就建議局長無須回答你的問題。麥議員。

麥國風議員：

局長說會充分合作，就整個事宜……

主席：

我是在問你，跟我們的調查有甚麼關係。因為我一直在等待這一點在你的問題逐步顯現出來，但到我聽了你幾條問題，我仍未看到你的……跟我們的工作有甚麼關係。如果沒有，我們可否……

麥國風議員：

我們都是……局長在整個SARS事件，他是有很大的角色的……

主席：

我們處理的是SARS爆發，不是處理那個檢討工作做得好不好。如果你是沒有關係的話，我們在這裏停一停好嗎？

麥國風議員：

我……

主席：

我建議我們休息10分鐘，我們回來，然後繼續我們其他部分的研訊，好嗎？

(研訊於上午10時39分暫停)

(研訊於上午10時53分恢復進行)

主席：

我先交給陳婉嫻，接着回到麥國風、李柱銘。

陳婉嫻議員：

謝謝主席。局長，我也想問問你和署長的關係，因為我見到從14日你成立Task Force，署長也有在座，一直到董先生的CE meeting是3月25日開始的。如果按照你剛才回答我們的問題，你說署長於3月26日才提出修例，那我想問問，實在你從14日成立Task Force至由董先生成立的meeting，在這期間，會否有些情況令你的顧問不願向你直言，還是她礙於你的關係而沒有提出？我有點不明白，她要到了由董先生主持的會議才提出，在你主持的Task Force，她一直都沒有說，是為了甚麼？

主席：

陳議員，事實上她不是在董先生的會議提出，而是在Task Force中提出的。

陳婉嫻議員：

主席，那天是26日。

主席：

但那是Task Force，不是……

陳婉嫻議員：

我知道，那即是在會……

主席：

……Steering Committee，是嗎？

陳婉嫻議員：

她在那個……

主席：

是26日的Task Force提出的，是Steering Committee？是Task Force，對了。事實是她不是在董先生的……

陳婉嫻議員：

……CE，CE，她亦有提出。你翻看附件，G字的附件。

主席：

是在Task Force完了，然後在CE的Committee提出，是嗎？

陳婉嫻議員：

沒錯。

主席：

大家清楚事實便行。楊局長。

Dr YEOH Eng-kiong:

Mr Chairman, I am not aware that there were any difficulties in working with the Department of Health at any time either in the early part of the outbreak

or subsequently. The recommendations were made by the Department of Health in response to the outbreak as the outbreak evolved. This occurred on the 26th of March when the cases from Amoy Gardens started to surface. But I believe in fact the cases had started to increase even before the Amoy Gardens, because we were then dealing with about 200 to 300 cases in totality. The infection had also been detected. As I referred earlier to Members in my evidence, there were some children of school age who were contacts of SARS patients who, although advised not to go to school, actually went to school and had fever. There were reports of individuals who had fever and then went to work. Some of these issues were already surfacing. I believe that because of the evolution, the Director of Health saw it was necessary to enact, to have made new recommendations that she brought this up in the Task Group. In the Task Group we discussed this and there was total agreement with the recommendations made. So there was no issue relating to any difficulties of our working relationships.

陳婉嫻議員：

局長，不過我看回在董先生主持的第一次會議——3月25日，董先生亦提出有關這方面，他覺得是否需要有些隔離的措施呢？你當時回答董先生，認為沒有實際需要，你覺得是不需要的。我想問這是否你一貫對這問題的看法呢？你翻看CE meeting的第一個會議紀錄，是有的。

Dr YEOH Eng-kiong:

Mr Chairman, the issue of quarantine was brought up as long ago, as CHAN Yuen-han said, in the CE's Committee on the 25th. But prior to that, statements I made in the CE's Committee was after having discussed this quarantine measure with the Director of Health. When it surfaced that Singapore was enacting the quarantine laws — in fact Singapore announced that they were proposing quarantine of contacts of SARS patients, my recollection is, one or two days before that — when this was announced to the public, I discussed this with the Director of Health whether we should follow the same practices. I was advised by the Director of Health that there would be practical difficulties in enacting this. There would also be issues relating to public health. This is not just the advice I got from the Director of Health. I also understood from the public health community that there were concerns of enacting quarantine laws in modern day history, because this is something that had not been enacted in any developed countries for many decades. So, in the public health community there was concern about this very intrusive law, which would require people to give up their rights.

The other concern was whether this would have a contrary effect. The concern being that, if you had these draconian powers, it would discourage people from coming forward for treatment, and in fact could have the reverse effect and could then discourage anyone who had illness to come forward, because you require this person to be quarantined.

It was on the basis of this that I made the statement in the Chief Executive's Committee. This statement was made after consultation and discussion with the Director of Health and also based on my knowledge and discussions with other public health individuals, experts.

陳婉嫻議員：

局長，我想將時間.....或者你剛才不能回答我，因為在鄰近幾個有SARS的地方，最早做隔離的就是新加坡。新加坡是3月6日，我們是在討論直至3月25日，特首提出來。當時你認為此舉效果不大，亦不實際，亦只能短期紓緩市民的憂慮，時間很長。你剛才說那批有憂慮，恐怕人們走，我知道你後來在一些會議上也說出來，我只想提醒你留意日期。新加坡是3月6日，但你直至3月廿.....

主席：

陳婉嫻，那些個案3月8日才有，所以它不可能在3月6日會執行quarantine。我記不起實際日期，但.....

陳婉嫻議員：

不要緊，不要緊，我們可以再查一查.....

主席：

.....不會是3月6日.....

陳婉嫻議員：

.....總之是比我們早很多的。當然我記得它最初提出時，我們香港人有些憂慮，但很迅速我們市民便有共識，肯定日期不是.....麻煩主席或秘書處查一查日期，不要緊。所以我的意思是，一直從3月14日成立Task Force，署長一直沒有提出。直至董先生在3月25日問到SARS病人的家人是否需要家居隔離，但當天局長回答，亦認為這做法的效果不大，亦不實際，只能短期紓緩市民的憂慮。我主要提出的焦點是，局長你到那天為止，你也沒有感覺到要做這個有關修例的事情。如果你沒有的話，作為一個署長，她是隸

屬你的一個顧問，她怎能超越你的範圍提出呢？這是我的感覺，我看不到事實，不過我希望由你回答我。自從董先生跟他們開會之後，你發覺她接着在你26日的Task Force，以及接着在特首的督導委員會亦提到這個修例，你會否覺得你和她之間，可能你令她沒有發揮，到了董先生那處，她才有發揮？這個我看不到，我又沒有任何證據，但我的感覺是這樣。

Dr YEOH Eng-kiong:

Mr Chairman, my information – and perhaps Members can verify this – is that Singapore did two things. Based on my information that was available to me, they included SARS in their infectious diseases ordinance on the 17th of March. I was not aware of this, but they instituted the quarantine orders on the 24th of March. This is the information I have, but Members can verify the dates.

Certainly I was not aware of the enactment of including SARS in the infectious diseases ordinance on the 17th of March. Obviously it would have been consequential because you have to include it in the infectious diseases ordinance first, before you can then enact the quarantine laws. Even in Singapore there was one week from the time they enacted the ordinance to the time they enacted the laws. We came to know about it at around the 24th of March. Once this was enacted in Singapore, I remember very clearly that I had discussed this. I brought this up for discussion with the Director of Health, and asked her whether we should be doing something similar. This is something that I took the initiative to ask the Director of Health.

As I also said earlier, the managerial responsibility, as the Honourable CHAN Yuen-han said, is ultimately I am responsible managerially. But in terms of the professional accountability, the Director of Health and the Department is the professional organization and has the professional expertise in all matters relating to public health. I must say that, at that time, I am not in possession of all the public health knowledge, and nor should I have that because I am not the public health authority. My role is managerial, and of course having the accountability for the total health system.

I was not aware of the need to enact that law until a time, when Singapore had this quarantine order given, I discussed this with the Director of Health. The need for the public health laws have got to be identified by the professional body, which is the public health authority, the Director of Health.

I, certainly, am not aware of any difficulties in the relationships that would have in any way hindered the Director of Health's discussions or recommendations to me because there were no issues or conflicts that we encountered at that stage. We had always had a very cordial relationship. We

had an excellent working relationship. There were no issues in terms of our working relationships at that moment in time which would have prevented the Director of Health from making the recommendations to me.

In fact, we also had this Task Group, the Task Force, which would collate and coordinate all public health efforts, and that would have been the forum, and that was the forum, where any recommendations made by the Director of Health would be discussed by all parties concerned. This was never brought up until the 26th of March. There were ample opportunities both in the Task Force and personally for discussions of any public health measures which required policy support. In fact, on many occasions, even the recommendations made by the Director of Health on the 26th of March, most of them she had discussed with me prior to the recommendation. For instance, the closure of schools, we did discuss this, whether we should recommend closure of schools. I do not remember the exact date, but certainly it was shortly before the recommendation was made. Many of the recommendations were discussed with me before they were put forward in the Task Group.

陳婉嫻議員：

局長，我想問問，你說3月24日，你曾經向衛生署署長提出有關這方面的修例，我想問是在正式的Task Force會議內，還是在你跟她的談話中？

主席：

對不起，他是在說隔離的政策，而不是修例……

陳婉嫻議員：

隔離，沒錯，隔離的政策。你是在Task Force內提出，還是在其他會議提出？有沒有文件？

Dr YEOH Eng-kiong:

Mr Chairman, there is no document of that. This was because of my relationship with the Director of Health. In my interactions with the Director of Health, as with the Chief Executive of the Hospital Authority, I have frequent interactions with them and most of these are on a verbal basis. It was not in a meeting. There were many times during the outbreak that we met and discussed issues. It was in one of these opportunities that I took this up with the Director of Health, to ask her about the possibility and usefulness of this measure of quarantine.

In fact, Mr Chairman, this issue about quarantine in the public health arena is something which public health experts express caution, as I wrote in my submission. Most of the public health experts fear the reactions that a community would have in imposing these measures. Even worse still, the biggest fear would be discouraging people who have the illness, or think they have the illness, from reporting the illness.

I think these were things that we discussed. I accepted the assessment made by the Director of Health and did not take it further.

陳婉嫻議員：

局長，我想問，當時你這樣提出後，是否署長告訴你，如果做這個決定，可能有些困難。她說過這番話嗎？剛才這番說話，是不是她對你說的？

Dr YEOH Eng-kiong:

Mr Chairman, certainly my recollection is that she saw great difficulties in making sure that this could be enacted. She thought that this would not be something practicable and acceptable. In fact subsequent to this, in the Isolation Order of E Block in Amoy Gardens, where I did ask the Director of Health to use her powers. In fact, she was quite reluctant to enact these powers because she thought there would be a great concern from the international public health community, simply because these were things that were not done in modern day history in many different, in any advanced economy. When I asked her to exercise her powers, she expressed this concern, of how people in the public health community, in the international public health community, would view Hong Kong because they were very draconian measures.

So I am just putting into context the prevailing sentiments and opinions of public health authorities on quarantine laws. Even now I am told by my public health colleagues that, when they go to international meetings, they are constantly asked by health authorities all over the world how we enacted this quarantine ordinance, because there is very little experience in modern societies in enacting this ordinance in terms of the acceptability of the public, the reactions of the public and what effects it could have.

陳婉嫻議員：

局長，你剛才說當到了.....應該是.....3月30日，要做修訂有關防疫條例時，是否你說署長不大願意？是3月30日嗎？

Dr YEOH Eng-kiong:

Mr Chairman, yes, it was in the exercise of the Infectious Disease Ordinance powers. The Ordinance had already been gazetted and enacted, and it was the exercise of the powers to isolate the residents of E Block.

主席：

陳婉嫻還有沒有問題？

陳婉嫻議員：

即是條例修訂，不過她不想行使這個權力，是不是這意思？

Dr YEOH Eng-kiong:

In the context of the E Block residents, yes.

陳婉嫻議員：

好，謝謝主席。

主席：

現在是剛才有4位舉了手，我還是依次序問下去，大家好嗎？先是麥國風、李柱銘、何秀蘭，接着是鄭家富。麥國風。

麥國風議員：

多謝主席，我也其實是再問關於檢討委員會剛才的議題。當時夏佳理主席問你有甚麼“lesson to learn”，其實我想問局長，他接見你那天，其實……雖然夏佳理說你沒有做，但8月15日當時你說就SARS的爆發或整個事件，你有甚麼學習到的？我想請你告訴我們。就8月15日當時來說。

主席：

局長，這個問題非常闊，你可以向我們說上個多小時，但我希望很簡短地把精點……究竟SARS期間學習到甚麼？當然你給我們的文件，在不同的地方都有提到這些學習到的東西……

麥國風議員：

簡單地啦，主席，可以嗎？說幾點來聽聽，譬如你有否有效控制爆發？修訂法例是否適時？接着提供有關的醫療，或者其他的事宜，多方面吧。簡單地對我們說說，好嗎？

Dr YEOH Eng-kiong:

Mr Chairman, obviously a lot of lessons are learnt through the SARS epidemic. We recognised that in fact as I acknowledged that our healthcare system worked well for many decades and we had been making many improvements, we provided a very efficient and effective health service.....

主席：

不如這樣吧，楊局長，不好意思，主要是我覺得很難處理這問題。你可否告訴我們委員會，你有甚麼文件，除了交給我們的文件外，是交代你在整個SARS期間學習到甚麼的？因為我擔心如你說出10點，卻可能漏掉第11、12點，於是我們便不斷問第13點、14點，可能會用很長時間。你可否告訴我們，你有哪些文件是交代過這些所謂“lessons to learn”的？

Dr YEOH Eng-kiong:

Mr Chairman, I think if Members would have wanted a comprehensive review, it would be the recommendations of the Expert Committee, which we have accepted in totality on the lessons learned. These are the lessons that we are taking forward, the corrections that we are taking forward.

I think obviously one of the key things is that the system was never designed to deal with an outbreak of that size, magnitude and rapidity. So we had to move quickly during the outbreak to review the system to address the issue. But of course that is something that was done during the outbreak. We saw the need to continue to build up the system so that we would be able to tackle some of these new and emerging factions of the size and nature and rapidity of onset as SARS.

These are essentially the lessons learnt, and of course the systems that we built in with the facilities; the re-organization of the Department of Health to the centre for health protection; enhancement of some of the public health roles; review of our public health legislation; the training of our health professionals in infection disease control; and the improvements in the facilities. It is a whole set of things, but essentially they are all embodied in the report written by the Expert Committee.

主席：

楊局長，因為麥議員問的問題就是你個人學習到的事情，你有沒有任何文件提交過給例如專家委員會，是你個人從經驗中的總結和學習到的東西？有交代過嗎？

Dr YEOH Eng-kiong:

Mr Chairman, many of the things that were discussed in the Expert Committee of the Government were in discussions with us in the Bureau. The lessons learnt were as part of the review process. In fact I share in many of the same conclusions as the Expert Committee, but we did not write a document as such. My recollection is that we did not have a separate document. It was in the course of the investigation of the Expert Committee that we discussed some of the issues. In fact we had the same conclusions, but there was no document as such.

主席：

麥議員，因為從效率的角度，因為你的問題太闊了……

麥國風議員：

OK，我想是的。至少我們要知道，我們都要求證，知道他有沒有文件之類的。如果局長說就專家委員會，他似乎這樣告訴我們，是“照單全收”了，是嗎？但似乎他個人，我覺得……我當然想知道他個人有甚麼……作為局長也好，或作為一個醫療的……

主席：

他沒有文件，很清楚。

麥國風議員：

OK。我想，主席，我暫時不就關係發問了，我想讓其他委員問……

主席：

但他們沒有關於關係這部分的。

麥國風議員：

是，我不問這方面了，我或許遲些再問吧……

主席：

你也是問防感染的，是嗎？李柱銘，你問的範圍是涉及到感染控制那部分的法律、修改的事情，是嗎？

李柱銘議員：

或者讓其他人先問。

主席：

何秀蘭，你是否要問關於工作關係的？

何秀蘭議員：

我會想問法例的修訂那部分。

主席：

那我們實質上已經進入了防感染控制，麥國風議員，你想先問還是讓其他人先問？

麥國風議員：

或者我先開始吧。局長，不如我們討論就SARS的命名……

主席：

我們不是討論的，我們是問證據的。

麥國風議員：

問你關於SARS命名。世界衛生組織——WHO在3月15日很清晰發出SARS這個命名，但你的局，若根據多方面的證供，曾經發出過指示，要將SARS這個名稱改為SRS。但如根據其他紀錄，其實Task Force Meeting，即你局的第一個meeting，是14日的，也是用SARS的，17日也是用SARS，到20日開始用SRS，24日也用SRS，26日也是用SRS，接着30日改回SARS了。我想請問為甚麼會有這些改變？

主席：

局長。

Dr YEOH Eng-kiong:

Mr Chairman, when the term “Severe Acute Respiratory Syndrome” and the abbreviation “SARS” was coined by the World Health Organization on the 15th of March, I expressed a concern on the labelling of using the abbreviation of “SARS” and the labelling of this in terms of the similarity with our Special Administrative Region, “SAR”. Because it was a new term, I did ask the Director of Health to communicate with the World Health Organization to see whether this abbreviation could be changed. This was on my initiative. I thought it was reasonable to do so, because this name was new and had not stuck in people's minds. Because people were still getting used to this new phenomenon, there was an opportunity to change it so that there would be no confusion with the “SAR” or Special Administrative Region.

麥國風議員：

局長剛才說 labelling，即應該標籤香港了，是嗎？是這意思嗎？局長。

Dr YEOH Eng-kiong:

Yes, Mr Chairman, obviously I think if one could avoid the confusion with the “SAR”, then one would have liked this to be done.

麥國風議員：

你其實說出兩點，主席，一個就是混淆了，一個就是他剛才所說的 labelling，即標籤。究竟你當時比較擔心哪樣？究竟是混淆了這個名稱與香港特別行政區的 SAR，還是害怕 SARS 這名稱標籤了香港特別行政區呢？

Dr YEOH Eng-kiong:

Mr Chairman, at that time, obviously, I think it was not something that was predominant in my mind. Something that was I thought if we could do something about, we should. I do not even recall which it was that was an issue, but obviously both were things that I thought if we could avoid, we should avoid.

麥國風議員：

你剛才說到你請衛生署署長與世界衛生組織溝通，你要求陳醫生作這溝通，是甚麼時候的事？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall exactly but it was quite early, probably a day or two, two or three days. It is quite soon after, but I do not recall the exact time or place.

麥國風議員：

但你們3月17日的Task Force Meeting仍然用SARS，即似乎你要求陳醫生與世界衛生組織討論命名，似乎應是在3月17日或之後，接着3月20日你便用SRS了。

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall because this may not actually be reflected in the notes of the Task Force meeting because it was general discussions with the Director of Health that I thought, if we could do it, we should do it. This would then be subsequently reflected but not necessarily on the same date as the day I brought this up. It would be around that time frame.

麥國風議員：

但為甚麼你們的Task Force Meeting沒有提及這名稱需要更改？或者你與世界衛生組織討論命名，是否可以有更好的命名呢？為甚麼會議紀錄都沒有提過？

Dr YEOH Eng-kiong:

Mr Chairman, because it was never an important issue for the Task Force to discuss because this was something that I felt if we could deal with it, that we should deal with it. It was never an important issue for us to discuss in the Task Force. The Task Force was dealing with the whole infection control and dealing with this outbreak. So the name was not the concern of the Task Force.

麥國風議員：

那你知不知道世衛有甚麼建議？

Dr YEOH Eng-kiong:

Mr Chairman, in fact I did not bring this issue up again. I am not aware that the Director of Health had actively pursued this with the World Health Organization.

麥國風議員：

SRS和SARS，沒有了acute這個字，那你覺得有沒有問題？其實你個人覺得有沒有問題？雖說有標籤或者混淆，但沒有acute，急性啊！尤其是我想在斷症或者在定義上，和世衛的定義，會不會擔心有錯誤斷症，還是怎樣？你有想過這問題嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I think, when I asked the Director of Health, what my discussions with her, my recollection is that I asked her to discuss with the World Health Organization whether there was a better term. The “SRS” was just a convenient way for us to avoid this labelling in the early stages. If we were able to get the World Health Organization to come up with an equivalent term, which may not be necessarily Severe Respiratory Syndrome.

But subsequently I have asked my colleagues in the clinical field about “SARS” and “SRS”. Most of the clinicians that I have asked, my colleagues asked, said the Severe Respiratory Syndrome usually would imply the acuteness because there are rare instances where you have a severe chronic respiratory syndrome. There are also corollaries in pediatrics, where you have the Severe Respiratory Syndrome in newborns, where the word “acute” is not used, but it is an acute phenomenon. So in newborn infants they have the Severe Respiratory Syndrome, which is a very severe syndrome, which is also acute, but the word “acute” is not used.

I think the most important thing is that we were not suggesting necessarily what name should be used. I did suggest that we should discuss this with the World Health Organization and see whether there was any opportunity to change the abbreviation certainly in the very short time that it was coined. But I did not insist on it, and I am not aware that the Director of Health took any active measures to negotiate with the World Health Organization.

When on the 26th of March the Director of Health proposed this basket of measures and we agreed to enact the Ordinance (Cap. 141) to add SARS into the list, I confirmed that we should use the accepted terminology of the World Health Organization, “Severe Acute Respiratory Syndrome”, in the Ordinance. There was no debate or any discussions relating to the difficulties we would have in enacting this at any time in our formal meetings or informal meetings. So whether it was “SARS” or “SRS” was never a hindrance to the amendment of Cap. 141.

麥國風議員：

那你當初要求前衛生署署長與世衛組織商討，你說negotiate，當時前衛生署署長她自己有沒有就SRS或SARS有任何意見？她的立場是甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall that there were any. I cannot recall whether there were any positive or negative comments. I just made these comments and left it at that, and I do not recall that the Director expressed any opinion.

麥國風議員：

就這名稱，特首有沒有任何意見，即SRS和SARS。他有沒有給予過任何意見？

Dr YEOH Eng-kiong:

Mr Chairman, I do not have any recollection of the Chief Executive expressing an opinion. I probably informed him of the things that I was doing and some of the concerns. At the early part of the epidemic, when the term "SARS" and the case definition was put forward by the World Health Organization, we did see difficulties in the case definition and we reflected this to the World Health Organization and they amended some of the case definitions because it was a new disease. The case definition evolved with time, and this was based on also, sometimes, the input from Hong Kong because we had a large number of cases. We had experience in some of the symptomology. I would have reflected these to the Chief Executive. But I have no recollection of his expressing any views on this matter.

麥國風議員：

剛才你說過你請教過臨床專家關於SRS這名稱，說原來在兒科有一個解釋。你請教過甚麼臨床專家？可以告訴我們嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I did not consult our clinicians directly. My colleagues in the Bureau asked them. I believe that there were two respiratory physicians that they asked. They were of the view that Severe Respiratory Syndrome would have sufficed, but this is obviously their opinion.

麥國風議員：

可以告訴我們是哪兩位嗎？

Dr YEOH Eng-kiong:

I do not have the names at hand. I would have to consult my colleagues on the two clinicians that they consulted.

麥國風議員：

主席，我可以要求取得這兩個名字的，是嗎？應該可以……

主席：

如果有需要的話，是可以的。

麥國風議員：

有需要。其實當時已經有混淆了，如果堅持用SRS，其實在兒科有個很清晰的解釋。這SRS不是代表我們當時的急性肺炎，完全代表不到，是嗎？所以如在臨床角度，肯定有更多confusion，或令混淆增加，而……

主席：

不需要討論了……

麥國風議員：

……好了，OK，好嗎……

主席：

……你覺得需要那個……

麥國風議員：

……我需要，即那兩位臨床專家，他說的clinicians。

主席：

局長，如果你回去跟你局的同事，看看可否提供當時問過些甚麼專家的意見。

Dr YEOH Eng-kiong:

OK。

麥國風議員：

還有，局長，在兒科有SRS，你知不知道SRS還有否代表其他臨床的abbreviations，尤其在斷症的角度上？

Dr YEOH Eng-kiong:

Mr Chairman, maybe I have to be a bit careful. I am not aware of some of the confusions of the abbreviations. What I was saying is, that syndrome does not have the word “acute” in it, and it still denotes the “acuteness” of the nature because of the severity. I am not aware of any abbreviations that would confuse the terms.

麥國風議員：

那你有沒有搜查過，或請前署長瞭解SRS有否代表其他斷症？

Dr YEOH Eng-kiong:

Mr Chairman, I was not aware that there was any danger of confusion with other diseases, and even that example I gave - because this was the information given to me, and I have to check with my colleagues the exact terminology used - but I was just trying to demonstrate that the word “acute” was not used in those severe syndromes in pediatrics where it was of an acute nature, but the term “acute” was not used. The actual terminology I would have to check with my colleagues.

麥國風議員：

另外，梁栢賢醫生先前跟我們說他收到電郵，不過當時他不知是從哪裏來的電郵，要求他們不可用SARS，要用SRS。你有沒有印象這個電郵是你發出的，還是你局內的下屬發出的？

Dr YEOH Eng-kiong:

Mr Chairman, I was not aware of the details of these communications. My colleagues knew that I had expressed a view on trying to get the World Health Organization to change this abbreviation if possible. In order to avoid any confusion, I believe that my colleagues instituted certain communications. So in our communications with the public we should be using “SRS” instead of “SARS” until such time that we had been able to clarify this with the World

Health Organization. So it was mainly for communication purposes. It would be consistent in what we presented to the public and probably, as a result of that, I would imagine that the Task Group minutes kept it as “SRS” instead of “SARS”.

麥國風議員：

26日其實已決定用SARS了，我想瞭解一下，由你局內的尤曾家麗女士統領的行動協調委員會，在28日開會那次……我們的文件就是A1(C) Annex 1。Annex I，不是Annex 1，是“I”，不是“1”。請局長看看Annex I。看到了吧？SARS Inter-departmental Action Co-ordinating Committee 28日的Action Checklist，28日為甚麼當時又想“To consider whether the name of the disease —— 應該是SARS —— in the Gazette has to be amended in the longer term”呢？為甚麼？甚麼意思？還有……

Dr YEOH Eng-kiong:

Mr Chairman, I was not aware of these discussions in the Interdepartmental Action Coordinating Committee. I would imagine that this would still be in the context of that we were not aware of the outcomes of the discussions with the World Health Organization. I would postulate that my colleagues were just putting this as a check point. In case there were any changes in the name, we would have to amend the Ordinance accordingly. This was just a precaution that was written here, rather than anything else.

麥國風議員：

Precaution? 不是大家已經全部接納，是一致的，所謂沒有consensus嗎？已經有consensus的話，沒理由還要考慮修改的。為甚麼可以……尤曾家麗女士應該很清楚決定的，已經用了SARS。

Dr YEOH Eng-kiong:

Mr Chairman, it is exactly that we used it in the Ordinance. If there is any change in the terminology, obviously the ordinance would have to be changed. I think this was just anticipatory in case there are any changes, to put a reminder. If the terminology is changed, obviously the gazette has got to be amended. I guess this is what this action checklist meant. It is just to consider. It is not to amend it.

主席：

局長，可不可能在3月28日，這名稱的討論不涉及SRS和SARS，可能涉及到coronavirus這個term的問題，而並非SRS、SARS的問題？

Dr YEOH Eng-kiong:

Mr Chairman, this could also be one of the considerations. I was not party to the discussions. Because “sub-acute”, “Severe Acute Respiratory Syndrome”, as the Chairman indicated, is just a collection of symptoms that you give when you do not know the disease. As we go along and we know more about the disease, it becomes more specific. “Sub-acute”, this Severe Respiratory Syndrome, is a collection of symptoms : it is very non-specific. So this could be one of the considerations by the Committee.

Mr Chairman, one of my colleagues has reminded me of a correction that led to confusion just now, to the Honourable Mr MAK about the “SRS”, which I apologise for. The description that was given to me by the pediatrics is not “Severe Respiratory Syndrome” but “Severe Distress Syndrome”.

麥國風議員：

這便完全不同了。

Dr YEOH Eng-kiong:

Yes, Mr Chairman, the point was that the word “acute” was not used. Because Mr MAK was asking whether the word “acute” would in any way influence the description of that illness, I was using “Severe Distress Syndrome” to say that it was an acute phenomenon. Yet in that terminology, “acute” was not used.

麥國風議員：

我仍然不能接納為甚麼尤曾家麗女士領導的協調小組當時……雖然局長不知道，但是否你的局或者有關人士仍然堅持，或者想用回SRS。你是否可以告訴我，當時至少由你領導的局已經決定用SARS，雖然法例已經修改了，但會否還有些討論是考慮有可能用SRS這名字？

Dr YEOH Eng-kiong:

Mr Chairman, certainly it was not something that we insisted on, and I just let matters take its course. It was never an issue that we brought up for

discussion again. At very early in the outbreak, I asked the Director of Health to discuss with the World Health Organization. The Director of Health did not report to me whether she took any action. I am given to believe that she did not, and I did not pursue this matter any further.

麥國風議員：

當時，你們整個醫療界……我想，你局內是用SRS的，但其實你知否衛生署並非用SRS，他們所發的新聞稿是用AP的。為何會有這樣所謂的混淆？你知不知道？

Dr YEOH Eng-kiong:

Mr Chairman, obviously there are issues in communications in a large organization where the consistencies of communications are important. We are aware in the earlier part of the outbreak there were some differences in usage of terms which, after being brought to our attention, we rectified them.

麥國風議員：

就修改法例方面，我想瞭解一下，26日決定修改法例，應該是由……我想證實，是由前衛生署署長主動提出抑或你ask的？又或是怎樣？我想瞭解清楚。

Dr YEOH Eng-kiong:

Mr Chairman, on the 26th, when the recommendations were made about including SARS as a notifiable disease, this was recommended by the Director of Health.

麥國風議員：

以你的專業角度，或者作為局長，應瞭解到SARS事件當時的整體情況。你個人覺得是否有需要早些立例？

Dr YEOH Eng-kiong:

Mr Chairman, when this was brought up, I agreed with the recommendation.

麥國風議員：

不是，我所指的是有否早些立例，可否早些立例？早於26日呢？因為26日才由前衛生署署長提出需要立例。就你個人而言，

有否想過應早些立例？你今次為何不用“ask”這個字？你又請她早些立例呢？

Dr YEOH Eng-kiong:

Well, Mr Chairman, as I said, I am not the Director of Health. I am not trained in public health. I do not have access to all the knowledge and resources of the Department of Health. So I was not aware of all the public health measures that needed to be taken. Obviously as the outbreak occurred and evolved, I actively engaged myself in public health work and I became familiar with the public health, with the Infectious Diseases Ordinance. And that is why on the 26th of March I asked the Director to exercise her powers because I was aware of the public health laws and the details of the laws. Of course, with time I learnt more and more about the public health functions and the exercise of these functions in controlling disease. But prior to this I had limited experience in public health work. So I did not know of the.....the need for some of these measures were not raised and I was not aware of them at that moment in time.

麥國風議員：

雖然你說你不是很清楚，但你周邊有很多顧問，周邊有很多官員，難道他們也沒有提過需要早些立例？

Dr YEOH Eng-kiong:

Mr Chairman, if we needed to have these laws, if there is a need for this enactment, I would expect the Director of Health to be the first person to discuss them with me. Certainly the other experts who were present, including the World Health Organization expert - because their roles are somewhat different - they have expertise in different areas and they are not public health people - the WHO expert would be in public health, but the people are not familiar with our laws, so it would be very difficult to expect other individuals to raise these issues. We would have to depend on the Director of Health and the Health Department to provide us with this advice, because they are the organization that is responsible for public health functions in Hong Kong.

麥國風議員：

可否這樣說 —— 假如前衛生署署長於26日仍未提出立例，會否到了4月仍沒有立例呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think that is speculative. Because I guess by the 26th of March, all of us saw the escalation of the problem with the Amoy Gardens, and

things would have to change and something else would have to happen in public health functions. I would envisage that we would certainly have had to discuss and review the total public health strategy, whether the strategy that we had prior to this.

It was not that we did not have a system in place because, as I said earlier, the enactment of our laws is a prudent step, but it enables you to do two things: one is for there to be statutory notification from doctors, so if doctors do not notify, then you have the law behind you. But the Director had already said that the doctors were generally cooperative and there was no problem with notification.

The other problem is that we already had a system of finding cases and doing contact tracing early, and that generally the patients had been cooperative. At least we did not know that patients had not been cooperative at that point in time. The patients had been cooperative and they were following instructions. So the enactment of laws was just a safeguard in case people did not follow instructions, then you have to fall back on the law.

But even after we enacted the law, it still very much depended on the system, because we could not have a policeman stationed in each home. In order for you to have full compliance, 100 percent compliance, you would require someone to be there 24 hours a day to ensure people follow your instructions. Or if you move them to a place of quarantine, you had very close security.

So the laws enabled us to do certain things, but the whole enactment of the ordinance still required the cooperation and acceptance of the community. So in the enactment of the Infectious Diseases law, the quarantine orders, although we had the laws at that time, it still required the cooperation of the citizens, and this had to be done in a gradual way. The whole evolution of the control was having voluntary measures first, enacting the Ordinance, and then exercising the powers of the Ordinance in a gradual way, initially with the more liberal measures like voluntary home confinement, and going to Designated Medical Centres, and then moving on to the home quarantine at a later stage. And this gradual approach was accepted by the public and was generally an effective strategy.

麥國風議員：

局長剛才所說的轉捩點就是指淘大的爆發，可否這樣說呢？你們打算立例是因為淘大的爆發。你看到escalating.....你剛才用“escalating situation”，並指淘大的爆發事件可說是一個轉捩點。你準備修改法例，將SARS納入檢疫之列，是否這個意思？

Dr YEOH Eng-kiong:

Mr Chairman, the escalation was a gradual thing. I did mention that in the early part of the 20th of March or thereabouts, the 21st, 22nd, 23rd, even before the Amoy Gardens outbreak occurred, the number of cases was already increasing from the Prince of Wales outbreak, and there were instances where children had gone to school. So the escalation had already started in a gradual way, but it was precipitated by the Amoy Gardens outbreak on the 26th. So the preparation and the discussions on the measures really started some time around there, and we were thinking about different measures already. But certainly the basket of measures was recommended only on the 26th when the Department of Health reported the first cases in Amoy Gardens.

麥國風議員：

請局長看看A35號文件。關於統計數字，其實你於上星期六已經看過。找到了吧，局長？

Dr YEOH Eng-kiong:

Yes.

麥國風議員：

你看到其實到了23日，已經有247名香港市民感染SARS，26日有319人受到感染。你們實在沒有可能於先前感染人數達到百多二百人時，還不考慮將SARS納入《檢疫及防疫條例》。你可否向我解釋，為何當時3月二十幾號還未立例之前，情況……你說了許多，又指疫情有機會受到控制，因為市民自願云云。你可否向我們解釋你當時的看法？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, we were already concerned about the increasing numbers, even before the Amoy Gardens outbreak. So in my evidence just now I did say that we were already concerned about the increasing numbers, and not just the increasing numbers but also the extent of the spread of infection to certain individuals that went to school and certain kids that did not follow the advice and went to school, and people who went to work. So the concerns were already surfacing even before the Amoy Gardens. And I did say that, in the preceding days before the Amoy Gardens outbreak, we already had cases in the 200 range. This is consistent with what I said.

Whether there is a need to enact the Ordinance would depend on the powers that we require. And the powers that we require would depend on what public functions they need to serve and, as I said, the Director of Health had put in place a system where they were able to do contact tracing.

So it is not a question of whether they had the law, but the case is.....and that's why the whole emphasis in my work with the Department of Health was to get swift contact tracing, because having the law does not mean that you are going to be effective in control. Having the law helps you in the control if there is non compliance. But the most essential point about the control of the outbreak was to have a system of swift contact recognition and swift contact tracing.

And that would not have necessarily been assisted by the law. Because the notification systems were in place; the hospitals were already reporting cases; and all the cases in Hong Kong came through the public hospital system. And they already had a system then of doing the contact tracing and the identification of cases. So, the issues were not really, in the escalation of cases, was whether or not there was an infectious diseases law, but the issue at that time was, more importantly, the ability of the contact tracing system to identify people early.

麥國風議員：

剛才局長告訴我們，即使沒有該條法例也無所謂，因你們曾進行contact tracing，追蹤接觸者的工作是完善的，可否這樣說呢？假如沒有淘大的爆發，據你所說，便無需立例了，對嗎？

主席：

麥議員，你剛才重複了問題，而局長亦已回答為“非”，即他不同意這問題。你再重複提問，我相信局長亦會重複答案.....

麥國風議員：

好吧，又是錄音帶。他提到關注“concern”，表示之前已有concern，但我覺得有些矛盾.....

主席：

即這個判斷.....

麥國風議員：

3月26日，前衛生署署長才提出一籃子的措施，包括將SARS納入《檢疫及防疫條例》。如果早些有concern，為何不可早些立例？你立例是擔心甚麼？如提早5天立例，你有甚麼需要擔心？我說立例有甚麼需要擔心，而不是說不立例有甚麼需要擔心。

Dr YEOH Eng-kiong:

Mr Chairman, obviously there is no concern in including the SARS into the Infectious Diseases Ordinance (Cap. 141). It is just that the issue was never raised, and the Expert Committee that the Government commissioned did say that it would be prudent to put it in the Infectious Diseases Ordinance, to put it in early. We accept that putting the SARS in the Cap. 141 at an early stage would be a prudent move. I am just saying that this need was not identified by the Department. Because to enact the laws, obviously we need to be advised by the Director of Health the need for such a law. And of course, if the Director of Health said at that time it was prudent for us to put it in, we would have supported it. But this was never brought up for discussion and I was not aware that the Department of Health was unable to serve the public health functions without this law.

So the law was useful, because it then subsequently enabled us to do things such as the isolation of Amoy Gardens, because without that law we could not have done it. So it was a prudent move to include it early in the outbreak. It is a matter of judgment, whether it should have been immediately or whether we should have waited until the 26th. On the 26th, when this was brought up, it was brought up in the anticipation of a need for the law, and right through, the Director of Health had not expressed a need at any time that, because there was no law she could not serve her public health functions. So I can only be advised by the Director on the need for the laws.

麥國風議員：

主席，我感到很混淆。局長表示曾有關注，即concern，但剛才又告訴我們，衛生署在前署長領導下似乎“needs not identify it”。我不明白，如果之前曾有關注，那些不就是需要嗎？不是看到……而根據這個統計表，24日已有265人受到感染，人數實在很多。

主席：

他已回答你的問題，你有沒有其他問題？

麥國風議員：

為甚麼你當時……我再問一問，根據當時的整體情況，不就是需要改例嗎？整體的情況……

Dr YEOH Eng-kiong:

Mr Chairman, the concerns, obviously, were that we had these infections that seemed to be involving many sectors. Obviously we were concerned about this, but the measures to address them do not necessarily have to be in the Ordinance. Like one of the concerns expressed was these kids going to schools and whether we needed to close the schools. Another issue that arose was the ability of the contact tracing system to deal with the issues. So then the measures to address it was not the law. The measures to address it would be to develop a new system that could tackle it effectively.

So there were many issues that could be dealt with, not necessarily by enacting the law. The law was enacted as a prudent measure so we would anticipate other problems that would arise. So in our discussions with the Director of Health, there was at no point in time until the 26th, when there was an expressed need to change Cap. 141. And certainly in the Bureau, whatever measures that were necessary, that whatever powers and functions and the resources that were required by the Director of Health, we would have provided it.

麥國風議員：

局長，如果你是前衛生署署長，會不會早些立例？早些要求立例？

Dr YEOH Eng-kiong:

Mr Chairman, I am obviously not the Director of Health. The Expert Committee has already expressed a view that it would be prudent, so it is really the prudence of enacting a law early. Of course this is the lesson that we accept and learn, and in the avian flu, if Members remember, even though we did not have a case of H5N1, avian flu, in Hong Kong, we have included H5N1 into the Infectious Diseases Ordinance, not because necessarily we needed the powers now, but it is prudent to have it in case we need the powers, we can use the powers.

麥國風議員：

局長，請你看看督導委員會第一次會議紀錄，3月25日。你有……即我們的文件A1(C)的Annex “G” for girl。局長，找到了吧？

都是關於檢疫 —— quarantine。看完了吧？第6段，局長。可否向我們解釋，特首問我們是否有需要將感染病人留在家中……感染病人的家屬留在家中，你說“said that it was neither effective nor practical to implement such quarantine measure although it might help to alleviate some public concerns in the short run.”。可否談談為何你會有這樣的……

主席：

麥議員，這個問題剛才……甚至你自己的問題已經問過，而他亦已答稱在24日曾跟署長溝通及討論等情況，他今早最少已重複過有關答案兩次。我不明白你為何還要問第三次，他如何解釋在第6段所說的一番話，因他已回答過兩次。我不知道你的問題……

麥國風議員：

他回答我時並非基於特首的問題，這個特首對他說……

主席：

剛才亦有引述這部分的紀錄，麥議員，這次並非今早第一次引述這部分的紀錄。

麥國風議員：

你不用回答了，不打緊。我想詢問局長關於戴口罩的問題，都是那份文件，第9段，特首“CE said that the Government should carefully consider whether there was a need to require all members of the public to wear face masks.”接着再往後一點，“Members noted that there already existed a shortage of masks in the market.”我想瞭解一下，當時特首好像很“威猛”，要求全民戴口罩，但最終我們聽不到特首在這方面可謂洞悉先機。我想瞭解一下，當時的討論，特首要求全民戴口罩，但又指市場出現缺貨情況。其實當時最終的討論結果，就是你們所說，“We should also announce clear guidelines explaining the proper use of face masks as well as its limitations.”。當時並無就特首的意見得出任何結論，即沒有提到我們不用要求全民戴口罩。你又提到短缺問題。其實當時你們正在考慮甚麼？考慮短缺問題，抑或根據特首所說，要求全民戴口罩？

Dr YEOH Eng-kiong:

Mr Chairman, obviously the whole Government was very concerned relating to this outbreak and, as in the minutes, to do anything possible to ensure the public would be adequately protected. So the use of surgical masks was one of the protective mechanisms. Obviously, I think, there was discussion relating to whether this was an effective or practical measure for the public to do.

Right through the outbreak, all the experts, including the World Health Organization, had said that the surgical masks were necessary for healthcare workers and for carers of people that were taking care of individuals with respiratory illness, and for individuals who had respiratory symptoms. These were the guidelines from the World Health Organization. This was the advice from our experts, and this was the line that we took.

Obviously we knew that the public was very concerned. So we did not discourage the public from adopting measures that they felt they were in control in protecting themselves. In the Government's view generally we would continue to encourage people who should wear face masks or surgical masks to wear them, and for individuals who were fearful that we would not discourage them, but we would also give them the adequate advice on the proper use of these surgical masks.

We were aware that a lot of people were not familiar with their use, and in fact wrong use of these surgical masks could be detrimental. I think Members will recall that during the outbreak, there were all sorts of masks being used, and masks that were contaminated would be taken off, and then of course if the masks were there to protect, the mask could be contaminated. So there is a whole very rigorous procedure of how one wears masks, how one takes off masks, and disinfects your hands. If you are not aware of the whole procedure, the wearing of masks not only would not be useful and helpful in preventing infection, sometimes it could be a source of infection as well.

So, having all those discussions in mind, this is the line which I gave, and as reflected very briefly in the minutes, was the position that we took.

麥國風議員：

但為何並無就特首說全民戴口罩.....雖然此份會議紀錄並非由你撰寫，但就特首說全民戴口罩，最終並無任何決定，可否這樣說呢？因為雖然你已表達意見，但就特首要求全民戴口罩而言，最終是否並無任何決定？可否說是不了了之？

Dr YEOH Eng-kiong:

Mr Chairman, I think the minutes say that the Government should carefully consider. I think that is the wording of the minutes, and in fact I have reflected that in subsequent communications with, even on the 23rd and 24th, and subsequently in my communications with the public I did reflect what I have just said. I have always advised the public that if they are taking care of a family member with respiratory illness; if they have respiratory symptoms themselves, they should wear a surgical mask; if they are a health professional, they should always wear a mask. For other people who are concerned, they should wear a surgical mask, but they should wear it in a proper way.

麥國風議員：

當時並無考慮短缺問題，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, in fact the supply of masks was a concern in the early part of the outbreak, and the Government Supplies Department was tasked to source supplies. I remember that the Director of Government Supplies actually flew to Shanghai to look at some of the plants that were producing protective gear and to secure supplies for Hong Kong.

麥國風議員：

這份會議紀錄載明，“We should also announce clear guidelines explaining the proper use of face masks as well as its limitations.”之後有否跟進此事？即有否“announce clear guidelines”？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that we did many announcements of public interest, and my recollection is that this was included in one of them, the proper use of masks.

麥國風議員：

OK，主席，我暫時不問了，因有委員想先就其他問題提問。我暫時不問，但稍後會就感染控制問題再作跟進，多謝。

主席：

已有4位委員舉手，李柱銘、何秀蘭、鄭家富、勞永樂。李柱銘議員。

李柱銘議員：

主席，我多謝麥議員把時間讓給我提問。

局長，我想讀一讀你向我們提供的答案，即你的陳詞，回答我們第26及27條。在25頁，“Prior to the Task Force meeting held on 26 March 2003, the Director of Health did not raise the issue of legislative amendment to the First Schedule to Cap. 141 with me. It should be noted that the use of the name ‘SRS’ instead of ‘SARS’ had never been at any stage a hindrance to the Government to amend Cap. 141. There was no discussion on the use of ‘SRS’/‘SARS’ at the Task Force meeting or at any other meeting where the inclusion of SARS to the list of infectious diseases was considered. After the Task Force meeting on 26 March, in response to enquiry from the Director of Health, I confirmed that the full name, ‘Severe Acute Respiratory Syndrome’ should be adopted in the gazette order in line with the references to the full names of other infectious diseases in the legislation. The order was gazetted and put into effect on 27 March 2003.”我想問一問，你這裏所指的meeting，是否指正式的會議，不包括私下一個人跟另一人的討論，意思是否這樣？

Dr YEOH Eng-kiong:

Mr Chairman, it is correct that, when I wrote this submission to Members, I was referring to meetings.

李柱銘議員：

好的，如果我們不談這些正式的會議，只是一個人跟另一人談論此問題，你曾跟誰談論？除了以前的醫務署署長……衛生署署長，對不起。

Dr YEOH Eng-kiong:

Mr Chairman, as I said earlier, I do not have a very strong recollection of the forums when we brought this issue up. But my recollection is that I had, when the term “SARS” was first coined by the World Health Organization, a few days after that, I asked the Director of Health to interact with the World Health Organization - because I knew she was communicating with them regularly - whether there was any opportunity to change the abbreviation “SARS” which had just been coined for use.

My recollection is that there may have been other people present at that stage, but I am not clear. I do not remember really, very honestly, except that it was then not an issue as far as our work was concerned. I did not pursue this

and certainly, although I wrote here that the Task Group meetings or at any other meetings, there was no discussion subsequently to this with the Director of Health on the use of “SARS” or “SRS” as any hindrance to help me to put this new disease entity into the Infectious Disease Ordinance.

李柱銘議員：

但你記得有否跟特首討論過此問題 —— 名稱的問題？

Dr YEOH Eng-kiong:

Mr Chairman, as I gave evidence earlier, my recollection is that I probably would have mentioned it, but certainly does not come to mind that he expressed any views. Certainly I probably informed him of our discussions and communications with the World Health Organization and left it at that.

李柱銘議員：

你有否跟其他局長討論過此問題？

Dr YEOH Eng-kiong:

Mr Chairman, I am not, I also do not have a very, because it is not something that has a very deep impact in my memory. I may have mentioned some of these issues with my other colleagues in some of our meetings relating to, I remember in the early part of the outbreak we had difficulties with the case definition. I am sure that my colleagues would have expressed a concern, as we all did in Hong Kong, relating to “SARS”, I may have expressed some of the concerns that I had with the case definition and with the use of the term “SARS”. But it certainly does not stick in my mind that there were any active discussions. I may have mentioned this to them, but certainly I have no recollection that any of them expressed a strong opinion.

李柱銘議員：

即曾討論過，但沒有人持很強烈的意見，包括你自己。

Dr YEOH Eng-kiong:

Mr Chairman, I said that I probably did but I must honestly say that I do not have a very, very strong recollection of whether we brought this up for discussion. But what I am saying is that I would imagine that probably it may have come up, but certainly there is no recollection of anyone in Government expressing a strong view.

李柱銘議員：

但你不覺得這很不妥嗎？你應該覺得很不妥才對，因名稱跟我們的特別行政區很相似，英文字是一樣的。

Dr YEOH Eng-kiong:

Mr Chairman, obviously I think, if we could avoid it, we would avoid it, but it is not something that we actively pursued. As I said, I mentioned it to the Director of Health. I am not aware that she took any specific action and I did not pursue it any further.

李柱銘議員：

你的意思是，你曾向陳太提及過，叫她可否要求世衛更改此名稱，但你本人並非很緊張，即使做不到亦不很緊張，是不是這個意思？

Dr YEOH Eng-kiong:

Mr Chairman, I think because there were other priorities in mind during the outbreak. There were a lot of other things that we needed to deal with, and if it was not something that could be dealt with very quickly, I did not pursue it any further. There were other priorities that we needed to interact with the World Health Organization, because we needed support from the World Health Organization for our work. And it would not be useful for us to debate and argue with the World Health Organization on the name unless it could be done very easily and very quickly.

李柱銘議員：

你是否想告訴我們，你不相信陳太會因更改名稱這件事而阻延她修改法例，對嗎？

Dr YEOH Eng-kiong:

Mr Chairman, certainly, from my perspective it should never have been a hindrance.

李柱銘議員：

我現在想提一提陳太向我們提供的證供的一些答案，很簡單地告訴你。這應該是我們第六次公開聆訊，第198頁，陳太說：“其實我也說是可以早一點修改的，但首先需弄清楚名稱和定義。如

果不作這方面的討論，我便可以很快去做。”她的意思是，如果不是因為這個名稱和定義，即criteria，她應該可以早點修改，但又要作這方面的討論。如果不用作這方面的討論，她便可以很快作出修改，她是這樣說的。

主席：

李議員，那定義是case definition。

李柱銘議員：

對。但她說的是名稱，名稱和定義。她自己是用criteria，她英文用criteria，指病徵等，criteria。

主席：

局長，是否清楚問題是甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, what is the question?

主席：

李議員，或者你再將你的問題……

Hon Martin LEE Chu-ming:

I think Mrs CHAN told us that, but for the necessity to discuss with WHO on the criteria and also the name of SARS, then she would have liked to amend the law earlier and she would have done so earlier. That is the gist of what she said to us. Do you agree with that or not?

Dr YEOH Eng-kiong:

Mr Chairman, obviously I do not know the context of what the Director of Health said in the testimony.

Hon Martin LEE Chu-ming:

Well, the context was, we were pressing her as to why it took her twelve days after the actual designation of the name “SARS” by WHO before she gazetted the change in the law.

Dr YEOH Eng-kiong:

Yes, but Mr Chairman, I just can only give it from my perspective. In terms of case definition, that changes with time, and that should never be an impediment or hindrance to a consideration of the inclusion of SARS, because the case definition changes but the disease itself, the name that it embodies, is there. With the change of name it is not a difficult thing. If suddenly World Health Organization no longer uses Severe Acute Respiratory Syndrome and, as Mr Chairman was referring, tomorrow they change the term, Acute Coronavirus Respiratory Syndrome, you could just change the Ordinance. It is a matter of just amending, because the amendment of Cap. 141, is a very simple matter. It is a matter for the Director of Health to issue the instructions, get my policy support and it is gazetted, and it is done within less than 24 hours. So the change of the name is not an issue. It should never be a hindrance in the consideration, nor should the case definition. The case definition changes all the time, so you cannot wait until the case definition is stable before you gazette it.

李柱銘議員：

你即是說你本人並無跟世衛討論此事，完全沒有，是嗎？

Dr YEOH Eng-kiong:

No, Mr Chairman, I did not.

李柱銘議員：

你沒有叫其他人 —— 除陳太外 —— 跟他們討論，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that I only spoke to the Director of Health on this issue.

李柱銘議員：

但事實上你本人非常小心，一直不肯用SARS這個名稱，直至到了很後期，你同意嗎？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, in communications, because we had put in motion, we thought, discussions with the World Health Organization, and the Director of

Health did not inform us of her actions, the colleagues had continued to use “SRS” for some time.

李柱銘議員：

那麼，為何不可先用 SARS，直至談妥為止？

Dr YEOH Eng-kiong:

I think, Mr Chairman, as I said, it is obviously when people get used to the terms, it sticks in people’s mind. If there is an opportunity not to use this term, then people would not be used to the term. So, if there is any opportunity, we would continue to use the alternative.

李柱銘議員：

但局長，如果你想改的話，應該全力希望把名稱更改，是嗎？如果你不是太緊張，乾脆使用此名稱吧。我覺得你很奇怪，一方面不太緊張，但又避開不用此名稱，而另一方面又要陳太爭取不用此名稱。

Dr YEOH Eng-kiong:

Mr Chairman, I did not. I only made one proposal on one occasion, and obviously I would have expected the Director to act on it, and if there were difficulties, she would come back to me, but I did not raise this issue because there were other things foremost in our minds in the outbreak control.

And, as I said earlier, I did not insist on it because I knew the negotiations with the World Health Organization was not a simple matter. We are not a member state. We are part of the People’s Republic of China, and so we have very little direct participation in Geneva because we are part of the Chinese delegation.

So there were difficulties in the discussions. Because of my understanding of that, I left it to the Director of Health, through her contacts, to see whether something could be done. And obviously I was waiting for her responses, and eventually when none came, we just accepted the word “SARS”.

李柱銘議員：

既然我們只是中國的一部分，你說得很清楚。你有否請中央的層次協助辦到此事？因為陳太是做不到的，她在特區中那麼低層次。

Dr YEOH Eng-kiong:

Mr Chairman, as I wrote in my evidence to Members, our communications for a lot of, for these infectious disease outbreaks has always been from the Director of Health to the Ministry, and with the Director-General of International Cooperation. In the previous practices, even in the World Health Assembly, it is usually the Director of Health that accompanies the Chinese delegation to Geneva as part of the delegation. It was only an exception that I went as part of the delegation last year. So, the communications have always been with the Director of Health to both World Health Organization and the Ministry in the Mainland on the infectious disease matters.

李柱銘議員：

但你可否告訴我們，關於改名此事，是你自己提出，而沒有其他人先向你提出，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that this was something that was my initiative.

李柱銘議員：

陳太是由你告訴她的，這點很清楚了。我現在想告訴你，其實我們中華人民共和國衛生部部長張文康先生對SARS這個名稱完全沒有問題，用得很自然。反而我們香港一直嚷着不用，這點你接受嗎？

Dr YEOH Eng-kiong:

Mr Chairman, obviously I think for other places it is not an issue. It is because we are the Special Administrative Region that we are a bit sensitive to this very similarity, but even the sensitivity was not something that I paid a lot of attention to. As I said, if we could avoid it, we would, but I did not pursue it further. So it is not a big issue.

李柱銘議員：

即使世衛那位Dr Shigeru Omi對這個名稱也沒有問題，只是用SARS這個簡寫，你同意嗎？

Dr YEOH Eng-kiong:

Mr Chairman, obviously he would not have a difficulty because he is part of the organization that coined the word “SARS”.

李柱銘議員：

對了。從3月15日，即世衛給了這個定義之後，我們便一直避開，起初連那個全名 Severe Acute Respiratory Syndrome 也不用，S-A-R-S 就更加避開了更久一點，你是否接受？

Dr YEOH Eng-kiong:

Mr Chairman, as part of the communications, my colleagues coordinated that. That is, in terms of the use of “SRS”, yes, that is correct.

李柱銘議員：

為甚麼不是你指示他們不用呢？你說他們自己 coordinate。

Dr YEOH Eng-kiong:

Well, I think, Mr Chairman, because we have separate functions and because I expressed a view, obviously the colleagues in enacting some of my views, they would then give specific instructions of how we should present a common terminology. As Members said, it would be very confusing for different parts of Government to use different terms. So, for communication purposes, the colleagues then coordinated this use of “SRS”.

李柱銘議員：

即是說，你有告訴你的同事，不要用 S-A-R-S，很難聽的，是否這樣？

Dr YEOH Eng-kiong:

Mr Chairman, I do not actually recall the discussions except that I had expressed a view that, if we could, we should get the World Health Organization to amend the abbreviation “SARS” to something else which would not be confused with “SAR”.

李柱銘議員：

你有沒有加一句，“直至改名為止，或者知道改不了名稱的時候，你們千萬不要用 S-A-R-S”，有沒有加上這一句？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall the exact discussions because this was not, as I said, the thing foremost in my mind. It was something if we could do, I thought we should do it. It was not a big issue in our tackling this epidemic. So, we did not spend a lot of time to discuss this after my initial opinion on this abbreviation “SARS”.

李柱銘議員：

但那些文件就好像顯示到局長你相當緊張，一直都避開。我讓你看一看，你看我們的文件SC2 Paper No.: A41。這裏第一，有很多新聞稿，我不預備逐份給你讀。我可以告訴你，從3月16日開始一直到3月22日，整疊文件都沒有S-A-R-S出現，直至3月22日。我現在想你翻開3月22日那裏，可惜沒有……3月22日有很多東西，你試試找一個，叫做“Transcript of remarks on severe respiratory syndrome”，acute那個字是沒有的，是3月22日的，我們的中央那個部長也有參與的。你找到嗎？大概在這疊文件的一半左右。我試試看是否這一頁，一開始時它說：“The following are the remarks made by the Secretary for Health, Welfare and Food, Dr YEOH Eng-kiong, the Minister of Health of the People’s Republic of China……”，是否這裏？找到了吧？

Dr YEOH Eng-kiong:

Yes.

李柱銘議員：

按照這裏來看，是你們3位一起見記者的。一開始是你先說的：“Dr Yeoh……”你就說：“Welcome to this press briefing. Just to do an introduction. We have Dr Zhang from the Ministry of Health in Beijing and Dr Omi who is the Regional Director of the Regional Office for the Western Pacific Region of the World Health Organization. Today we have exchanged views and information on the recent outbreak of this severe respiratory syndrome……”——是沒有了acute的——“……in the Western Pacific Region, which of course is a concern to us. We have some discussions and we have consensus on how we should take it forward. Now, I would like Dr Zhang to say a few words.”接下來就寫：“(Dr Zhang Wenkang: in Putonghua, please refer to Chinese version)”。你翻前一點就有中文本，中文本我請你看一看便可以了，因為有些英文字你是看得到的。有S-A-R-S，然後括弧：Severe Acute Respiratory Syndrome，接着又看到S-A-R-S幾次。那

即是，我們的部長就不停地用S-A-R-S，你本人則很小心地將那個A字取消了不用，你看到了吧？好了，那看回英文本，說回Dr Omi，他就說：“The World Health Organization is treating with the utmost seriousness the outbreak of Severe Acute Respiratory Syndrome, or SARS, that is affecting a number of countries.”。即是你們3位，兩位就用SARS，你就抽起了那個A字，很小心。這裏你明白了吧？接着我們香港自己那些文件一直都避開了用這個SARS的簡寫，雖然有時用atypical pneumonia，有時用全名Severe Acute Respiratory Syndrome，中文、英文都有全名，但一直翻下去，我把這疊文件翻到最後，直到4月15日，都沒有用這個簡寫SARS。就算修了法律之後也沒有用，修了法律之後，其實你們應該用SARS也不要緊了，因為容易讀，是嗎？但都沒有使用。所以其實你們是否很小心地、故意地，盡量避免用S-A-R-S，你是否同意？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, for communication purposes we avoided to use the abbreviation “SARS”, I think that is correct. But, as the Honourable Mr LEE was saying, you can see that in fact, even after the enactment of the Ordinance, the issue of “SARS” and “SRS” continued. It was not something that we actively pursued, and it did not prohibit us from gazetting Severe Acute Respiratory Syndrome in the gazette.

So they are two very different issues. One is the discussions with the World Health Organization, whether there was any scope for changing the abbreviation of “SARS”, and until such time my colleagues were very “religiously”, as it were – forgive my use of that term – communicated in a way that would enable us to avoid people getting used to the term if there was still a hope that the World Health Organization would change it.

But that did not hinder us from gazetting it, and I do not see any reason for that discussion to have deterred us from gazetting SARS in the Ordinance. As I said earlier, when this was brought up for discussion of gazetting, I agreed we should use the whole full name of “Severe Acute Respiratory Syndrome”. But for communication purposes we still avoided this “SARS” because at that time, it was not clear that we would not be able to deal with it and I did not pursue the matter any further.

主席：

李議員，我多給你一個資料，因為你投訴很小心，或者不小心用S-A-R-S這個字眼。在去年的12月，我從日內瓦乘坐飛機回來，那張卡也是寫着SRS。當時衛生署非常驚訝，原來還未改做

S-A-R-S。明顯地當時它的表達他們是不小心，不知道SRS到了12月還仍然使用在那些卡上。

李柱銘議員：

我覺得如果是這樣，就是非常小心的行為；非常小心，而且一致的行為。

局長你覺得這個A字——acute，其實你跟陳太都提議過只將那個A字抽出來，是嗎？你沒有叫她加上另一個字去補，代替了它，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is I just asked the Director to discuss with the World Health Organization whether there was a better term and a better abbreviation. My main concern was really more on the abbreviation. But of course we had to use something, as Mr LEE was saying, which would be useful because we had difficulties to depict the terms. So, to avoid ourselves using an entirely new description, which nobody would understand, we just, for convenience, used something similar. So, that was mainly the whole purpose of the communications. At least we could talk in term which people would understand.

So the actual discussions I left to the Director of Health. I did not give specific instructions as to what the abbreviation could be. One suggestion would be to use "SRS", if that could be the abbreviation used. Obviously it would be helpful for us, but I did not give any specific instructions as to what we should be negotiating.

李柱銘議員：

即你沒有叫她把acute這個字抽出來，如果她自己抽出來就是她自己的決定，你的意思是不是這樣？

Dr YEOH Eng-kiong:

Mr Chairman, SRS was the name that in fact I suggested for use until the issue had been discussed and clarified with the World Health Organization.

李柱銘議員：

但剛才麥議員也問過你了，acute這個字在醫學上是很有意思的，是嗎？即是跟chronic是不同的，是嗎？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

李柱銘議員：

其實我就覺得，我現在問你，你是否同意，其實你是從頭到尾，你都很“緊張”香港的形象，不單止在這一方面，其他方面也一樣，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I think, it is only natural that all of us in Hong Kong are concerned about Hong Kong's image, but it does not mean that image overrides everything else. In this context of the image of Hong Kong, it was not a big issue of SARS, but it was something that if we could avoid, I thought we should avoid it. If we could do something about this labelling effect, it would be helpful to a small extent. It is not a big issue. That is why I did not insist on it. I raised this, and this was taken up by, I thought, would be taken up by the Director of Health and discussed with the World Health Organization. If they had said, "no, it is too late to have any changes," I would have accepted it.

李柱銘議員：

你這樣的答法就比你上一次回答我的問題時好得多了，因為我上次不斷問你，是不是有幾個記者招待會就很緊張，人家可以說香港有爆發了，你就一直更正沒有，沒有，我們香港和其他城市一樣，就是這樣而已。如果你上次給我這個答案，緊張是很自然的，那我是完全接受的。

好了，我想問一問你，現在我們所看的，或者我很清楚地告訴你，為甚麼我們會這樣問呢？就是會否因為這個名稱……莎士比亞說：“What's in a name? That which we call a rose by any other name would smell as sweet.”——《羅蜜歐與茱麗葉》。現在我們看的就是，會否因為這個名稱的問題，令到後來陳太刊登憲報時遲了。如果遲12天，或者遲10天，遲7天，而因為這樣令到政府在實行適當的措施時候可能遲了，而可能影響了我們控制SARS的爆發，或者這些人的……各方面的問題，你明白嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I just want to make two points again. The first is the enactment of this Ordinance gives specific powers to the Director of Health in

the outbreak control. As I said earlier, these powers help the Director of Health anticipate some of the problems. If there is a need to enact it, we would have enacted it. But right through the first two weeks of the outbreak, my understanding from the Director was that she was able to do her work without the enacting of this Ordinance, otherwise she would have raised this.

Certainly there was no issue raised from the Director of Health that she was unable to tackle the outbreak without these statutory powers. And I specifically asked her about the quarantine arrangements in Singapore that whether we needed to follow suit. Of course, if she said “yes”, she would then have had to enact the Ordinances. So, my discussions with her at that time was to ensure that she was able to tackle the outbreak with all the powers available to her. So, until the 26th of March, the issue of including SARS into Cap. 141 First Schedule was not raised.

And as I said to Honourable Mr LEE, I do not see that the name would be any hindrance in the inclusion, if it was necessary, into the First Schedule of Cap. 141. If there was any concern, this should have been raised to me. And this was never raised to me that she felt this was a hindrance if she wanted to enact the laws. I can assure Members that this was never mentioned to me as a possible hindrance right through this outbreak, formally or informally, by the Director of Health.

There would also be recourses for the Director of Health, because we had this Committee of the Chief Executive, which the Director of Health was also a member. If it is so important for us to enact the Ordinance, and if she at any time felt that this dispute or this disagreement of the name would have been an issue, it should have been raised. But this was never raised. And I do not see any possible reason why this should have been a hindrance. I honestly cannot see, Mr Chairman, why this discussion should have been a hindrance to inclusion in the Ordinance.

李柱銘議員：

或者我再……最後我讀一讀陳太給我們的口供，有這樣的說法，我應該給你一個機會回應。她說因為這個名稱的問題，她就在等，等到24、25日左右，她收到一些資料，就是說在內地旅行後回來香港的人中，有一些的象徵便很類似SARS的病例。因為他們是旅遊回來，從外地回來的，所以她就覺得當時的法例，如果她不將SARS納入其中，便不可以做border control，所以她提出來，徵求局長同意，將它納入附件1。大致上她是這樣說的。

主席：

李議員，你的問題是……

李柱銘議員：

這一點你同意，是嗎？譬如她這樣說。

Dr YEOH Eng-kiong:

Mr Chairman, I think certainly that the powers for her declaration would be one of the additional elements that one would use for the Ordinance, but the Ordinance gives fairly broad powers. As I said, the notification from doctors is one. The second is the ability to direct individuals who are suspected of SARS or have SARS to be given specific instructions, which would involve their limitations to certain places like their home for quarantine. It also empowers the Director of Health to isolate buildings and sites.

李柱銘議員：

局長我只是問你，她那些口供，大致上你會否反對她這樣的說法，或者不同意她這樣的說法而已。

Dr YEOH Eng-kiong:

Mr Chairman, as I was saying, that may be one of the considerations, but I was saying that the powers are fairly broad, so it is really the preparation of some of the infectious diseases and the ability to manage the outbreak which requires legal backing that led to the proposal from the Director of Health of including this in the Ordinance. Because we saw, as the outbreak evolved, the need for such powers to back up our public health measures.

李柱銘議員：

接着她在她的供詞第184至185頁——第六次的時候，她就這樣說，等到“27日我理不得那麼多了，27日我還是要去了。……25、26日我已經覺得一定要去了……就算討論是否完結，我都要去。為甚麼呢？我覺得我要防止人入，和有SARS病人、防止人出，這個是當時要做的。所以甚至有人在名稱……甚至討論尚未完結……討論尚在進行中，我也不理了。”所以她是暗示一直等，等這個討論的終止。而她早一點的時候亦有說到，她本人沒有做討論，就不知道你有沒有做了，她是這樣說的，等到那時候不能等了，要去了。我想給你一個機會，回應她這樣的口供。

Dr YEOH Eng-kiong:

Mr Chairman, I myself am not privy to what the Director of Health was saying in that context but, as I said, the inclusion of SARS into the First Schedule of Cap. 141, of the Ordinance only requires the Director of Health to include this in the gazette and then it is effective. Obviously this requires our policy support and it requires D of J to draft this gazette notice. It does not need to come to the Legislative Council. She has the authority to do it and she can do it within 24 hours and it will be enacted.

So this is something which is a very straightforward phenomenon and my understanding is that, one of the reasons why this was not done early, is that there was no need identified by the Director of Health. But once there was a need identified, we can see it took place very quickly. She made the recommendation on the 26th and this was gazetted on the 27th. So, no need was identified by the Director of Health to do it, and she identified the need on the 26th and we gazetted them on the 27th.

李柱銘議員：

其實她這樣的說法，雖然她很婉婉轉轉地沒有說是你阻礙着她，但她有一個含意，就是本來她早一點也可以修改的，但沒有那麼早修改就是因為需要這方面的討論。她亦暗示，我只能說暗示，是你想作出這方面的討論。同時她說她自己沒有做，卻不知道你有沒有做了，所以便等遲了。所以我想給你一個機會回應，就是這個意思。

Dr YEOH Eng-kiong:

Mr Chairman, I thank the Honourable Mr LEE for giving me the opportunity, but as I said earlier, I do not see that this discussion could in any way be a hindrance because, if the Director of Health felt there was a need, she would have brought it up, as she did, on the 26th. And there was no debate with me in that meeting or afterwards on what name should be used. I think, Mr Chairman, that evidence to me suggests that in fact it was not an issue, and the fact that we continued to use SARS in our official communications also demonstrates that it was not an issue. I mean, how could it have been an issue if we continued to have these communications of “SRS” when they had already gazetted it?

And when she raised this in the Task Group, there was not even any discussion on whether there would be difficulties in using, which term we would be using, because it was never an issue. When after the meeting she asked me, I said, “Go ahead and use ‘Severe Acute Respiratory Syndrome’”. So, all these

to me is evidence that it has never been an issue and I cannot understand why it would be an issue, because you just need to gazette the name and, if there was any discussion and debate, it should have been brought up. This is the Director of Health, and if it is a public health function that needs to be done, obviously I would expect the Director to raise this as an issue with me, and not just assume that it is an issue. Because if it is important enough for a public health function to recommend that you include this infectious disease in the Ordinance, then surely, I would expect if the concern is the name, this should have been brought up and not just left to whatever, whims.

李柱銘議員：

那3月26日你叫她可以用這個名稱的時候，你有沒有問過她，那改不了嗎？是不是世衛改不了？那就用吧。有沒有說這一句話呢？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is not very clear about that, but I would have thought that I would have asked her whether we had made any progress, and my recollection is that there was no progress in that. So I just said, "Use the Severe Acute Respiratory Syndrome". I did not go into details of what she had done. I did not ask her what she did, etc.

李柱銘議員：

但你怎麼知道是沒有進展呢？

Dr YEOH Eng-kiong:

Because the Director of Health told me, and there was no communications from the World Health Organization. Because the World Health Organization's Chairman at that time was issuing updates, bulletins very frequently, and if there was any substantial change in the case definitions or in the names used, this would have been announced through the WHO web page.

Hon Martin LEE Chu-ming:

No further question for the moment, thank you.

主席：

現在就有4位委員，何秀蘭，你大約會問多久？

何秀蘭議員：

主席，那要看局長怎樣回答，20分鐘左右。

主席：

那我們不如就在這裏休息一會，好嗎？我們到2時30分繼續我們的研訊，好嗎？謝謝。

(研訊於下午12時50分暫停)

(研訊於下午2時30分恢復進行)

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二十三次公開研訊下午部分。提醒各位委員，整個研訊必須有足夠的法定人數，包括主席在內有4位委員。

每次我都要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，是不受到《立法會(權力及特權)條例》保障。所以，如果大家有需要，各位列席人士及傳媒應就他們的法律責任，徵詢法律意見。

我現在宣布下午的研訊開始。委員會可以繼續向衛生福利及食物局局長楊永強醫生索取證供。現在已有4位委員舉了手，是何秀蘭、鄭家富、勞永樂及麥國風。時間先交給何秀蘭。

何秀蘭議員：

謝謝主席。我想問局長是否記得他在3月20日到過威院，和員工舉行研討會，會後鍾尚志教授陪同他到門外等車。在那短短的5至7分鐘路程上，鍾教授曾向局長提及要關閉威院。局長是否記得這些對話？

Dr YEOH Eng-kiong:

Mr Chairman, on the 20th of March, I went to the Prince of Wales Hospital to attend the staff forum. In that forum, I listened to members of staff, the concerns they expressed in terms of the difficulty they had in tackling this new disease, the stress and the emotions of colleagues in taking care of their infected colleagues. After the forum, I remember I had a short conversation with

Professor CHUNG and Dr FUNG Hong. Professor CHUNG mentioned to me his concerns that there were cases of infection from infected staff and patients after they had been discharged, and on the contact tracing work of the Department of Health. Dr FUNG Hong also then expressed the concerns of the hospital that the recent staff movements of the Department of Health involved in contact tracing. He reported to me at that time that a senior member of the Department of Health team had reported sick. I think I am not sure about the preceding period, but certainly it was a fairly recent phenomenon, that they were concerned about the contact tracing work of the Department of Health which, if done effectively, could limit the potential of the spread of infection. The message that I got from the discussion with them is that, they expressed concern about the work done by the Department of Health in doing contact tracing and that's why there were these infections of discharged patients and the family contacts of staff that they felt should have been more effectively dealt with.

何秀蘭議員：

我相信，局長是醫生，他也會瞭解到病人痊癒後要出院是醫生也阻止不了的。鍾尚志教授其實是希望有一條法例可以修訂通過，令病人要留在醫院。醫院內亦可能有員工是因為有這些法例而不可以回家把病疫傳播開去。局長當時是否瞭解鍾教授的這個意思？

Dr YEOH Eng-kiong:

Mr Chairman, this was not expressed to me by Professor CHUNG on the 20th of March. The issues brought out were the infections that had occurred of the staff and patients, the contacts of staff and patients who had been discharged and was really relating to the contact tracing work of the Department. The issue of statutory powers required to prohibit people from discharge or requiring people to be admitted was never raised.

何秀蘭議員：

局長有沒有和前衛生署署長提及此事？

Dr YEOH Eng-kiong:

Mr Chairman, this contact tracing was expressed to me because it was related to the movements of people. On the next day, in fact Dr William HO, the Chief Executive of the Hospital Authority, and Dr FUNG Hong came up to the Bureau and spoke to me about the same issue. In that meeting, they also brought up that at night, that night, the night before, after I had met with Professor CHUNG and Dr FUNG Hong in the staff forum, that two private

doctors had been admitted to hospital and they were very concerned about the infections in the community. The issue still related to the contact tracing work because all these would seem to appear to have been related to the Prince of Wales. So I rang up the Deputy Director of Health, Dr P Y LEUNG, who is responsible, the Deputy Director was responsible for overseeing the infectious disease control. When I spoke to him, he was at the Prince of Wales Hospital already. Dr P Y LEUNG told me that he had already ensured that there was another senior person who would be posted to the Prince of Wales Hospital to oversee the contact tracing, that he had strengthened the work and that he had discussed with the key Prince of Wales staff their concerns. He told me that there was obviously some misunderstanding. However, he said that he had already deployed, he would re-deploy additional colleagues, especially senior staff to take charge of the Department of Health team at the Prince of Wales Hospital.

何秀蘭議員：

但除了病案追蹤外，當時在局長的腦海中，是否明白威院的醫生和教授覺得有需要關閉威院，要有法例令他們有權力可以令病人留在醫院？

Dr YEOH Eng-kiong:

Mr Chairman, right at the start of the outbreak, in the Task Group meeting on the 13th of March, in the pre-Task Group meeting on the 13th of March where Dr FUNG Hong and Dr William HO were present and experts from both universities, the Chinese University and Hong Kong University were present, the World Health Organization expert was present, we discussed the infection control procedures that were necessary to contain the outbreak. In those two meetings, the information was that the hospital had closed ward 8A to admissions and discharge and restricted visitors. They had also segregated the team of healthcare professionals to what they call a “clean team” and a “dirty team” to take care of different types of patients. The general consensus was that that was sufficient. At no time was this issue raised to me either in the meeting or outside the meeting that there was a need to close Prince of Wales Hospital. This closure of Prince of Wales Hospital did not arise in any of the discussions at this time.

何秀蘭議員：

局長是否同意，你沒有收到威院的醫生和教授希望關閉威院的訊息，還是你接收不到？

Dr YEOH Eng-kiong:

Mr Chairman, there were ample opportunities because I met with Dr FUNG Hong on a number of occasions. I met with him on the 13th, on the 14th, on the 20th. The Director of Health had frequent contacts with me and the Chief Executive of the Hospital Authority also had frequent contacts with myself. In none of those encounters was this issue of the closure of Prince of Wales Hospital ever raised.

何秀蘭議員：

局長剛才亦提及他在3月24日第一次和前衛生署署長陳太談及隔離的需要。當時陳太有沒有和局長提及她和鍾尚志教授有一些書信、電郵及電話的來往，鍾教授告訴她需要行使隔離的權力？

Dr YEOH Eng-kiong:

Mr Chairman, during the period, certainly on the 24th of March or thereabouts, I was not aware of the communications between Professor CHUNG and the previous Director of Health.

何秀蘭議員：

陳太在她以前為我們做取證時亦向我們提及，雖然法定權力在衛生署署長手上，但需要有政策局的政策支持，即 policy support，同時需要政策局和律政署方面互相聯繫。在3月24日的會面中，陳太有沒有很清楚說出，如要立法，是需要局長在這方面的配合？

Dr YEOH Eng-kiong:

Mr Chairman, there wasn't a discussion relating to any policy support. I think this would have to be assumed. In enacting laws, it's usually the policy Bureau that institutes this action. For any major amendments that require changes, obviously the Director would at least consult me and would normally seek policy support because we are the policy Bureau responsible for enacting some of these Ordinances.

主席：

不過，我想何議員你還未問下去，剛才你問24日局長和前署長的溝通談話，不過在較早前局長的證供中，那段談話是涉及隔離政策，而不是涉及修改法例的問題。

何秀蘭議員：

主席，我們都明白，隔離，我們都知道，如果一個真正的隔離是需要法例賦予權力。其實我想問局長，你理解之中，香港是否有一條法例叫做“Law of Quarantine”？

Dr YEOH Eng-kiong:

Mr Chairman, yes, and it is embodied in the Cap. 141.

何秀蘭議員：

主席，我可不可以向局長提供一些資料，其實那條法例是防疫和檢疫，並不單止是進行隔離。關於立法程序，我想問局長到現在是否理解立法程序，清清楚楚是可以如何行使，即如果要行使隔離權力的時候？

Dr YEOH Eng-kiong:

Mr Chairman, I am aware that in order to use these Ordinances, one needs to gazette the disease in question in First Schedule of Cap. 141.

主席：

或者不如問一問局長，是甚麼時候這件事對局長而言是清楚的？在SARS期間是否已清楚？在甚麼時候清楚這個問題？

Dr YEOH Eng-kiong:

Mr Chairman, when the Director of Health proposed the basket of measures on the 26th of March, I obviously took the efforts to look at the Ordinance and to understand the nature of the Ordinance. That's why I was able, on the 30th of March, to ask the Director to exercise the powers because I was then familiar with the provisions in the Ordinance.

何秀蘭議員：

即3月26日在署長建議修改法例之前，局長是未曾清楚知道法例的內容？

Dr YEOH Eng-kiong:

Mr Chairman, obviously, I was aware that we had these infectious disease laws. I would have expected obviously that with the quarantine laws, it would have to be backed up by some legal powers because in my discussions with the

Director, the Director saw at that moment in time that it was not the appropriate time to want to use the quarantine laws. I did not specifically look into the provisions of the law.

何秀蘭議員：

主席，接着我想問香港和對外邊境控制的問題。其實立法可以有幾種措施，法定權力便可行使，一種當然是隔離，一種是不讓病人出院，關閉醫院，另一種是邊境控制。我想問局長，在3月24日你和陳太商談時，有沒有提及邊境控制，以及追查旅客下落的問題？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection on that discussion was really relating to the quarantine procedures for home confinement. The discussions were really in the context of home confinement for contacts of patients with SARS.

何秀蘭議員：

在3月26日，有沒有討論要追蹤旅客下落和邊境控制的問題？

Dr YEOH Eng-kiong:

Mr Chairman, certainly around that time, we had discussions relating to what other measures were required. I do not have total recollection of the details of that discussion. But certainly after the proposals were tabled at the Task Group, I fully support them because I saw the need for these measures to be implemented. And then I went and looked at the Ordinance myself, to familiarize myself with all the powers that would be embodied in including SARS in the gazette in the Ordinance, Cap. 141.

何秀蘭議員：

其實隔離措施，在3月25日行政長官主持的督導委員會，是有談及的。在說完病案追蹤後，便談隔離措施。我想問局長，是否記得大家談論病案追蹤的時候，再談隔離措施，當時有沒有提及立法的需要？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection of that discussion was to talk about the measures that we needed to take. I do not recall that there was any discussion on the legal requirements. Certainly, I do not have a recollection of any active

discussion of the need to change legislation. It was purely discussion on whether it would be feasible to do home quarantine and the acceptance of that was the question in the discussion.

何秀蘭議員：

我們可否說當時前衛生署署長沒有提出，而整個委員會也不知悉，是原來需要立法，才可以進行隔離措施？

Dr YEOH Eng-kiong:

Mr Chairman, I think we would have assumed that for quarantines, we would enact the law. I think this would be quite natural because obviously, although I did not raise the issue of enacting the law, if you had wanted to do quarantine, I think it would be quite natural for all of us to assume that that would require some change in the law, because as we noted, that the quarantine Ordinance are draconian and had not been used in our modern history. Certainly in my own mind, I was clear that if we imposed quarantine requirements, there would need to be changes in the law and I assumed that everyone would have thought so.

何秀蘭議員：

在這份文件A1(C)中，剛才很多同事都請局長看過，也是3月25日督導委員會的會議，第6段。在一些討論之後，委員會的委員彼此都同意不需要有隔離的措施，但最後一句忽然跳到財政司司長，當時的財政司司長說：可否讓僱員不用上班，如果他們曾經有過接觸的話。局長可否告訴我們，為何會由不需要隔離一跳便跳到這個結論，中間有些甚麼的討論曾經發生？

Dr YEOH Eng-kiong:

Mr Chairman, as in my previous evidence, I said that in our previous discussions with the Director of Health and experts in public health that quarantine was a public health tool historically used for managing infectious diseases and had not been used in Hong Kong and for that matter, for most modern societies and developed nations for decades. The prevailing view of the public health community including international experts cautioned on the imposition of quarantine because it was considered an intrusive public health measure, at best not be readily acceptable by citizens of modern society and at worst, drive affected individuals underground thereby further spreading the disease and could compromise outbreak control.

This was the prevailing view of public health authorities. This was the gist of the advice given to me by the Director of Health and I accepted that advice. This was discussed in the Chief Executive's Committee and in general, the Members of the Committee accepted this because there was a lot of discussion in relation to these measures. The minutes do demonstrate about the considerations of the pros and cons. We all had a very lengthy discussion on these issues because none of us had any experience of using these public health laws. The main concern was not the acceptance. Obviously the acceptance of the public was one issue, but the acceptance of the public in the context of cooperating with the laws, because very often in the enactment of laws, it still require the public's cooperation.

But the main concern was : there could be detrimental effects in the public health control and they could have counter-effects. The concern was whether it would discourage people from seeking treatment or would delay the individuals from reporting and the worry that people with suspected illnesses would not come forward till very late. The main consideration in that decision was the impact it would have on public health, whether the measure itself would have a counter-effect. It was recognized that the acceptance of the population was very important and the cooperation of the citizens was important because if we had no acceptance of this, people would not cooperate and you could have a counter-effect.

何秀蘭議員：

當時財政司司長的建議，是否一個讓步？

Dr YEOH Eng-kiong:

Mr Chairman, I think this was, I think the Members were trying to be helpful to see what else we could do to help control the outbreak. But my understanding is that at that time the Department had already given advise to the contacts of infected patients for them not to go to work and for the children, the contacts of the infected patients, the family, the children of infected patients not to go to school.

何秀蘭議員：

主席，在同一個委員會，3月26日又再討論這件事。看紀錄，當時前衛生署署長的態度是完全不同的。請局長看3月26日紀錄第2段。找到了沒有，局長？

Dr YEOH Eng-kiong:

Yes.

何秀蘭議員：

看紀錄，前署長是非常希望有法例授予她權力。在3月25日大家尚在猶豫，過了24小時到了3月26日，便希望修訂法例。局長可否告知我們，其中發生了甚麼事情，令到大家的態度有這麼大的轉變？

Dr YEOH Eng-kiong:

Mr Chairman, I think we need to clarify the inclusion of SARS in First Schedule of Cap. 141 and the imposition of a quarantine order. The inclusion of SARS in Cap. 141 provides a wide range of powers, statutory powers which, as I gave evidence earlier, we were in the process of developing because of the evolution of the outbreak and the Director of Health on the 26th recommended this basket of measures.

Even in the meeting of the 26th, in how you use the Ordinance, there is a wide range of powers which can be used. The reference on the 25th was to impose home quarantine. Even in the meeting of the 26th, the three options were discussed in terms of the option of a reporting arrangement which was recommended by the Director of Health. The Director of Health on the 26th recommended that even after the enactment of the Ordinance, the contacts of SARS patients would be permitted to stay at home and only leave under restricted conditions. They would be reporting to a medical surveillance center. The other option was to impose a 24-hour surveillance of all contacts of infected patients at home and this would be the home isolation model. The third would be to actually displace individuals and put individuals in the quarantine center. So having enacted the Ordinance, we would have the ability to do either one of those three options. Of course the Ordinance also provides many more opportunities. So the recommendation on the 26th does not in any way conflict with the discussions on the 25th because the recommendation on the 26th is to include SARS in First Schedule of Cap. 141.

何秀蘭議員：

其實局長今早一直都有說到，要進行隔離是一個 draconian measure，是很嚴苛的法例，很多其他發達的經濟體系都很久沒有使用這些措施，是很擔心，恐怕會有負面的影響。這些擔心和負面影響，為甚麼在24小時內會消失得這麼快？就算使用這3個選擇進行隔離，是不是這3個選擇內，其中一至兩個是可以避免這些擔憂？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, on the 25th, the discussions was on home isolation. It was specifically a discussion on the quarantine of requiring people to stay at home under surveillance. On the 26th, even this issue was continued, we did not impose home isolation until the early part of April. So even after the Infectious Disease Ordinance was changed and SARS was included in First Schedule to the Ordinance, the agreement after the discussion in the Chief Executive Committee was to go for the option of the more flexible approach of using home confinement and then to report to the Designated Medical Centers.

In fact, on the 26th, at the Chief Executive Committee, we discussed these options again and I was asked to go back and consult experts. I went back and discussed this again with the team, the Department of Health team, on the measures. We came back on the 27th, based on the discussions I had with the Director of Health and the team, we thought that a more liberal approach would probably be the right one, the right balance at that moment in time. We had discussions in the Chief Executive Committee where this recommendation was accepted and this was on the 27th of March. These things do not in any way conflict with the initial discussions on the 25th about home confinement because that decision was not made until later on in early April.

何秀蘭議員：

當前衛生署署長陳太向局長建議立法時，局長有沒有問她為甚麼忽然有此需要？

Dr YEOH Eng-kiong:

Mr Chairman, I think when this was raised, obviously I think when the disease was progressing so rapidly and particularly with the outbreak in Amoy Gardens, intuitively I saw the need for greater powers. That's why I agreed and I went back to look at what powers that were actually talked about.

何秀蘭議員：

主席，我問完我的問題。

主席：

謝謝。鄭家富，接着是勞永樂。

鄭家富議員：

主席，希望你稍為容忍，我有幾條問題，是問SARS的名稱及修例的問題。局長，我從你的statement第26、27，即我們提問的問題第26、27，你在答覆中，以及今天我們幾位同事不斷地提問，你和當時前衛生署署長在修例的問題上，你在答覆上，正如第25頁的答覆上所寫，在3月26日Task Force會議之前，前衛生署署長未曾向你raise這個issue，而你也不覺得SARS這個名稱是“never been at any stage a hindrance to the Government to amend Cap. 141”。主席，我從陳太在我們這個委員會提供的口供，剛才李柱銘議員雖也有一些口供向局長提過，但有些提過，有些尚未，我想有一些put給局長，希望他幫幫我去瞭解真相。主席，我會讀出來，因為是中文，或者我讀出來給局長聽。局長，剛才你一直說你不知我們的口供talk context是如何。其實，第六次的聆訊，我們一直問陳太對定義、名稱、修例的問題。所以請你瞭解這就是背景。主席曾問及當時這些討論——名稱、定義、修改，主席和陳太用了一個叫precautionary measure。陳太這樣說：因為很多時這些precautionary principles，怎麼說呢？沒有需要也要先做，即是我們可能當時要平衡需要，如當時沒有這些討論——這些討論即是說討論關於名稱、定義是否需要修改——如果沒有的話，沒有這些討論，可能會早一些修例。這就是當時陳太對我們說的。接着我問道：這些討論，必定在你們內部，你——即陳太——和楊局長一定在12天內，即3月15日至3月27日，是有討論過的。陳太便反問一句是不是問她和楊局長，我說“是”，陳太便回答“是”。即是在過去的12天內——3月15日至3月27日，陳太是很清楚她曾經和你在這問題上、定義上、名稱上不斷討論。她亦說出如果沒有討論，修例的時間可能會早些。為甚麼在你的答案上又不是這樣呢？

主席：

鄭議員，剛才你引述的口供，有沒有“不斷”這兩個字？

鄭家富議員：

“必定有不時討論”……

主席：

必定有不時討論……

鄭家富議員：

.....不時討論吧。接着陳太強調：你是否問我和楊局長？我故意說“是”，陳太的答案是“是”。

主席：

那一句“必定不時討論”是你的問題.....

鄭家富議員：

.....是我的問題.....

主席：

而不是陳太的證供。

鄭家富議員：

對，不是她的證供，但我put了之後，陳太便問是不是問她和楊局長有不時討論？我說“是”，陳太亦回答“是”。其實3月15日至3月27日是有討論過的。為甚麼你說她沒有向你提出？究竟誰說的是真話？

Dr YEOH Eng-kiong:

Mr Chairman, in the first place I did give the evidence that there was a discussion between myself and the Director of Health. I said I do not recall the occasion but probably there were other colleagues present where I did ask the Director of Health to communicate with the World Health Organization to see whether this “SARS” abbreviation could be amended. This was a fact and I think both of us agreed that we discussed this.

What I gave in my evidence is that, in the discussions on the necessity to include SARS in the Infectious Disease Ordinance was the implication that this had in some way hindered the inclusion of SARS in the First Schedule of the Cap. 141, that there was no discussion in that context. So the evidence, Mr Chairman, is that I did discuss with Dr CHAN but not in the context of whether it would in any way affect the proposal to include SARS in the First Schedule of Cap. 141.

I think the other point that I also wish to make, Mr Chairman, is that the Infectious Diseases Law obviously need to be enacted when there is a need. As the Expert Committee quite rightly pointed out, and also consistent with the

evidence given, that it thought prudent to enact it first in case you needed the powers. So this is what we now practise. But at that time my assessment was that the Director only proposed it when she felt there was a need.

So when the outbreak progressed, when there were cases as she gave in the evidence - I don't have the notes but I was given the evidence today - that there were these infected individuals who went overseas and as we had problems with some of the children in school, as we had the outbreak in Amoy Gardens, she saw a need then to enact the Ordinance. Because the enactment of the Ordinance is a fairly simple procedure where the Director just proposes to include it and you have it gazetted in First Schedule of Cap. 141 and it only requires policy support and drafting from the Legal Department. It can be done within 24 hours. So all these things can be done very quickly when there is a need. But obviously, it is always prudent to anticipate the need and to have this included.

So, I guess, in the evolution of the outbreak, initially the Department had worked with Hospital Authority to do all the things necessary to control the outbreak. As the outbreak evolved, we sought legal powers to enhance the outbreak. When we had the powers, the more liberal measures were imposed first, progressing gradually to more draconian. I believe, this approach, when looking back, seemed to have been right because it was this evolution that was accepted gradually by the community and that we didn't have any unnecessary panics and reactions. These gradual approach seemed to have been done very smoothly and accepted by the community.

So, looking back, although at that time, we had no way of knowing how this would be received and accepted by the community. But just looking back with hindsight, it did appear that these measures, the gradual approach was probably the right approach in the whole approach in terms of using these quarantine laws.

鄭家富議員：

主席，剛才局長說和陳太有討論過，不過我估計，我從局長這麼長的答覆中，我可能掌握到，其實當時的討論，局長在回答我們的statement時，很清楚legislative amendment沒有具體地討論，不過整體在SARS疫症問題上和陳太討論，剛才楊局長說你有discussed，但主席，我不想再花太多時間在有沒有discuss方面，我想進一步看有沒有hindrance，有沒有拖延這個問題，好嗎？我想再講一兩個陳太的證供，看局長的回應如何。陳太在當天第一次聆訊時亦這樣說：25日、26日，我已經覺得一定要去了——“去”是指“去修例”——就算討論是否完結……

主席：

.....剛才李柱銘議員已經讀了一次這部分。

鄭家富議員：

OK。“所以甚至有人在名稱尚未完結，我也不理了。”接着是“我會對他們說：‘好了，你們的討論應該要終結，就算你們與世界衛生組織也好，和那一個組織大家還想去斟酌，在學術上、技術上，你可以繼續做，但我執法上要去馬了。’用的是“去馬”，已寫在紀錄上。接着我們問：他們是甚麼人？陳太說：即我們看這個名稱方面——特別提到名稱——我們有一個小組負責看的，即主席是局長。我問：是否局長？她回答：是。接着陳太再說：這個討論相對來說，重要性沒有這個那麼重要——即是說立例那麼重要——我一定要去了。局長，你聽完了陳太作為一位醫生、一位前署長，在委員會上不斷說“我要去了”、“我要修例”，甚至說“我要去馬”。你不覺得在這個名稱上的討論，對於一個前署長，她那麼緊張，用到“去馬”這兩個字，你廣東話可能不是很好，不過我向你解釋，“去馬”是一個很“重”的字眼，表示有人拖着我的馬，去不到，我要“去馬”，是這樣的。你是否覺得這是討論名稱，而她說你是做主席的小組，你是否覺得你根本在拖延，因為名稱和定義令到法例修訂延遲？

主席：

“去馬”的意思是一羣馬中，騎師推馬兒出來衝刺的意思。

Dr YEOH Eng-kiong:

Mr Chairman, as I said, I think the evidence given is contradictory in terms of this was ever a hindrance. I would expect the Director of Health, if the Director of Health felt it important that the Ordinance should be enacted, and if she felt that there was any hindrance to express that upfront as quite rightly, I would expect the Director of Health not to be encumbered by any political considerations if she felt this was from the public health perspective, the right decision. But when you look at the notes of any of our meetings, this was never raised. So, I cannot understand how this would be a hindrance.

As I also said that from the evidence that was reported, that the case definition and this discussion on the “SARS” seemed to have been a hindrance, I cannot honestly see very objectively, even without listening to the Ordinance, how these could have been hindrances. As I said, it is a very simple issue.

The case definition evolved, because we knew very little about the disease. The case definition was not an issue. It would be evolving, it would still be denoting the same illness. If there was a need to change the name, the Ordinance could be amended the next day. So how could it possibly be a hindrance? So I do not understand why the Director of Health thought it was a hindrance.

鄭家富議員：

主席、局長，我們都很不明白，所以才花那麼多時間來提問。不過，當然你有你的答覆。但我再提供多一個陳太的答覆，讓你再重新告訴我為甚麼她會這樣說。她說：我想我和局長最後都要達到共識，一齊才可以刊憲。這一句當時也是這樣討論。你是否覺得她說“我要和局長最後都要達到共識”，即之前十幾天內，“我們”沒有共識，“我們”不斷討論，“我”想“去馬”，但去不了。於是最後當然到了26、27日，“我們”都有共識的。不過，希望局長明白，我們從陳太的口供，有那麼多的事情加起來，讓我們感覺到，是由局長領導的小組，你也有份參與討論名稱的，令到修例耽擱了。這是之前沒有共識，到最後要達到共識。這是我們從陳太的口供……究竟是陳太講真話，還是你講真話？

主席：

鄭議員，我們還未有deliberation，所以在這方面還未有我們的觀感。

鄭家富議員：

對不起，是我。局長，請你回答，究竟陳太說的這一番言論是真的，還是你一直告訴我們你沒有拖延是真的？

Dr YEOH Eng-kiong:

Mr Chairman, I cannot comment on what the Director said. I can only comment that when you look at the minutes of the Task Group, there was no discussion on “SARS” and “SRS”. The evidence that the Honourable Mr LEE also presented this morning, seems to indicate that even though there was this continued use of “SRS” after the gazetting, it didn’t stop us using the gazetting. I do not recollect that we had continued discussions on the name “SARS”. I wasn’t even aware that the Director had actually actively acted on what I suggested and I did not pursue it any further. When you look at all the minutes, in fact there was very little discussion in the Task Group or in any of the Committees on whether this “SARS” or the case definitions would affect the gazetting. It was never brought up because it was not an issue. I think if

Members just look at it very objectively, “Why should it be an issue? Why should it be an issue that it would hinder the gazetting?” I do not understand why it should be an issue.

It’s a very simple thing to do. As the Director said, if it was important to include SARS into the Ordinance, she should propose it, which she did. When she asked me whether we should use the “Severe Acute Respiratory Syndrome”, the full name, I confirmed that we should use it and it was enacted. So that was the gist of it. Prior to that, it was never brought up as an issue. She never expressed to me her concerns. If she had, I would have told her I do not see why it is a concern. I do not know why it is an issue in the enactment of the Ordinance. It’s a very simple matter. I do not understand why this was the view given.

鄭家富議員：

主席，我繼續問第二個層面的問題，就是淘大花園隔離令的問題。今天早上，局長也說過……我想瞭解我的說法，是不是局長今天早上的理解。就是說，陳太對淘大花園E座的隔離令有保留，原因是擔心國際社會會對香港在處理公共衛生的形象……首先，我想問一問局長，你在今天早上所說的，大概意思是不是這樣？就是說陳太 quite reluctant，你用了這兩個英文字。我首先想瞭解，是不是這個原因？

Dr YEOH Eng-kiong:

Mr Chairman, in this morning’s evidence, I did give the information that this was in the context of enacting, of exercising the powers that the Ordinance provided. The Ordinance provides very wide powers and one of them is to be able to isolate these residents at home. As I gave evidence earlier, when the laws were proposed, I made it my duty to read through the laws, to understand what laws were provided and what powers there were.

When the issue of isolation of E Block arose, I asked Dr CHAN, then Director of Health to exercise the powers of the Ordinance to isolate the E Block residents. I did not get an immediate reply from her about this reluctance. Because it was a Sunday. I remember it was a Sunday and it was around four or five o’ clock in the afternoon and I asked her to enact those laws. My Permanent Secretary started doing all the preparation to exercise the laws because we knew that it would involve a lot of other departments like Social Welfare, Home Affairs, Police and it would be a massive exercise because it was the first time that we did it. So my Permanent Secretary was doing all the preparation.

Subsequent to that I got the message that the Director of Health had concerns relating to the exercise of these powers. She was concerned that how the international public health community would react to it. What I got from my colleagues was that she felt that we would be a laughing stock in the world for enacting those laws. So I think I used that to depict the concerns of the public health community of using these very draconian laws because in modern history in public health, this had not been used for many, many decades, not just in Hong Kong but all over the world. So, there are also issues relating to the practicality of this measure.

Because of that, a meeting was convened that night which was chaired by the Chief Executive to discuss the exercise of this public health laws. Mr Chairman, I just put that in for Members to understand that these laws, although in retrospect we all accepted it, but at the time, they were really very draconian and very new in our modern history. These were views expressed by our public health experts.

鄭家富議員：

主席，我再看看Task Force的會議紀錄——3月30日，如果方便的話，或者局長也一起看看吧，即是說，A1(C)的文件，3月30日的會議紀錄。我們也明白到，在3月30日，Task Force討論淘大花園的問題時，特首也有加入，即是那個note.....remarks是這樣寫的。那個minutes的最後一段提到，你們討論要“more drastic public health measures”，其中之一的option是temporary suspension.....不，不，sorry，只是提到drastic public health measures to be considered。其後，在30日那天晚上——局長，你說得對，當天是星期日——我們再看看，當天Steering Committee有一個emergency meeting，在星期日晚上9時30分。那時候，其實大家已經都同意，即是“decided to institute confinement of Amoy Gardens Block E residents”。你可否澄清，你表示在30日吩咐陳太做，那麼當天會議結束後，當晚大家決定要進行confinement，即是很明顯，就這一點而言，是採取原地隔離的措施。其實，在一天之內，大家是.....你是不是只在30日，你吩咐陳太這樣做，而在Task Force中，她提出這個憂慮，但那一晚，在Steering Committee的emergency meeting便決定了，是不是？

Dr YEOH Eng-kiong:

Mr Chairman, the Task Force considered the options and did see a need to isolate E Block. At that time the observation was that there was something very unique happening in E block. The experts in the Task Force recognized that

most of the infections in Amoy Gardens emanated from E Block and that was an infectious pool and there was also a very unique feature. If Members remember of the Unit 7 and 8 of E Block. This was unique to E Block and not to the other blocks. It was also observed that the infections in E Block occurred before the other blocks. All these evidence was that E Block was the source of infection. As the numbers increased in E Block and in the other blocks, the experts thought that there was a basis for doing something more drastic as I said in E Block and of course one of the options was to isolate E Block residents. This was the discussion at the Task Group.

After the Task Group meeting, I asked the Director of Health to exercise her powers to isolate E Block residents and my Permanent Secretary started doing the preparatory work. It was in that same evening, a few hours later, that I learnt that the Director had gone back to discuss this with her staff and that there was the view of the public health community that this could not be done. So, when I came back, in fact it was a Sunday evening, I came back to my office, my assistant and all my colleagues, the people involved in the work of SARS informed me of the discussions. The Chief Executive also rang me to ask me what was actually happening because prior to that, I think he had the impression that we would be implementing, exercising these powers. But because we got the message that the Director of Health thought that there would be practical problems and there would be concerns in the international public health community, a meeting was convened by the Chief Executive to discuss the issue again. That was why we had this meeting in the same evening.

鄭家富議員：

主席，我又想……這次是陳太在第二天的聆訊上，陳婉嫻議員問陳太關於隔離令時，她所作出的答覆，從而瞭解……因為根據當時陳太向我們所作的口供，似乎並無着墨於我們在國際社會上，處理公共衛生的形象那一方面。我想引述她的幾個答覆。陳太是這樣說的……當時的背景是，陳婉嫻議員詢問，為何淘大花園的隔離令來得那麼慢？陳太的答覆是——其實她屢次都說了一句，“其實我們覺得我們已做得很緊貼那件事件的發展……我們看到個案增加得這麼快，我們即時便要提議將它隔離”。此外，她亦繼續提到，“我們覺得我們跟貼了那件事件的發展，而當看到個案一直增加，當時我們發覺確實一定要盡快去將這個隔離令——原地隔離——推行，亦即是得到全部同事的同意，很快地落實”。這與局長今天所說的，指署長當時有很大的憂慮，關於形象上的問題，似乎陳太向我們所作的口供，就是她看到個案這麼快增加，也想盡快落實，不過要全部同事的同意，然後才……其實都很快落實，因為正如我剛才所說，你們在30日提出來，在30日

晚上便開會。關於這方面，你又怎樣評價前署長在我們這裏所作口供的內容？

Dr YEOH Eng-kiong:

Mr Chairman, I cannot comment on the evidence given by the Director but the evidence I gave to you is my recollection of the facts and the evidence I have given you reflects what I believe actually transpired.

鄭家富議員：

我明白，但是局長，我們只是想瞭解一下事實。關於這方面的事實，因為我相信，當時淘大花園E座的隔離措施是否迅速或有效率地推行，這方面的事實是很重要的。我們看到陳太那個……當然有些同事認為似乎是慢了一點，不過陳太給我們的印象，她也想很快、盡快落實，但因為要開會。這是否會議上的集體結論，而並非一、兩個官員他們的……根據你所採用的字眼，即是 *reluctant*，因而阻慢了有關的命令？

Dr YEOH Eng-kiong:

Mr Chairman, I think effectively there was not a delay. I think if there were no discussions, it would still have to be implemented the next morning. It was implemented early next morning because all the logistics were being planned, because we had a great deal of support from the police who were able to give us some perspectives of how to actually institute this Isolation Order in the most effective way and they gave us excellent advice. I must say that in the control of the outbreak, the police were really marvelous. They provided the support and gave us their knowledge and insights on how to enact some of these very draconian laws and they also provided the MIIDSS system for contact tracing as well. So, in this discussion, the Order was instituted the next morning.

I think it would have been reasonable for the Director to express concerns if this was indeed her concerns and I respected that. So I guess, Mr Chairman, because the Director expressed concerns, it doesn't mean that there was any big conflict in the Government. I think if the Director, as I was saying, had any differences in view on "SARS" and "SRS", I would have accepted that. If the Director has from her professional judgment, any reservations about the exercising of the Isolation Order, I respect that. And it's useful for us to discuss this.

So at the Task Group meeting, I remember, when the first time we looked at all the issues and that we felt, the experts felt that there was a basis for isolating E Block patients, was in the Task Group meeting on the afternoon of the 30th,

which was a Sunday. The Director was not in the first part of the meeting. She came to the meeting almost towards the end and I think it was about half an hour before the Chief Executive arrived because we had a meeting and the experts were discussing the most recent findings. Maybe she did not have privy to the inter-discussions prior to that but certainly at the end of the meeting the experts in the Task Group were of the view that there was sufficient evidence to isolate the E Block residents because, as I described, those unique features which distinguished E Block from the other blocks and that the epidemiological evidence suggested that it was the E Block that was the source of infection in the other blocks. So that was the discussion at the Task Group. But because the Task Group is not an executive body, it is a group of individuals which in many ways discusses this and recommends actions, the actions are taken by the executive which should be the Director of Health and myself as the Secretary for Health.

So, after the meeting, I said to the Director that she should exercise her powers and isolate E Block residents and left the Director to deal with the details. It was subsequent to that that the Director, I think, had gone back to discuss this with her colleagues, expressed this concern and was also concerned with the practicalities of management, which was reasonable, which I completely accept. Then there was a discussion in the same evening because of the concerns expressed by the Director.

So in that same evening, the Chief Executive had a meeting with three other, the Secretary for Justice, the Chief Secretary and Financial Secretary. The Director of the Chief Executive Office was also present and his assistant was present. The Director of Health and I were present. We discussed these issues very thoroughly on the legal basis for the enactment, the practicalities in doing it, the justification for E Block whether E Block continued to be a potential infectious threat. So in that meeting, all these issues were discussed and we all came to the conclusion after the meeting that the Director of Health had the powers to issue the Isolation Order and that we would be isolating E Block residents in terms of keeping them there. We all agreed that there was no evidence that there was a continued infection risk because we had cleansed the place. The information appeared to be a point source outbreak and there was no risk to the residents by continuing to keep them there. So these were the issues discussed. After that meeting, the decision was endorsed and I then went back. I think it must have been almost midnight by that time and told my Permanent Secretary that the Chief Executive had endorsed this decision. All the planning then continued through the night and the Isolation Order was enacted the next day, early in the morning.

鄭家富議員：

主席，我沒有問題了。

主席：

勞永樂，接着是麥國風。

勞永樂議員：

主席，容許我利用少許時間，說一說S-R-S和S-A-R-S。主席，我把兩個會議的紀錄全部看完。第一個是由楊局長主持的Task Force的會議的紀錄，共6次；另一個是由特首主持的會議，我把所有會議的紀錄全部看過。我所看到的，完全沒有討論那個名稱的紀錄，並沒有討論過。但是我觀察到一些值得問一問楊醫生的事項。關於由楊醫生主持的會議，第一次會議的那個名稱，楊醫生，請你看一看那個會議紀錄，第一次會議的Notes of 1st meeting。

主席：

已提過幾次了，你可以簡單一點，無需花時間逐一翻看。

勞永樂議員：

那個名稱是“Task Force on Severe Acute Respiratory Syndrome (SARS)”，是有“A”字的，這是第一次會議。第二次會議是在3月17日舉行，那個紀錄亦是註明“Task Force on SARS”，是有“A”字的。但到了第三次會議，那次會議在3月20日舉行。我們開始看到，所註明的是“Task Force meeting on SRS”。即是說，由20日那一次開始，便轉了名稱。其後那3次會議，即是24日及26日，都是S-R-S.....

主席：

不好意思，勞議員，你可以簡短一點，因為剛才你所說的那一部分，麥議員已經提過兩、三次了，即是那些日子，何時轉為S-R-S、S-A-R-S。

勞永樂議員：

不，所指的是那些會議紀錄.....

主席：

是，已經提過了。

勞永樂議員：

有沒有提過？

主席：

已經提過數次了。

勞永樂議員：

但到了30日那次會議，又有那個“A”字。即是說，在20日至26日之間，是有一個轉變，所採用的名詞是不同了。那3次會議的紀錄是這樣寫的。此外，當我一看由特首主持的會議，所有……從第一次開始，我們可以看到，當引述SARS的時候，便已經有“A”字，而且在特首的會議中並沒有討論過。楊醫生，你可否解釋一下，在20日至26日之間，為何會更改那個名稱？

主席：

我想局長你要簡短一點，因為你今天早上也曾作答。不過，請你簡短重複一下。

Dr YEOH Eng-kiong:

Mr Chairman, as I said, the discussions on the use of “SARS” was a discussion I had with the Director of Health probably in the presence of some of her colleagues. In the usage of then “SRS”, because of my discussions with the Director, I am sure that the colleagues would tend to be quite faithful in pursuing this, so they just use the name “SRS”. The minutes of the meeting of this Task Group was done by a colleague from the Department of Health. I did not give any specific instructions of how the minutes, whether they should use “SARS” or “SRS”. But I know that, as it was also referred to by the Honourable Mr LEE that in our communications externally, we continued to use “SRS”. So, Mr Chairman, I think all this is consistent with what I told Members, that this was my discussion with the Director, we did not really seriously consider this issue in the Chief Executive’s at the serious level. I may have informed him but I don’t even actively recall that I probably had informed him but he did not express any view. My recollection is that. So that’s why it was never reflected in the Chief Executive’s Committee. So it was never an issue really, in terms of deliberations, because we were more concerned with tackling the outbreak rather

than to mull over the negotiations of “SARS” or “SRS” with the World Health Organization.

勞永樂議員：

好的，主席，我相信這一點已很清楚。以我來說，都已經很清楚。現在我想問關於感染控制那方面。主席，現在我們的重心是感染控制，是嗎？

主席：

是，應該是。

勞永樂議員：

我在第一次向楊醫生取證的會議中，也曾提過2月11日廣東省衛生廳舉行一個發布會。會上曾經提到一點，其實當時媒介也很清晰地報道出來，就是105個醫護人員受到感染。我翻閱所有文件，看到楊醫生第一次提及有關醫護人員的保護，是在3月13日那次會議。在你回答我們的第七和第八條問題中，其中一點你是這樣寫的：“Both DH and HA would inform their relevant departments, divisions or groups to ensure adherence to infectious disease guidelines”。楊醫生，這一點是否都是指感染控制的工作？

Dr YEOH Eng-kiong:

Mr Chairman, as in the evidence that I gave, on the 13th and 14th, we looked and examined the context and the circumstances of the outbreak. We had experts there including experts from the World Health Organization to look at the infection control measures that were put in place and the precautions that were taken. So it was in that context that we looked at these infection control guidelines that both Department of Health and the Hospital Authority should be working to promote and enforce.

勞永樂議員：

楊醫生，可否這樣說，3月13日那次會議，是第一次在你的層面討論這個問題？

Dr YEOH Eng-kiong:

Mr Chairman, as I gave evidence, on the 11th of February obviously there were discussions relating to the Working Group on Severe CAP. There were discussions of what was being done. I would envisage that these infection

control procedures would be part and parcel of the droplet infections that the hospitals would adopt in following up these patients. Certainly, subsequent to that, I was aware that the Hospital Authority had issued these guidelines. Of course, the infectious threat would always be foremost in our minds and I would envisage that this would have been addressed.

勞永樂議員：

嗯。即是說，這是你的預期，由於有關工作由他們負責，所以便交給他們。

Dr YEOH Eng-kiong:

Mr Chairman, I think the concern would be the overall context of this risk to the community and the healthcare staff. I would envisage that in the discussions, all these would be addressed.

勞永樂議員：

好的。楊醫生，我們看一看由你主持的工作小組的會議紀錄。在第一次會議——3月14日的會議中，從會議紀錄所見，完全沒有討論過有關醫護人員的保護，是完全沒有提過的。你是否同意這一點？

Dr YEOH Eng-kiong:

Mr Chairman, I think the reports are necessarily brief. But in terms of the infection control, because at that time we knew that this was a respiratory illness that had a predilection to affect healthcare staff.....

勞永樂議員：

嗯。

Dr YEOH Eng-kiong:

.....it would be, I think, something that I would not think would happen in terms of no discussions on the protection of healthcare staff. So it's in the context of the infection control procedures and guidelines when we talk about those, it was in this totality.

勞永樂議員：

是。我不知道你是否同意，起碼這個項目並非一個會被記錄下來的會議重點？

Dr YEOH Eng-kiong:

Mr Chairman, I think the discussions, the staff that write these minutes capture the key points. Because we instituted the control measures, this captured the control measures. It would be the infection control procedures that the hospitals would implement. This would have been discussed in the Task Group and I cannot imagine that we can talk about infection control measures without talking about protection of staff. But it was brief and included everything because I purposely said to the staff at that time that we should keep the minutes as brief as possible because I didn't want the colleagues — because this was the Consultant from the Department of Health that was the secretary to the meeting — to spend a lot of time writing lengthy minutes.

勞永樂議員：

對，對。你是否同意我的說法，這不是一個很突出的重點？或者突出到要記錄下來的重點？

Dr YEOH Eng-kiong:

I think, Mr Chairman, these instituting control measures must include that, and in my transcripts subsequently, I did talk about those measures in terms of undermining the risks of the outbreak at the hospital level.

勞永樂議員：

好的。我亦都與你再看到一次會議，就是3月17日的第二次會議。那次會議的紀錄真的很短，但最後一點是這樣寫的：“Current infection control measures adequate”。即是說，當時正在執行的感染控制措施是足夠的。大家都同意這一點，那麼是否因為大家都同意——在那個階段、那個會議，大家都同意有關的感染控制措施是足夠，所以其實沒有進行深入的討論？

Dr YEOH Eng-kiong:

Mr Chairman, absolutely not. I think in these discussions, we had expert members present. As I said, we would have been very concerned about the adequacy of the infection control measures taken both to protect staff and patients because that was how we were going to control the outbreak. If we had no precautions for staff, we would have not been able to contain the outbreak. So this is assumed in the infection control procedures. There were discussions about the protection of both patients and staff.

勞永樂議員：

好的。我們又看看3月20日那次會議，其中一點是有關感染控制，“Fomite transmission via touching contaminated surfaces could be a means of spread”。我相信那次會議討論過死物或者日用品可以傳播SARS。接着下一次會議是3月26日，亦有提到“Rare instance of aerosol transmission needs to be looked into”。這次亦是另一個可能傳播途徑的討論。主席、楊醫生，我已看過6次會議的全部紀錄，當中只有這幾點是討論過可能與感染控制和保護醫護人員有關的，除此之外便沒有其他了。但是最突出的一點，就是“Current infection control measures adequate”，這是在第二次會議提到。

Dr YEOH Eng-kiong:

Mr Chairman, if there were no new information, the minutes would not capture it. As I said that, right at the outset, we looked at infection control procedures and the infection control measures that were taken and I am sure, even Dr LO would agree, that these measures must include the protection of staff. But the fact that we did not have any details does not preclude that this was discussed. In fact it was discussed. The measures that were taken in terms of how to protect staff, my recollection is that these were discussed, in terms of the protection of staff, the measures taken by hospitals to minimize hospital cross-infection. Because the whose basis of the risk was to staff, so I cannot imagine that when we talk about infection control measures, this excludes staff in any way because at that time we were just concerned about staff, healthcare workers and family contacts of staff.

勞永樂議員：

嗯。你用“cannot imagine”、“must”的字眼，這些都是一個期望。但實際情況是怎樣？我們再看看一些會議紀錄。首先是特首主持的督導委員會2003年4月4日的會議紀錄第5段。我們從那一段看到，廖秀冬局長提到聯合醫院的爆發，又再開始引起公眾很大的關注，接着楊醫生你是這樣回答：“that guidelines had already been issued to all medical workers but their old habits were not easy to change”。其實我們看了這麼久，在4月4日這次會議紀錄才正式提到員工受感染的問題和原因。其實4月4日已經距離2月11日廣東省衛生廳的記者招待會差不多兩個月。楊醫生，你是否同意，對於醫護人員的感染，是到了4月4日那次會議，政府高層才開始留意？

Dr YEOH Eng-kiong:

Mr Chairman, I do not agree to the inference by the Honourable Dr LO that there was no concern about the healthcare workers until April the 4th. As I said, in the meetings on the 13th and 14th where we discussed infection control measures, I'm sure Dr LO must agree that this must include the precautions taken by healthcare staff. And on March the 13th, my colleagues have given me the transcripts of the press conference we did on the 13th. There I did talk about the need to strengthen infection control measures in the public hospitals. The Chief Executive, Dr William HO, said that the situation in Prince of Wales is "managed in accordance with all established procedures of infection control. The hospital had also taken measures to contain the spread of the virus", he added, "this included the requirements of all medical staff to adopt droplet precautions, that is, put on masks, gowns and gloves when in close contact with patients with respiratory diseases. Staff forums were organized and reminders issued".

On the 14th of March, when I went to the Prince of Wales, they updated me on the precautions they had taken. The staff were in protective gear. At that time, obviously these issues did not arise again because at that time it was thought that these measures were sufficient. So the issues arose later on when there were breakdowns in infection control. The comments I made in that minute referred to by Dr LO, was when there were starting to have some of these what we call cryptic cases, of patients who did not present typically. My recollection is that this was the first time that I was informed of this, was the patient who was admitted to United Christian Hospital, where it was a patient from Amoy Gardens, but was not recognized initially to be a SARS patient and had infected other colleagues.

So these were some of the difficulties faced by the system. As the outbreak emerged when there were large numbers of patients being infected, some of the procedures that were done exposed staff to the outbreak. Some of the problems arose because some of the patients were not identified to be SARS or at risk of SARS in the early part of the outbreak. Patients were admitted to surgical wards, orthopaedic wards without fever, without initially having pneumonia. So, as the outbreak emerged, the infection control issues also changed because of the change in circumstance. But in the first week of the outbreak, when the outbreak first occurred in the Prince of Wales, there was discussion at great length of the measures needed to protect staff and the transcripts that we have on the 13th attest to those discussions because this was what Dr HO presented to me. Although they were not recorded religiously in the minutes but they were included all inclusively. I hope Members will accept that not because we don't have very detailed reference that these were not done, because obviously the first thing that we need to do in this infection outbreak control, a very fundamental thing – is protection of staff – because we all

recognize that it had a predilection to affect healthcare staff. In all my briefings in the first week, I kept on emphasizing the risk to healthcare staff and to close family contacts.

勞永樂議員：

主席，楊局長提到3月13日一些會議的transcript，如果我們的委員會還未有.....

主席：

他所說的是press briefing，我們已經有了。

勞永樂議員：

有了，是嗎？那麼.....OK。楊局長，我向你提出那些問題，並不是指你沒有說過。有關的問題是，這些會議紀錄.....我剛才問你的問題，就是要看看政府最高層，對於醫護人員的感染的重視程度究竟有多大呢？從另一次會議紀錄亦看到——這是由特首主持的4月7日會議，當中亦曾提及這個問題，而楊醫生亦有作答，在第1段第5行，“We should advise the medical workers to handle all the suspected patients as if they were infectors so as to ensure effective control”。在4月初舉行的會議，差不多.....連續兩次都有討論這個問題。楊醫生，為何.....你剛才提到，當時有隱形病人出現，所以有些人受感染。還有沒有其他原因，令政府在那個階段，包括特首在內，是那麼重視有關問題？

Dr YEOH Eng-kiong:

Mr Chairman, I just want to reiterate that the protection of healthcare staff has always been foremost. Because when the outbreak occurred, it was recognized that this had a predilection to affect healthcare staff. So we took great pains to ensure that the staff were protected. As the outbreak continued, the concerns of the Chief Executive was that he did not understand, why, if we had put in these measures, healthcare staff were continuing to be infected. So it was this concern of the continuing infections that we saw in healthcare staff. And obviously we were all very concerned about this. And although it's not reflected in these minutes, I can testify to this Committee that right through, I had continuing discussions with colleagues in Hospital Authority, particularly the Chief Executive and Deputizing Chief Executive and the Chairman and even down to people doing the infection control in the hospitals on what were the issues and what we needed to do to reduce these infections.

I believe that in some of the evidence given, one reason was this, which I mentioned in the minutes of the Chief Executive meeting, was that I was aware of some of these patients who were admitted to the hospital without the usual manifestation of SARS. It was because of my discussions with the hospitals that I was aware of this. So I was aware of the infection control procedures that were taken, the difficulties that the hospitals were facing and one of which was very difficult to deal with, were these suspected patients because they don't come to the hospital written across their chest that "I have SARS or suspected SARS". This came to light that, as the outbreak evolved, patients in orthopaedic wards, with a fracture, then suddenly turned out they are SARS, patients in the surgical ward with a rectal bleeding turned out that they have SARS, patients in the medical ward where a patient from Amoy Gardens was admitted for confusion turned out to have SARS.

So it highlighted the need for what we advocate of universal precautions. But the difficulties of course were, in a disease like this where you needed to have so much protective gear, the difficulty of having those infection control practices being practiced by each and every healthcare staff religiously. As we know that it is not a simple matter of wearing the protective gear. It's a whole very, very rigorous sequence of how, when you go to the hospitals, you wash your hands first or use an alcohol swab, put on your mask and then you wash your hands again, put on the gloves. When you de-gown or you de-glove, it's a reverse procedure. It is very demanding and onerous on staff because it is easy to do it on a one-off basis but it is very difficult to practise this, especially in our environment in the hospitals, where we are dealing with large numbers of patients, where the patients are very sick and the staff have got to be moving around. So I am sure Dr LO understands that. And the Hospital Authority had been providing training to staff so they would understand how to use the protective gear.

I actually went to fora with staff to understand the issues. I went to both Prince of Wales and Princess Margaret. When I was in Princess Margaret, in fact, the colleagues from Prince of Wales were actually sharing their experiences of how to do the infection control procedures in the Prince of Wales to very great, even to very great detail. I still remember very clearly when once the colleague asked about washing their hair because they were concerned about their hair-washing. After they had been on duty, whether they should wash their hair before they go home. So a lot of practical things and very real problems arose in infection control which was dealt with. I can assure Dr LO because I was aware of this that I really made it my duty and my responsibility to understand and to be convinced that the Hospital Authority was doing everything humanly possible to protect staff. I hope Dr LO would accept that although the minutes are very brief, that a lot of things had happened. Because the Chief Executive's Steering Committee is at a much higher level, he raises issues. I take them

through and I discuss these with the Chief Executive of the Hospital Authority and the Chairman to see what more needed to be done, what were the issues. Through the process, we also recognized that some of our facilities needed to have improved ventilation and all these were facilitated. So I assure Dr LO that right through the outbreak, and not just very cursory as it appeared in the minutes, that was at the greatest concern because ultimately the infection control has to be done in the hospital.

勞永樂議員：

多謝你那麼詳細解釋在4月7日或者那段時間你所做的事情。但是似乎問題並未獲得解決。我們再看看4月21日由特首主持的會議的紀錄。在第2頁，當中有一段提到，“In view of the recent healthcare worker cases (large proportion were female nurses and orderlies; fewer cases of doctors).....”。很明顯，那次會議特別有討論過，你亦在會議上應承，“would also review protective measures for those personnel”。其實楊醫生，我不知道你是否記得，在4月21日前後那段時間，輿論和媒介差不多每一天都有報道有關醫護人員受到感染，也收到醫護人員的投訴、哭訴，亦在社會上引起很大的迴響。到了4月26日，我相信你也記得，醫管局召開了一個特別緊急的董事局會議，亦成立了一些小組，專責處理感染控制工作和感染控制所需要的物資。楊醫生，你記得這段時間所發生的事情嗎？你是否記得？

Dr YEOH Eng-kiong:

Yes, Mr Chairman.

勞永樂議員：

嗯。為何疫症發生了這麼久，到4月二十多號的中段，似乎到那時候，醫管局才成立這樣的專責委員會，你亦在特首的會議特別要討論當時有關的問題。這是否表示你在前一段時間所做的工夫並不足夠呢？

Dr YEOH Eng-kiong:

Mr Chairman, obviously all these infection control procedures were being done actively by the Hospital Authority. My role was to make sure that they were done and that all the things that were done should be done. Right through as the infections continued in the healthcare personnel, I made it my responsibility and my priority to interact with the Chief Executive or the Deputizing Chief Executive and the staff on what measures were being taken.

Of course in the process I understood the difficulties that they were encountering. As I said, these patients who suddenly appeared in the wards where they were not identified. This occurred, my recollection is around April, and it occurred in a number of hospitals and led to these outbreaks in those hospitals. And as a consequence of that, it then led to a large pool of patients. Princess Margaret Hospital also had great difficulty because of the large volume of SARS patients admitted.

So these were the events that led to the infections in the healthcare workers and they already occurred. So the question is of course how do you then deal with the viral loads at that time. How did you then, could you reduce further risk to healthcare staff? So all these were in the pipeline in my discussions with the Hospital Authority.

I was looking at a three-prong strategy. The first, which you may not think is related, was to reduce the viral loads in the community through the effective contact tracing. During this period, I was very active in working with the Department of Health in ensuring contact tracing was done swiftly and effectively and this would reduce the number of patients that will be infected in the community. Of course this should then reduce the viral load and stop this vicious cycle back to the hospitals.

The other approach was to look at the protection of healthcare workers and there we interacted with Hospital Authority. The Hospital Authority had identified certain things in terms of the ventilation system. I got my colleagues from the Environment, Transport and Works Bureau and the Departments under them to do everything possible to put in systems, to improve the ventilation, the Hepa filters, experimenting with different systems that will protect staff. So all this was done right through that time because these were additional measures to protect staff.

The third would be hospital infection control procedures which would reduce the risk to patients and to staff. So right through this process, there were the three strategies and I worked very closely with the Hospital Authority to see what could be done.

But it was a very, very difficult task, Dr LO. I am sure that you understand, from your own experience of working in the public system, the difficulties. Because unless you have had a single room for each and every patient that came into the hospital at that time, there was no guarantee. Because every patient could potentially be a suspect patient. Unless each and every staff religiously followed infection control guidelines and procedures in nursing each and every staff at every point in time, we were at risk of an outbreak. Even towards the end of the outbreak, we still had these outbreaks. My recollection is in the North District Hospital, despite the fact that we had put in so much effort,

there was still one or two cases in the North District Hospital where the clinicians were unable to identify the SARS patient and then the healthcare workers became infected. We were looking at all these issues, and identifying system's issues which should reduce the risk.

But because the hospitals had great difficulty and I hope Members will accept that the hospitals did try their best. We may with hindsight say these things should be done or not, but I honestly believe that all the hospitals' management and staff did their best based on what was available and the knowledge available to deal with the problem, to protect staff. Because none of us, not a single one of the Chief Executives, not a single one of us in the Government, would wish that anything would happen to patients or to staff, that if we could do anything possible to protect them, we would. The Government spared no resource in protecting staff but we needed to have a workable and effective solution. It was very difficult in the outbreak simply because there were a large number of patients involved.

勞永樂議員：

楊醫生，我也同意你的說法，就是前線的醫護人員和醫院盡了他們最大的努力。但是，關於這方面，我的最後一個問題是，請看看5月1日由特首主持的會議。楊醫生最終都向這個會議報告有關所有醫護人員受到感染的個案的分析，這是在5月1日。廣東省衛生廳的記者招待會——讓我再提大家一次，是在2月11日已經表示有105個醫護人員受感染。從2月11日到5月1日，相隔差不多3個月。楊醫生，你剛才說前線做得很好，但你對醫管局的管治，尤其是在保護員工不會受到不必要的感染的工作，你的評價又是怎樣呢？

Dr YEOH Eng-kiong:

Mr Chairman, in fact as I have interacted and worked very closely with both the Hospital Authority and the Department of Health during the outbreak, I developed a mechanism whereby I recruited additional professionals to help me in monitoring the work. I had two colleagues who were actually in the SARS Round-ups every day in the Hospital Authority, one was my Deputy Secretary and the other one was a consultant doctor from the hospital system that was seconded to me who understood some of these issues. We worked very closely with the Hospital Authority. This consultant doctor was able to provide much greater insights into the issues that were involved. I know during that period, the Hospital Authority was doing everything possible. They developed a warden system where they had so-called wardens to audit what was being done in the wards, to ensure that people were complying with the practices.

I also know that they had a lot of training programs for staff. They tried to develop protocols and tried to provide all the necessary equipment, etc. and sharing sessions. I also discussed with the Hospital Authority Board that that one role they could play would be to help in the audit because they had an audit system already. I know that the Hospital Authority, because I had discussed this with them, had a central audit system that went around the hospitals to audit the practices. I suggest that one way that the Board could enhance its functions in this would be to get themselves involved in the audit process. This would help the executives in ensuring that the practices were done.

The Chairman of the Hospital Authority, I must say, did contribute above and beyond the call of duty. He was really marvelous in the outbreak. I could not expect more of the Chairman of the Hospital Authority. He actually got very involved in the whole operations. He worked very well with the Chief Executive and the Deputizing Chief Executive. I think he represented the Board in the work because the Board quite sensibly said “during this outbreak, we do not want to be in the way of the executives. We just want to be assured that the right things are being done”. Because the Chairman represented the Board in this work, he took it upon himself this governance issue and he then communicated with the Board of what things were being done.

I guess, Mr Chairman, if you ask me, I think the Chairman of the Board played a very outstanding role in the outbreak. You may question his decisions or judgment. But I don't think I could expect more of the Chairman of the Hospital Authority. He did try his best. He understood the problems. Of course, as health professionals, all of us will be concerned. I would have expected that he would give the primary consideration to protecting both staff and patients and this is exactly what he did. So I can very clearly tell Members with a very clear conscience that I believe the Hospital Authority did its best to protect its staff although there were many issues. I recognized there were many issues of communication and in the run-up to that, to those dates, as Dr LO said, I was aware of the complaints that staff made to the media. In fact, I also suggested to the Hospital Authority to have its own hotline so the staff could communicate directly. In fact they took up this suggestion. So I can assure Dr LO that right through this epidemic, we have given the priority to protecting staff. Because it is such a given that it does not appear in the minutes and it doesn't mean that we did not do it. So I hope Dr LO will accept from all the instances I have given that this was in fact an ongoing work with the Hospital Authority, otherwise I would not be familiar with all the issues they faced.

勞永樂議員：

4月廿……

主席：

勞永樂議員，不好意思，因為現在已是4時15分，關於你提出的問題，似乎你並未打算停止，是嗎？

勞永樂議員：

關於這個部分，還有這個問題便問完了。我想問完這個問題便向你作出請示，不會花很長時間，這是最後一個問題。楊醫生，在4月26日醫管局董事局的特別緊急會議，你是知道那一次會議的，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I am not aware, I was not present in that meeting I believe.

勞永樂議員：

是。我的問題是，那個會議是否在你的促使下而召開？

Dr YEOH Eng-kiong:

Mr Chairman, I do not, offhandedly, recall the time sequence but I did have a discussion with the Chairman and some of the key Board Members some time around that time suggesting to them that one of the roles they could play would be to enhance the audit functions.

勞永樂議員：

結果就是召開了那個會議？其中一個效果，就是那個會議？

Dr YEOH Eng-kiong:

Mr Chairman, I would have to check the time sequence but I cannot say exactly.

勞永樂議員：

好的，那麼你稍後告訴我們。主席，我這一系列的問題已經問完。我想問你，威爾斯醫院病房的感染控制安排，是否列在這個環節之內？如果不是，我便稍後才再作發問，多謝主席。

主席：

各位委員，我們到現在還未完成一半的工作，但我們現時都要休息10分鐘。

(研訊於下午4時20分暫停)

(研訊於下午4時30分恢復進行)

主席：

我們理解……我們今天多數是做不完了，我們可能要另外安排時間。不過，大家都應該明白，局長現在處理禽流感 and 財政預算，大家將會在明天deadline問很多問題，局長都要去處理，通常大家都知道有多少問題在局長的桌上，需要他去所謂endorse那些答案，所以希望大家盡量爭取時間。首先是麥國風，接着是陳國強。

麥國風議員：

謝謝主席。我首先會問一問關於淘大E座的隔離令，關於前衛生署署長當時的態度，因為局長在他的答案A29那裏說到，最後那段他說：“I asked the Director of Health to exercise the necessary statutory power to isolate Block E residents”。剛才局長回答鄭家富議員時，我或者掌握不清楚局長所指的意思，你說你們開完了緊急會議便要求前署長作出法例賦予她的權力。局長可否告訴我，當時你說前署長是和她的職員回去再商討關於有否這個需要，還是怎樣？可否再告訴我？

主席：

麥議員，第一，在下午完的那個是Task Force的會議，接下來……局長你再簡單回答吧。

Dr YEOH Eng-kiong:

Mr Chairman, the discussion on the isolation of E Block was discussed at the Task Group in the afternoon. After the meeting, I agreed with the discussions and I thought that E Block should be isolated. So I asked the Director of Health to exercise her powers to isolate E Block residents as a public health protection measure. The immediate response was the Director of Health did not express any concerns to me. So I assumed that she agreed with the decision and then my Permanent Secretary started doing the preparation.

My recollection is that this was a late afternoon on Sunday. It must have been between 5 to 6. About two hours later, I got the message that the Director had expressed concerns on carrying out this, in terms of exercising the powers. The message I got from my colleagues was that she was concerned about how the international public health community would view us and there were practical issues, practicalities that she felt needed to be overcome. So when I went back, this was the message I got back. When I went back to the office, this was what my colleagues told me. At that time, the Director of the Chief Executive's Office was also there, Mr LAM Woon-kwong, was present. Because of that, a meeting was convened in the same evening, chaired by the Chief Executive to go through the decision of the Isolation Order of the E Block.

麥國風議員：

前署長說了她認為的問題，其實前署長有沒有說過“我認為沒有需要執行一個封閉令”——即是隔離令，不是封閉令，不好意思。

Dr YEOH Eng-kiong:

Mr Chairman, the Director of Health did not directly communicate with me. When I asked her to exercise her powers, she did not disagree with that and I left at that because the meeting had ended. So it was on Sunday evening. I left the office, and then I got the message from my Administrative Assistant and my Permanent Secretary to call back the office. In fact I went back to the office and there I learnt these two issues – one is that she expressed this view that she had gone back to the Department and her colleagues had expressed this concern that there would be, that what I heard was that, they said that we would be a laughing stock in the public health community and she did not think that she could do it. So there were practicalities involved. So this is the message I got and because of this feedback, a meeting was convened by the Chief Executive.

麥國風議員：

嗯。那即是說，如果根據Task Force那個……我不知道是屬於叫做“指令”還是“建議”，前署長似乎都不想執行，那是在緊急的Steering Committee之後，她才執行這個“指令”，可否這樣說？

Dr YEOH Eng-kiong:

Mr Chairman, certainly she did not relay to me directly that she was not prepared to institute that, exercise her powers. I only got this indirectly in that she had expressed this view. We then convened a meeting to address her concerns. And as I said earlier on, I think I respect that she should raise these

concerns if there were issues. Obviously I would have preferred that she had raised this with me directly at that time, but she did not. But even raising it to the Chief Executive, I accepted that and we discussed the issues. We clarified the legal basis for our actions, we looked at the practicalities. Because in terms of practicalities, obviously there was one with the legal aspect and the other was the logistics. The logistics was already being planned by my Permanent Secretary who is very, very efficient. She already had assembled a whole team. By the time I came back in the evening, I saw a whole room of people from different Government departments, the Police, Home Affairs, Social Welfare Department, Food, Environment and Hygiene. Almost anyone you think would be able to help were already assembled. They were all doing the preparation and the logistics for the Isolation Order, preparing for the decision.

麥國風議員：

嗯。我不知道這是不是一個假設性的問題，如果前署長不肯執行那個指令，其實有沒有法律真空？你們認為有需要執行一個隔離令，但要衛生署署長才可以做到這個法律的效力，你知否這樣有沒有法律真空？

Dr YEOH Eng-kiong:

Mr Chairman, it did not come to that, but obviously the powers, exercise of powers of the Ordinance, reside in the Director of Health. On the management side, I can give instructions to the Director to do certain things but the ultimate powers reside in the Director of Health. So administratively, we can direct professional staff to do certain thing but obviously the professional staff can refuse to do it. Of course managerially we would not expect this to occur in the Government context. These are usually resolved at a higher level. So the Chief Executive's meeting should have resolved this. If there were any differences in view between myself and my Director, I am sure that the Chief Executive would be the appropriate person to resolve this.

麥國風議員：

謝謝局長。請局長看一看督導委員會25日第一次會議的紀錄，第1頁第2段。第2段說，閣下“gave an update on the situation. The total number of infection cases had increased. The few clusters of cases involving medical workers had been kept under control”，我想問你何以見得當時是受到控制呢？尤其是主要是說那些healthcare workers的infection。

Dr YEOH Eng-kiong:

Mr Chairman, at that time, if Members remember, the first outbreak occurred in the Prince of Wales Hospital, the number of healthcare workers that were reported to be sick were in the process of stabilizing. Certainly the large numbers that we saw in the early part of the outbreak were starting to stabilize.

But we were then seeing cases, as I described, of some of the cases that had been discharged or some of the family members of the healthcare workers being infected. Some of the infections that were described earlier relating to the aircraft and the contacts of those. There were now starting to have cases which were outside of the health institutions although they were related; eventually we found them to be related. So that was what I referred to because, if Members remember that at the upfront, we looked at this pattern of infections which was this unique clustering of cases and that clustering was really relevant because the clustering denoted that the clustering of cases and the droplet infections were inter-related. So when we talk about this clustering of cases, and why we continued to describe the clustering, the linkage, because right through the epidemic, most of the infections occurred through close contacts because of droplet infections. Because if it was airborne infection, you would not see history of contacts because it will be so prevalent in the community that it would be very, very dispersed in the community and people will not be able to give you a history of having contact with a SARS patient. But because it was droplet infection, most of the cases that we were able to trace back towards the later part of the epidemic were that they had contact with a person with SARS. This was right through because of the close contact of the droplet infections that you needed this very direct contact in most instances to get infected.

So, I was describing that phenomenon of the clusters, that the clusters seemed to be stabilizing. But we were seeing other cases which at that time did not appear to be linked. But we knew that there were some linkages with the cases. So I was describing, as I described earlier, the evolution of the outbreak, that we were seeing more cases as the cases were discharged from the hospitals, the contacts of those individuals, and that's why we were already contemplating what other measures needed to be done.

麥國風議員：

但你接下來那一句，其實都是同一段，你說“but there were other cases in the community which were more difficult to detect and control”，如果在社區的個案是很難去找出來及控制到，那麼其實怎可以那麼快便說當時healthcare workers的infection、感染會受到控制呢？即如果社區有，那是一定入醫院的。

主席：

麥議員，不好意思，因為你剛才的問題，我覺得亦是閱讀紀錄的問題，英文是“the few clusters”，它不是說所有medical workers那個infection control是under control，它是說“the few clusters”，是指當時在威院的“the few clusters”，而他剛才的答案已回答了你。

麥國風議員：

OK，OK，行。那我進入下一個問題。多謝主席，又找出這個，應該不止威院的，當時是有幾個clusters的。不如我進入另外的問題，也是關於督導委員會，第3段特首說的那句話，即是第一句，他說估計有1 000至1 500個感染個案。你當時是否同意這個估計，局長？

Dr YEOH Eng-kiong:

Mr Chairman, the Chief Executive was suggesting that we should be planning for this worst case scenario at that time. I think at that time we had no estimates of how the outbreak will evolve. As I said earlier, at that time we saw an indication of those clusters which were stabilizing. But then there were emerging some of these cases which were more difficult. On the 25th of March, we were not aware of the Amoy Gardens outbreak, so this was a figure that the Chief Executive's views for planning this so-called, at that time, the worst case scenario. That was the discussion.

麥國風議員：

嗯。如果根據這個說法，即1 000至1 500個個案，這會不會在計劃上、安排上影響到後期的安排？以你認為，在應變方面會較差，會不會這樣呢？

Dr YEOH Eng-kiong:

Mr Chairman, I think, that was for planning purposes. In our discussions with the colleagues, we were doing our best to prepare for the different scenarios. I remember my discussions with the Hospital Authority that they were making preparations for a certain number of patients well in advance. They were planning, if there were 1,000 SARS patients, how would we place these patients, where they would be, what would the arrangements be, the staffing requirements, intensive care requirements. These various scenarios were worked out in anticipation of the escalation of the outbreak. My Permanent Secretary at that time also had this in the Departmental Coordinating Committee that did the preparation to support the various scenarios. At that time, we were

contemplating home confinements and the Home Affairs Department were identifying sites with the Housing Department. If we needed to isolate patients and the contacts for quarantine, where would we place them? So the Government was already coordinating all efforts to plan for different scenarios and the figure given by the Chief Executive was one of the planning targets at that moment in time.

麥國風議員：

是否沒有再估計過感染的數目，局長？

Dr YEOH Eng-kiong:

Mr Chairman, in my written submission, I did give a submission saying that in fact, it was very difficult to predict the outbreak because there was no public health epidemic tool in planning for these scenarios.

In fact, some time in April, I remember, I got hold of the Hong Kong University Community Health Department to work with the Department of Health. I had asked the Department of Health their capabilities of doing these projections, whether there were any projected models to predict what the outcomes and projections would be based on the information that we had. So the Faculty of Medicine of the Community of Medicine of the University of Hong Kong undertook to develop this modeling work. They did this very unique work with the Imperial College of London where the research team quantified the transmission dynamics of the SARS virus in which the effective reproduction number of the SARS coronavirus was determined. So this is the reproductive numbers, the number of infections caused by each new case; so for one case, how many new cases will be generated. So they were able to develop the modeling for us which then provided us with the tool to predict the model. So if we had, if the reproductive model was two, then for each case, you would expect two more new cases to be produced. And they also were able to provide us with a tool to assess the effectiveness of our public health measures. When they were able to develop this tool, they were able to demonstrate that our measures were able to reduce the reproductive number from the original numbers to a lower number. So these tools were developed during the epidemic and it was instituted by me by commissioning the University to do this with the Department of Health.

麥國風議員：

我多問一條關於督導委員會的問題，我接着便會進入有關瑪嘉烈醫院的部分。其實今早我已問過局長，也是第一個督導委員會會議，我想當時特首的危機意識相當高——這只是我個人認

為而已 —— 他叫全民戴口罩。我不知道局長你當時作為他的顧問，你是否認同特首所說的“全民戴口罩”這個理念或概念？

主席：

局長，剛才你已答過這條問題，不過，我希望你可以簡短一些。

Dr YEOH Eng-kiong:

Mr Chairman, as I said earlier, the Chief Executive said that we should carefully consider whether there was a need to require all members of the public to wear face masks. So he asked us to carefully consider, and we did consider this point. As I said earlier, the public health experts, not just in Hong Kong but in the World Health Organization, had at many different points in time of the outbreak, said that it was not necessary for the general public to wear surgical masks.

麥國風議員：

不，我是想問局長你自己，不是其他專家或者其他的有關官員。當時除了你是專家之外，D of H應該也是專家吧。你當時怎樣提供你的意見？

Dr YEOH Eng-kiong:

Mr Chairman, I think the advice that we gave was, as I said earlier, based on the knowledge of the disease and the possible benefits and risks of wearing face masks, that we still advocated that it wasn't, that we should advocate face masks, surgical masks for all healthcare personnel, people taking care of patients and for all members of the community who were in contact with SARS patients or were taking care of patients with respiratory illness, or if they themselves had respiratory illness, they should all wear face masks, the surgical masks. We also said that if there were members of the community who were worried, they could use these face masks. But we needed to give them precautions as to the appropriate way to wear the face masks. As I gave evidence earlier, the surgical masks themselves are not fool-proof, you need to have a procedure in which you wear the mask and you take off the mask and you discard the mask because the masks themselves can be contaminated and infected. If the public does not follow the instructions to use them, then in fact the masks themselves could be a source of infection.

麥國風議員：

主席，局長沒有答，不過我算了，我不追問了。不過，其實他都有……

主席：

其實他今早已答得很詳細了。

麥國風議員：

……是了，都是今早。不過，我想問一下他自己的看法，不是基於其他的分析，而是關於他自己的看法。他沒有答，那算了。

現在我想進入有關瑪嘉烈醫院作為指定SARS醫院的問題。3月26日，在你們的Task Force meeting，前衛生署署長就建議這個……即是這個意思吧。我看回會議紀錄，當時有高永文醫生和余衛祖醫生在場，余衛祖醫生就是瑪嘉烈醫院的M&G顧問醫生，其實他們兩位當時有沒有向Task Force提出任何意見？

Dr YEOH Eng-kiong:

Mr Chairman, it is in my evidence. My recollection of that discussion was the basket of measures, but obviously the thing that specifically concerned the Hospital Authority was the designation of one hospital for dealing with all the new SARS patients. My recollection is that we did discuss the benefits of that because the benefit would be for the Department of Health to have one center where all the information would be available. In terms of doing the contact tracing, if all the patients were in one institution then obviously it would be easier for the Department to collate the information, to know what is actually happening in the SARS evolution. So I think we all accepted there would be benefits of that because, at that time, the e-SARS system was not designed yet. So there were benefits in having one hospital where all the patients with new SARS cases were referred. I think we all accepted that. I asked at that meeting the Hospital Authority on the feasibility of these procedures because I was concerned whether there would be sufficient facilities and manpower to do it. My recollection is that the Hospital Authority thought that this was feasible and acceptable. Certainly the Hospital Authority did not say that this was something that they did not think would work.

麥國風議員：

應該是在當時的Task Force meeting上他們認為可行，是不是這樣，局長？是不是在Task Force會議上認為feasible？還是之

後.....因為他們有Roundup Meeting嘛，我想你也知道，是甚麼時候告訴你是可行的？當時立即說，還是之後告訴你是可行的？

Dr YEOH Eng-kiong:

My recollection is that this was at the Task Force meeting.

麥國風議員：

哦，at the Task Force meeting。當時雖然說是可行，但你作為局長，你其實是用甚麼指標去評估瑪嘉烈醫院是否可行呢？可否告訴我你們是用甚麼指標，或者模式？

Dr YEOH Eng-kiong:

Mr Chairman, obviously this would have to be assessed by the Hospital Authority in relation to how they organize the referrals. I do not recall the details except that I did ask specifically about the feasibility of this measure. In practicality, I think it would really depend on what arrangements are made, whether all the new cases are admitted, what number of cases are admitted, the time scale of the admission, the mobilization of staff, the ICU facilities. My recollection is that there was some discussion relating to the facilities available in Princess Margaret, the ICU beds that were available. My recollection is that there was some discussion relating to the proportion of patients that would have SARS and the proportion of patients that would require intensive care. I do not have a vivid recollection of the details of that discussion except that I did raise my questions to assure myself that the Hospital Authority had considered these issues.

麥國風議員：

嗯。即是你認為它會全部考慮你心目中所想的東西，還是你叫他們要先考慮那個可行性，一定要考慮這些東西，有沒有？我想知道究竟是哪一樣？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that at the discussion, I had asked about the feasibility. The impression I got is that they had considered this because they had presented some of the information relating to the facilities available at Princess Margaret and that they would be able to mobilize the staff concerned.

麥國風議員：

是了。接下來其實你是否知道，瑪嘉烈醫院只有3天去準備轉型？

Dr YEOH Eng-kiong:

Mr Chairman, we did not discuss when this would be implemented. Certainly we did not at that meeting require the Hospital Authority to designate a hospital at whatever point in time and the Hospital Authority did not feedback the difficulties it would encounter. If there were any difficulties and if they felt they were being imposed, I would expect them to feedback to say that this would not be workable.

麥國風議員：

哦，即是你在26日決定時，並沒有決定在29日收的？總言之，你給了他們一個所謂開放式的指示——“你們要收了，不過不知道是甚麼時候收”。如果這樣說，那也可以是4月15日，是嗎？

Dr YEOH Eng-kiong:

Mr Chairman, the Department of Health made the recommendation from the public health perspective that it was reasonable and sensible to do it. If there were any difficulties that the Hospital Authority would encounter in meeting these requirements, this could always have been brought up. When the Director of Health made that basket of recommendations, the Designated Medical Centers did not come into effect until the 31st of March. So the reason why this was implemented, was not done until the 31st of March. So the dates of the arrangements, I would have expected, would be a discussion between the Hospital Authority and the Department of Health because we did not give a specific date for the Hospital Authority to implement this.

麥國風議員：

但你卻不知道它們雙方有沒有討論過，如果這樣說的話。你是否知道衛生署和醫管局有沒有討論過實施的日期？

Dr YEOH Eng-kiong:

Mr Chairman, in my recollection, they probably had discussions but I don't recall exactly any debates about the dates. Certainly, it didn't surface that there were any issues relating to the 29th being a date that the Hospital Authority had to designate Princess Margaret as the hospital. My understanding that the date was not a requirement. It was just that the Department of Health had

recommended it. Obviously from the Department of Health's perspective, the sooner it is done, the better because it will be easier for them to do the contact tracing and collating the data. But for the Hospital Authority, it would then need to make sure that it has done sufficient preparation before it would undertake to admit all new cases. So, this is an issue which I think should be sensibly dealt with and should not have created any misunderstanding. And I believe there was no misunderstanding.

麥國風議員：

即是你認為它們沒有溝通的問題？

Dr YEOH Eng-kiong:

Mr Chairman, in fact on the 28th of March, I was at the Princess Margaret Hospital.....

麥國風議員：

是的，是的。

Dr YEOH Eng-kiong:

.....My primary purpose was not to talk to the colleagues about the preparation. My primary purpose was to look at the development of the e-SARS system because I was concerned about the development. Since the Princess Margaret Hospital will be the designated hospital, it was very important for us to develop the system on the site where we were going to get these infection cases. In that visit, I took the opportunity, I remember, to ask the Chief Executive the arrangements made for preparing Princess Margaret. I wasn't given any, I did not have the impression that the hospital felt it could not cope. But my purpose primarily was to develop the e-SARS system.

麥國風議員：

沒錯。你何時第一次知道他們要在3月29日接收SARS病人？是不是在28日才知道？

Dr YEOH Eng-kiong:

Mr Chairman, I think probably around that time.

麥國風議員：

你在26日開完會，在28日你便造訪瑪嘉烈。你知道翌日29日要收了，那麼你覺得3天，以你的經驗來說，尤其是你要記着，你除了有管理的經驗之外，你亦完全有醫療的經驗，那你覺得3天做一個這麼大的轉型有沒有問題？

Dr YEOH Eng-kiong:

Mr Chairman, I had expressed my concerns and I did ask of the Hospital Authority. They gave me the impression that it was feasible and they knew the issues involved. I did not pursue it any further.

麥國風議員：

當時除了高永文醫生在場之外，趙莉莉醫生在不在？我想，你造訪的時候，雖然你說不是專誠去看他們的準備，但當時醫院行政總監究竟在場與否？還有，你說你問過他們的關注，你有沒有問他們？

Dr YEOH Eng-kiong:

Mr Chairman, on the 26th, Dr KO was at the meeting of the Task Group. On the 28th I don't remember if Dr KO was present. In fact, on the 28th, I remember that the Chief Executive of the Hospital.....

麥國風議員：

HC，not a Chief。

Dr YEOH Eng-kiong:

.....Dr Lily CHIU, was present. That was my recollection that she was there.

麥國風議員：

Oh I see。哦，你當時是問趙莉莉醫生而已，而不是.....因為你之前說CE，我還以為是高永文醫生。是HCE。

Dr YEOH Eng-kiong:

Mr Chairman, that was my recollection.

麥國風議員：

而她就告訴你是沒有問題的，是不是這樣說的？

Dr YEOH Eng-kiong:

Mr Chairman, I think, she certainly did not express any difficulty. She said that she would do her best. I think if Members know Dr Lily CHIU, she is very forthright and very forthcoming and she would try to do everything possible. So I did not get the impression that she had any difficulty. She didn't certainly say that that there was no problem but she said that she was doing all the preparation and that she would do her best.

麥國風議員：

即是盡力做。那麼你當時有沒有聽到其他同事的反映——除非當時就只有你和她兩人——有沒有其他同事反映說這不對？

Dr YEOH Eng-kiong:

Mr Chairman, in fact, my recollection is that, I did not have any recollection, when I went to the hospital, of other colleagues expressing doubts about the arrangement. And I had subsequent visits to Princess Margaret about the e-SARS system, I think on April the 2nd, where the system was being developed and they had already started admitting the cases. Even in that meeting, I did not have any complaints from staff present because there were some clinicians who were involved in the work. On the 2nd of April, I went to the staff forum of Princess Margaret where there were hundreds of staff because the seminar room was very large. The conference room was very large. It contained about 600 to 700 people and it was almost packed full. There must have been 500 staff at least in the hall. In that meeting, obviously, the concern was infection control procedures. As I gave testimony earlier, in that forum, in fact, Professor Joseph SUNG and his team of infection control nurses were there, sharing their experiences of Prince of Wales Hospital, how they actually implemented the infection control procedures in Prince of Wales Hospital. So they were still gearing up to this problem and they were adjusting. In that forum, I do not have any recollection of staff making representations that the preparations were inadequate.

Obviously, there were a lot of concerns. They were concerned in terms of a lot of practical things. If they went home, where would they shower before they went home. So a lot of very practical issues. And the team from Prince of Wales Hospital talked about their experiences in actually implementing some

of these procedures. The only recollection I have was the concern of staff about having some of these quarters or some of the available housing estates so that if staff wished not to go home, they would have a place to stay. And, of course, we acted on that and I got my Permanent Secretary to work with the departments to ensure we would have some of these accommodation for healthcare workers who did not wish to go home after having worked in the hospital.

麥國風議員：

你在2日去那個職員論壇時，其實當時你是否已知道瑪嘉烈醫院有第一個職員受感染的個案？你當時知不知道？

Dr YEOH Eng-kiong:

Mr Chairman, I do not recall when the first infection occurred. But certainly in the open forum, there was discussion on infection control. I do not recall when it came to my notice the first case of infection in Princess Margaret Hospital.

麥國風議員：

當天有沒有人提供統計數字給你，譬如收了多少個個案，有多少個在ICU，有多少個healthcare workers受到感染等，有沒有提供這些數字讓你瞭解多一點？

Dr YEOH Eng-kiong:

Mr Chairman, normally every day we would have these statistics coming out and usually it is the Department of Health and the Hospital Authority who will be looking at all the figures that had been reported and then collating all the information and then reporting both to me and the public. I do not have offhand with me the statistics on that particular day, and I do not recall on that particular day who did the press briefing because in the earlier part of the outbreak, I had been doing the regular briefings. But as the outbreak evolved, in the middle of the outbreak, it was usually Dr P Y LEUNG and Dr KO Wing-man or Dr LIU Shao-haei that did the briefing. Usually they would be looking at the statistics and data before that briefing. And if I was not involved in the briefing, I would not have the statistics right away. Because I was in the Prince of Wales, Princess Margaret Hospital that afternoon, so it may be that on that particular day I was not involved in the press briefings and I may have not been aware of that infected case when I was at Princess Margaret.

麥國風議員：

嗯。但你上星期六不是告訴過我們，你那個新聞秘書每天都給你讀報紙，向你講述那些情況嗎？

Dr YEOH Eng-kiong:

Mr Chairman, certainly in terms of the statistics, I would have access to the statistics very soon after they had been collated. But I am saying that because these statistics were usually done almost at the last moment because of the difficulty of getting the information and having a cut-off time, by the time that the press briefing was done, they usually were just collated, sort of like minutes before the press briefing. So the updated figures at that moment in time would be in relation to the press briefing. But as soon as they had collated it, they would be available to me. So I would not need my Press Secretary to give me the statistics because this would be available to me on the same day almost as soon as they had collated it.

麥國風議員：

請局長看一看H18的文件，謝謝。H18。

主席：

麥議員，我提醒你，我有一個理解，你好像是說想問15分鐘，但現在已問了40分鐘了。

麥國風議員：

請翻去050006那一頁吧，局長。H18其實是關於瑪嘉烈醫院作為指定的SARS醫院的一個報告。請問有沒有，局長？

楊永強醫生：

未有。

麥國風議員：

啊，未有。

局長，請看050006最高那一行的統計數字。“93”是指3月29日收了93個SARS病人，然後如此類推，“62”就是30日，“113”就是31日，“87”就是4月1日。如果你看到這些數字，如果你當時一早有這些數字，你擔不擔心瑪嘉烈醫院會吃不消？

Dr YEOH Eng-kiong:

Mr Chairman, certainly we did not have all these admission statistics. These were done by the Princess Margaret. What we collated in the center were new cases of SARS every day that were reported from the hospitals and broken down to whether they were healthcare workers, whether they came from Amoy Gardens family contacts. These were statistics that the hospital itself kept.

麥國風議員：

那麼，你覺得醫院管理局是否應該要令你得悉他們的困難呢？一連幾天不停在收，說的是三、四百個SARS病人。你還要看第14段哩，局長。“Many of the newly admitted patients were relatively ill. They rapidly deteriorated and required ICU care. Significant increase of ICU patients in a short time span had required urgent deployment of staff reinforcement beyond the original plan.”我想請問，如果你看到是這樣，你覺得他們是否需要有一些應變計劃？如果你看到的話，你一早知道的話。

Dr YEOH Eng-kiong:

Mr Chairman, obviously as the hospital admitted patients, I envisaged that the Hospital Authority would be discussing with the Princess Margaret Hospital on the capability of the hospital to cope with this, and also in terms of the adequacy of the preparation, whether there were issues relating to that.

麥國風議員：

那即是說，你作為局長，你覺得是不需要處理的？即是你不需要處理一個這麼重要的決定——由某一間醫院接收所有SARS病人。他們的困難或者遇見的問題，或者其他需要適應的很多方面，治療上、環境上、資源上，你作為局長，你完全只依靠醫院管理局去跟進而已？

Dr YEOH Eng-kiong:

Mr Chairman, I don't think in my evidence I ever gave the impression that it was not my concern. I raised this issue in the Task Group and asked whether the preparations had been done. Obviously, this is an operational matter for the Hospital Authority in terms of deciding when to decide to designate the hospital, and the preparation that needed to be done. I raised these issues for the Hospital Authority and was given the understanding that it was feasible and that they would be implementing it and there would be sufficient preparation. And the decisions, if there were difficulties, could be reverted and the Hospital Authority

actually reverted this decision subsequently. I have no issue with the reversion. So these were all decisions that the Hospital Authority implemented after their assessment of the operational arrangements. Because they are the operational arm of this organization, I had to leave it to the Hospital Authority after having raised the issue. Obviously if it had come to light and I knew there was a problem, I would have raised it. But I did raise the issue. And the Hospital Authority gave me the impression that it had understood the work that needed to be done and that they thought it would be feasible.

麥國風議員：

如果光看統計數字，即是修正的統計數字：93、62、113、87、72、68、60、41，你覺得在哪個日子應該改變瑪嘉烈醫院作為指定SARS醫院？在29日、30日、31日、1日、2日、3日、4日，應該由哪一天開始？哪一天開始要考慮改變？

Dr YEOH Eng-kiong:

Mr Chairman, I cannot give you this hypothetical answer because it would have been due to all the arrangements that we had made. And I also know that, I think, one needs to clarify that these new SARS admissions were not necessarily SARS patients. They were patients that were admitted with the suspect diagnosis of SARS. When you look at the figures, 113, I'm not sure which particular day when we had 113 SARS admissions to our hospitals. I remember, on the 2nd of April when I went to the hospital, the Hospital Chief Executive and the colleagues there told me that of the suspected SARS patients, approximately one in four will turn out to be SARS and the other three were suspect patients. So I think these new SARS admissions, Mr Chairman, denotes patients suspected of SARS and not confirmed SARS.

主席：

可以提供一個資料的，在3月31日，那個figure —— SARS patient是80個。這個113是代表了當時在那個scheme收的病人數字。有部分不是SARS patient。

麥國風議員：

局長，你覺得他們的準備是否足夠？

Dr YEOH Eng-kiong:

Mr Chairman, I did not take part in the assessment of the adequacy because this is the Hospital Authority function. I had asked them about the adequacy and of the preparation. Without going to details, I cannot comment.

麥國風議員：

但你作為局長，你是監督他們的，那為甚麼你說得只是好像很簡單，只是倚賴醫院管理局去作這個監察呢？你作為局長，你的角色是甚麼——如果這樣說？

Dr YEOH Eng-kiong:

Mr Chairman, I am the Policy Secretary. I have very large portfolios as Members know. I am not just Secretary for Health, I am also Secretary for Welfare and Food. I have Food, Environmental Hygiene, Agriculture and Fisheries. I have Welfare, Security at the health sector. I have 200 staff to help me in my work. The Hospital Authority has 53,000 staff. Obviously there are limits to what I can do in monitoring, and one must be clear about the separation of roles and responsibilities. The fact that I had already raised this issue, I would expect the Hospital Authority to have done adequate preparation. Of course, if there were an issue that arose, I would question this, I would actively be involved in reviewing. And this did not surface. Even in my visit to Prince of Wales, Princess Margaret Hospital on both the 28th and the 2nd of April when they had started admitting patients, I was in this large staff forum where I went to understand the sentiments of staff in admitting patients, my recollection is that even there, there were obviously concerns about how the infection control procedures were being implemented. My recollection is that they did raise the issue about quarters, and so I had no impression that the preparation was inadequate at that moment in time.

麥國風議員：

嗯。OK，那局長看一看H2(C)的文件，翻到130037，其實都是醫管局那個檢討委員會和你見面的那些紀錄而已。第18段。有了吧，局長？

楊永強醫生：

未.....yes, Chairman.

麥國風議員：

有。“Designation of PMH as SARS hospital”，第18段說：“On designation of PMH as SARS hospital, Dr YEOH remarked that it was not his intention to designate PMH as the only hospital to take in SARS patients, as the patient load would be beyond the capability of the hospital”。可不可以解釋一下為甚麼？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, we have expressed reservations about the Hospital Authority's report but my recollection of the discussions is that I did discuss the capability of the hospital at that meeting. I think there were also discussions relating to whether there would be more than one hospital. This is my recollection of the discussions with the Hospital Authority, then the Acting Chief Executive. At that time it was mainly Dr KO, from my recollection, who was involved in these discussions. And my recollections were I discussed with Dr KO about this designation and I did ask about the capabilities of the hospital. There were some discussions relating to whether there would be one or two hospitals that could support this.

麥國風議員：

其實你閣下是支持一間還是兩間，可不可以說清楚一點？我也有一點搞亂了。你會支持一間，是指定一間，還是指定兩間，還是3間？

Dr YEOH Eng-kiong:

Mr Chairman, as a general rule, obviously I think there are pros and cons for both but operationally I expressed concern and I left it to the Hospital Authority to implement it. Because it was not my own personal preference that was important. It was ensuring that the arrangements were made and they could be implemented. My own preferences obviously would be more than one hospital. I expressed these views and I asked about the preparation of the hospital.

麥國風議員：

但為甚麼在26日的SARS Task Force Meeting，又沒有說你有提過，你也有可能認為指定多過一間好一點？

Dr YEOH Eng-kiong:

Mr Chairman, I think, because the minutes were very concise and they did not reflect a lot of the discussions, but in my own recollection, I did recall discussions about the feasibility. Because prior to that, I had discussed this with my Deputy Secretary to be on the alert to see if there was a designation, to make sure that these preparations were done, that there was an assessment of the capability of the hospital.

麥國風議員：

你在說的那個副秘書長是哪一位？

Dr YEOH Eng-kiong:

Mr Thomas YIU.

麥國風議員：

Thomas YIU，即是姚紀中先生，他要去監察那個指定醫院的運作嗎？

Dr YEOH Eng-kiong:

Mr Chairman, I think, my recollection is that because we are not very sure of the time sequence, but certainly in my discussions with my Deputy Secretary, he did recall my discussions with him about the preparation for one hospital to be designated as SARS hospital. In my discussions with Dr KO Wing-man, he also recalled that we had discussions whether it would be one or two hospitals. But I don't think we have been able to recall the exact time sequence. My recollection is that I did ask about the preparation of the hospital because it was something which I was concerned about. And when this was raised, I had asked the question and I accepted the answers given to me by the Hospital Authority that it would be feasible. So I take the responsibility that I accepted the assessment made by the Hospital Authority.

麥國風議員：

可不可以說清楚是——因為你說，你提及到姚紀中先生，他去……可以說督導，或者去瞭解運作上的問題，尤其是在準備那一方面。那究竟當時你是倚賴姚紀中先生來給你意見，還是倚賴高永文醫生來給你意見呢？

Dr YEOH Eng-kiong:

Mr Chairman, I did not instruct Mr YIU to look at the decision. My recollection is that I asked him to keep an eye because my recollection is that I spoke to him before even this came up.

麥國風議員：

那最後姚紀中先生有沒有給你任何意見，或者給你他的觀察或者瞭解？

Dr YEOH Eng-kiong:

Mr Chairman, my recollection is that at that time, it was being considered but the decision had not been made. I had mentioned this to Mr Thomas YIU to keep an eye and be alerted if there were any arrangements to be made to ensure that the preparation was adequate. But that did not surface because then the recommendations were made at the Task Group.

麥國風議員：

OK。主席，我暫時沒有問題了。

主席：

陳國強議員。

陳國強議員：

局長，我想你評估一下，前衛生署署長陳馮富珍醫生，在處理疫症能力那方面，她是否處理疫症的專家？

Dr YEOH Eng-kiong:

Mr Chairman, the Director of Health has a very broad portfolio. She is trained in public health and she has many years of public health experience working through the ranks from Principal Medical Officer up to the Director. She has a great wealth of experience in public health work and she also has a team of public health experts in her Department. So it is the whole infrastructure of public health functions done by the Director of Health and the Department.

陳國強議員：

我想你評價一下，衛生署在處理京華酒店的疫情，以及在威院爆發的跟蹤接觸者個案的工作。你們認為它做得怎樣？

Dr YEOH Eng-kiong:

Mr Chairman, the Metropole Hotel outbreak, the information, I believe, surfaced that the Director of Health was aware of the linkage on the 18th of March. Within that one day, they were able to link up the cases. Of course, they got the information from Toronto and Singapore and our own data. So with that data, they were able to tackle the Metropole problem on the 19th. In the Prince of Wales outbreak, I believe that the colleagues from the Department of Health worked very closely with the Hospital Authority. Dr Gareth AU worked well with the Hospital Authority. They developed this Disease Control Center and they initiated a lot of work together to tackle the outbreak. They did try their best based on their existing competencies and systems. Of course, we know now that to deal with an outbreak of this nature, the existing systems had to change. We accept that the system that had worked well for Hong Kong for the last 50 years in tackling infectious disease were unable to tackle this outbreak effectively because of the magnitude, scale and rapidity of the outbreak. Because it was of a size and nature that we had not seen in the last 50 years.

陳國強議員：

那局長你是否同意，陳太在1月13日的研訊中說，有一個加拿大籍的病人，住在京華酒店，在13日送了去瑪麗醫院。如果他們及早聯想得到這個人跟京華酒店那些其他病人是有關係的話，是不是在很早就可以告訴醫院和公眾，讓大家可以早有準備。你是否同意她的說法？

Dr YEOH Eng-kiong:

Mr Chairman, obviously, if we had insights about some of these cases, we would have been able to understand the disease much better at the outbreak. The cases that surface, is the linkage, the intelligence as it were, the ability in public health of looking at this whole maze of patients because at that time we had thousands of patients with pneumonia and with different infections. So the Severe Community-Acquired Pneumonia grew.

The intention was to be able to set a surveillance system and to identify within this large group of Severe Community-Acquired infections, whether there were any patterns which were unusual. If the patterns were unusual, it would be able to be pick up patients which could be different from the others, and this

would be of course SARS. So it is really the capacity of the system to be able to identify these clues as it were. It was like doing detective work. You had so many of these patients in the community but you needed to be able to pick up these cases which were different and then to be able to piece together what was actually happening. So you need to have a big team as I was describing on Saturday.

In America, when you have this large outbreak of a new disease, they have thousands of people in the Center for Disease Control with years of experience in epidemiology and public health. They would have a big team of people who would then investigate a new outbreak, to try to piece together and identify what was causing it, identify the agent that was causing it.

I think in Hong Kong, we did it in quite a short time. We were able to identify the infectious agent. As you know, the University identified it within about two weeks of the identification of the outbreak. The Department did a lot of work in doing everything humanly possible to track down cases to understand how the outbreak was occurring. The Department of Health and the Hospital Authority worked very closely to investigate the outbreak in the Prince of Wales. The factors of the outbreak were identified very quickly. They were able to develop information relating to incubation period, the risk of using nebulisers. All these were done in a very short time frame.

陳國強議員：

你剛才說其他國家的人手很足夠，那你是否覺得衛生署的人手以及他們的追蹤經驗不足夠呢？

Dr YEOH Eng-kiong:

Mr Chairman, as I said the systems and capacity of the Department of Health serviced well in the last 50 years in terms of all the infectious diseases that we know of. When you look at our ability to tackle some of the infectious diseases that we had outbreak, the system coped well. The contact tracing system, the systems were developed in phase. But in the context of this very massive outbreak that none of us, in the history of Hong Kong, at least none of us here had encountered before, that the system that we had was unable to deal with it as effectively as we would have liked. That's why in that context we had to work very hard. This was made up by extraordinary hard work from the colleagues both in the Hospital Authority and the Department of Health and the other Government departments. We also had to build systems. We had to have new systems to deal with the outbreak and they were developed right in the middle of the outbreak.

陳國強議員：

我們上次向何兆煒醫生取證的時候，何兆煒醫生就說，由於衛生署的跟蹤不好，令到他們醫院那些人很鼓譟，因為有些人因此而受到感染了。你覺得是否衛生署他們的跟蹤真的做得不好呢？

Dr YEOH Eng-kiong:

Mr Chairman, as I was saying, on the 20th when I went to the Prince of Wales Hospital staff forum, Professor Sydney CHUNG and Dr FUNG Hong mentioned to me their concerns about the contact tracing. On the 21st of March, the Chief Executive of the Hospital Authority and the Chairman of the Hospital Authority rang me up to repeat their concerns. I spoke to the Deputy Director of Department of Health, Dr P Y LEUNG, who was responsible for the Infection Control Branch and he was already at the Prince of Wales Hospital to discuss with the colleagues the issues and also to strengthen the senior team that was overseeing the infection control. He gave me to understand, that in fact he clarified — because my understanding is that there was a lot of misunderstanding because the hospital staff did not see as many people from the Department of Health during the contact tracing in the hospital — they were doing it in the region, in the Regional Offices. They were already doing a lot of contact tracing but they were not physically present in the hospital doing it. So the impression the hospital staff had was that the Department of Health were not doing their work and that all these staff, family members and members in the community, the two private doctors were infected because the contact tracing work was not done. Dr LEUNG clarified to the hospital and to me that in fact the work was continuing. It's just that there was a misunderstanding.

I think what actually transpired was really why we needed the e-SARS system because it is the time gap between the time a patient is infectious and the time when the case is reported. If the gap is too long — say, if a patient has the symptom of SARS and takes one week to be admitted to the hospital and then after admission to the hospital, if it takes three days for the hospital to make a confirmation and to notify the Department of Health — in that whole 10-day period, whatever contact tracing you would have done, would have been no use because the patient would have then exposed to the maximum number of individuals in the community. So that's why in the whole contact tracing system, we need to have real-time information, as soon as patients were admitted. And that's the system that we designed, the e-SARS system that we designed to tackle the problem. When e-SARS was developed, all the patients who were admitted to the hospital and were suspected, the information was immediately passed to the Department of Health so that they could start doing the contact tracing.

陳國強議員：

在contact tracing那裏，我們有公布那些人數，那些感染了的人，但是公眾都很關心。由於衛生署並不是公布了所有的樓宇的感染，所以公眾自己也做了一個網頁。那政府是否應該早一點有這個透明度，讓人們可以aware它……即那些感染是從哪裏來，讓人們很早就可以知道呢？

Dr YEOH Eng-kiong:

Mr Chairman, my understanding about that issue, about the buildings, related to in the public health, privacy and discrimination. I believe my colleagues in the Department of Health were very concerned about the privacy and discrimination. In the public health, one of the problems that the colleagues in public health are aware of is, when you disclose the information, there is a fear of discrimination of the individuals concerned. And of course, there were instances of some discrimination.

However, when the Amoy Gardens' building factors were recognized, I did discuss with Director of Health that we should disclose to the public the names of the buildings. This would be helpful for the management. We also then started learning that some of the management may not have been doing the work to disinfect the building. When the environmental factors of Amoy Gardens started to surface, I was of the view that there was justification to release the name of the building to protect the residents of that building. So on the 12th of April, the Department of Health released the names of the building where there were SARS cases. They actually implemented it. But this occurred only on April the 12th.

陳國強議員：

我想問一下局長，你知不知道他們追蹤的成功率——那個percentage有多少？

Dr YEOH Eng-kiong:

Mr Chairman, during the outbreak, the total figures for contact tracing were 26,000. This was quite a phenomenal figure. My information is that because towards the later half of the outbreak, we had these information systems, the e-SARS and the police MIIDSS system which enable us to link up the cases. My information is that towards that part of the outbreak when we had the information systems, about 92% of the cases could be linked up. It was really due to contact tracing that we were able to link up. And of the 8%, about half of them were probably not SARS because, as you know, the SARS diagnosis is an imprecise

one; it is based on clinical symptoms. But eventually when we had this blood test to do the serology, about half of the patients that could not be linked up turned out by the serology not to have SARS. So you can say that in fact in the assessment of the contact tracing, we had a very high success rate in linking up the cases. In fact, we had a very, very high rate and I think the international community were quite impressed by our ability to link up all these cases.

陳國強議員：

主席，我沒有問題了。

主席：

在我的名單上還有兩位議員，一是勞永樂，二是陳婉嫻。用的時間很短的吧？我讓這兩位議員問完，我們就會結束今天的研訊。首先是勞永樂議員。

勞永樂議員：

主席，我問的問題很短，就是想搞清楚一些事實，主要是跟進麥國風議員剛才問的一系列問題其中一部分。

你剛才提過對於淘大花園E座的隔離令，第一次討論是在3月30日你主持的工作小組那裏進行。之後當時的衛生署署長就透過另一個人告訴你，是有困難，而且擔心，如果執行這個隔離令，就會成為世界的笑柄。首先我有沒有理解錯誤——對你剛才說的事情？

Dr YEOH Eng-kiong:

Mr Chairman, that was the information I got from my colleagues, yes.

勞永樂議員：

是。

主席：

是的，那個資料是來自局長的助理和他的常務秘書長。

勞永樂議員：

是，我想瞭解就是，你有沒有進一步去理解那個困難在哪裏？為甚麼會成為世界的笑柄——laughing stock——你剛才說。

Dr YEOH Eng-kiong:

Mr Chairman, I was aware of the discussions on this issue. The information I got was the Director had gone back to consult her colleagues and that they were concerned about this measure because, as I indicated earlier, the public health community had not done anything of this nature in modern history. So my understanding is that there was a concern about this measure. And the second thing was in terms of the practicalities. The message I got was that there were issues in terms of the Ordinance and the powers of the Ordinance. And when I learnt about that I reviewed the Ordinance, as I gave evidence earlier. On the 26th when the Infectious Disease Ordinance was proposed to be amended to include SARS in the First Schedule of the Cap. 141, I had made it my duty to read the Ordinance and look at the powers. So I revisited that at that moment in time but the arrangements for the Chief Executive meeting had already been put in place. I think it had already been put in place by that time.

勞永樂議員：

即是說，由於衛生署署長當時的關注和所說的困難，在當晚九時半，就由特首主持另外一個緊急會議，去特別討論這個問題，是不是？

Dr YEOH Eng-kiong:

Yes, Mr Chairman, that was my recollection.

勞永樂議員：

那亦看到有關文件中，在這個會議紀錄裏面，就全部沒有記錄衛生署署長在那個會議上說過了甚麼。我想問楊醫生，你是否記得當時衛生署署長說的那個困難，她有沒有提到有其他的選擇，有其他的事可以做，而不做那個隔離令呢？有沒有討論過其他的alternatives，其他的選擇？

Dr YEOH Eng-kiong:

Mr Chairman, in the Task Force, I think we had discussed this but I do not recall that the Director of Health had given any other option to us. When I asked her to exercise her powers, as I gave evidence earlier, she did not indicate that it would not be possible. It was only after she went back to her Department, I understand, that she came back and said there were practical difficulties and she had concerns. And, at that meeting that evening, my recollection is that I put the case to the Committee chaired by the Chief Executive: the reasons why I thought E Block should be isolated - the residents. I also put forward the legal

basis for doing it. That's why in the meeting you can see a note saying that there was the legal basis for doing it.

勞永樂議員：

這個文件——晚上9時半由特首主持的那個緊急會議，最後一段就說，特首作出總結，覺得那些住戶的行動要被限制10天——即是說隔離令。可不可以說，這個隔離令最終的決定，都是由特首領導而作出的決定呢？

Dr YEOH Eng-kiong:

Mr Chairman, in that meeting, the Director in fact didn't say very much because all these were relayed to me. The meeting was held and I put forward why I thought this decision should be made and this was accepted by the members present. In fact at the meeting the Director didn't raise these two concerns that I expressed. I learned about it and I just put forward my views and also the practicalities involved. I said that my Permanent Secretary was doing all the preparation. There were difficulties but it was something that I believe we needed to do.

勞永樂議員：

即可不可以這樣說，特首同意及支持這個決定？

Dr YEOH Eng-kiong:

Mr Chairman, I think at that meeting, we all discussed it. The Director of Health did not disagree at that meeting.

勞永樂議員：

好的，行。另外一處我想跟進的就是有關將瑪嘉烈醫院成為指定醫院那裏。我們亦看到會議紀錄記載3月26日在你主持的會議中，高永文醫生在場，你也問過他能否做得到。我們剛才聽你的答案就是，高醫生回答是做得到的。我有沒有理解錯誤？

Dr YEOH Eng-kiong:

Mr Chairman, yes, I did ask about the feasibility in terms of facility and manpower.

勞永樂議員：

是，高醫生說做得到。你剛才亦對麥議員說，你亦問過趙莉莉醫生能不能做到，她的回答亦是說做得到的。我的理解是否正確？

Dr YEOH Eng-kiong:

Mr Chairman, I did not recall specifically asking Dr Lily CHIU that question. But in the context of my visit to the Princess Margaret Hospital I did enquire about the preparation. But I did not get the impression. She certainly did not express to me any concerns about the adequacy of the preparation.

勞永樂議員：

你探訪瑪嘉烈醫院的日子是不是4月2日，主席，我有沒有記錯？

Dr YEOH Eng-kiong:

Mr Chairman, the first visit was on the 28th of March.

勞永樂議員：

在28日，在28日那天趙莉莉醫生就沒有任何異議——即對於瑪嘉烈醫院成為指定醫院？

Dr YEOH Eng-kiong:

Mr Chairman, because very often, Dr Lily CHIU will always say that she will try her best. So this is something that always sticks in my mind when I talk to Dr Lily CHIU. She is a very, very positive person that always tries to do her best. But my impression is that she did not raise any issues about the adequacy of the preparation except that she would do her best.

勞永樂議員：

高醫生和趙莉莉醫生，有沒有在任何的機會中，跟你詳細討論過，說可以做得得到，或者沒有異議，那個基礎在哪裏？有沒有跟你傾談過？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, in the Task Force, we had a discussion and I asked this question.

勞永樂議員：

但就沒有詳細討論過？

Dr YEOH Eng-kiong:

My recollection is that there was some discussion because it would not be something that I would accept by just saying that it was adequate. My recollection is that there was some discussion about the arrangements and I understood that the Hospital Authority, that Dr KO subsequently went back to discuss this at the operational meeting and made the arrangements for this to be done, and they had made arrangements for there to be two hospitals – one is the Princess Margaret and the other is to have the Wong Tai Sin as the back-up hospital. So they had discussed the proposals. Because I had this issue in mind, I did question the preparation and would not accept this question and a “yes, it is sufficient.” My recollection is there were discussions, Dr KO did tell me about the facilities available, some of the arrangements, but I do not recall the exact details. My recollection is that there was discussion relating to the preparation.

勞永樂議員：

我亦聽到你剛才說，你是局長，你要兼顧的範圍很大，你的人力物力也不是那麼多，所以那些細節有時你未必一定會那麼深入地理解得到。但是我想問你，局長，你作為局長，當你跟高永文醫生或者趙莉莉醫生討論這個問題的時候，你會不會有一個期望，就是他們能夠很忠實地向你說，是行就行，是不行就不行，你會不會有這個期望？

Dr YEOH Eng-kiong:

Mr Chairman, I think that's not just an expectation. I think in reality that Dr KO is very frank about his opinions with me and I respect that. It is useful to have people who express their views. So Dr KO and I go a long way because I have worked with him in the Hospital Authority and I know Dr KO will try his best. But if he has got any views, he doesn't spare my feelings.

勞永樂議員：

其實我們也討論了很多那個瑪嘉烈醫院成為指定醫院的基礎，我再囉唆說一次，主席，不會很久。基礎只有兩個：第一，瑪嘉烈醫院是香港唯一一間傳染病醫院，但當時根本大家都知道，只有80多張傳染病床，而那個指標是收1 000個；第二個基礎就是，根據瑪嘉烈醫院在2月到3月26日之間的往績，它接收了80

多名SARS病人，而且沒有一個醫護人員受到感染，但平均每天收症是只有3個至4個而已，平均來說。所以，如果有詳細討論過，楊局長你是否覺得，這兩點就已經是基礎，令瑪嘉烈醫院可以成為一間指定收1 000個SARS病人的醫院呢？

Dr YEOH Eng-kiong:

Mr Chairman, as I said, the operational details were something for the Hospital Authority to resolve. We should accept that the Hospital Authority, has its own capabilities. The Expert Committee, the Government review, our international experts did not think that this was an unreasonable decision. Obviously, with hindsight, maybe one should have reviewed the time preparation. Perhaps people were overly optimistic about the preparation. I think one of the important factors was the large numbers of patients that subsequently swamped the hospital because of the Amoy Gardens outbreak. I think that may not have been anticipated. So I guess the issue would be an operational matter. I would expect the Hospital Authority to look at these issues and assess when it should be done, how it should be done, if it should be done. If there were any issues, they could always come back. There was no pressure on the Hospital Authority to do this. It was the recommendation made by the Department of Health. Since I had asked this question, it would have been very legitimate for the Hospital Authority to come back and say "We are not ready. We need a few more days" if the assessment was such.

So we need to understand that we are dealing with a large, complex organization and that they had a very difficult task in managing the outbreak. There was no perfect solution, no solution that could have given rise to zero infections as you have fact to see at that point in time. And I share with them the pains that they went through, the difficulties that each person in the Hospital Authority encountered.

I hope Members will understand that Dr KO did his best, Dr Lily CHIU did her best and they all did their best. I hope Members would accept that the heroes were not just people in the front line.

The heroes and the heroines were every one that worked in the system. That Dr KO overall, that Dr Lily CHIU overall, the cleaners in the wards and all those people. Rather than accusing them of not meeting their responsibilities, I hope Members would realize the difficulties that people had in dealing with this tremendous outbreak that we had never seen before. I hope Members of the Committee would bear that in mind and not at every point in time say it was inadequate, that it was negligent of A, B or C.

As far as I was concerned, all of them in the Hospital Authority did a marvelous job. There were failings. We accept that because we are all humans. None of us would have liked to see a single death or a single infection in our health staff. All of us share that. Please, for one moment, don't give people the impression that we were negligent or ignored the needs of our healthcare staff because they were very critical and crucial in managing the outbreak. I hope Members would accept that all the colleagues in the front line did their best.

勞永樂議員：

想告訴楊醫生，我們委員會還沒有達至甚麼結論，但問題是我們委員會的責任，就是找出事實的真相，所以我們要問很多的問題。回到那個問題那裏，我們亦……

主席：

勞議員，我只是提醒一下你不要舞弄那一支筆而已。

勞永樂議員：

我亦聽得很清楚，楊局長剛才說，楊局長沒有給醫管局任何壓力，這個委員會也聽了很多次，都說就是with hindsight。“With hindsight”如果譯得不很準確就是“事後孔明”。但那個“孔明”，楊局長，其實在3月28日或者3月31日就已經出現了。3月28日從我們的紀錄看到，那天收了44個病人，在3月31日的時候，主席剛才正好說，收了80多個SARS病人。這跟瑪嘉烈醫院作為指定醫院的基礎，相差很遠，楊局長。你剛才也說過，是沒有壓力的，如果那個決定是做不到的話，可以隨時“返番轉頭”。但很明顯，在3月31日那天沒有“返番轉頭”，是遲了一個星期，到4月7日時才“返番轉頭”。其實，在3月31日至4月7日之間，瑪嘉烈醫院已經發生了很多很多的故事。那你……

主席：

啊……

勞永樂議員：

主席，我現在問我的問題。

楊醫生，你是否同意，醫管局的行政人員，不說是甚麼名字，是不能夠做到，“得就得”，“唔得就唔得”，發覺如果那個決定是不行的，盡早“返番轉頭”呢？

Dr YEOH Eng-kiong:

Mr Chairman, I am aware that the Hospital Authority was reviewing all these arrangements on a day-to-day basis and there were discussions ongoing in the Head Office and on the cluster level on the arrangements that were made and what needed to be adjusted.

In fact, when the decision to revert, I was not consulted, I was informed and there was no issue. So, in fact, it is these arrangements I think which needed to be reviewed from time to time. I guess one's judgment is in terms of when one had wanted to revert this decision, whether it should have been reverted earlier or not.

There were great difficulties that the Authority faced because when you disseminate the cases in different institutions, there are different problems and difficulties involved. When you concentrate cases in one hospital, you had cases that over-swamped the system. But it doesn't mean that the other hospitals do not have cases. So it was a very difficult decision which was facing the Hospital Authority. Because prior to the designation of one hospital, there were voices in the community that we should concentrate all our cases in one hospital. I think Members will remember that. I guess one needs to look at the context of the difficulties that they faced and I perfectly understand and respect Members' questions and in fact I welcome this inquiry because it permits us the opportunity to discuss with you and the public what actually transpired during the outbreak.

勞永樂議員：

楊醫生剛才答麥國風議員時說：選一間醫院作指定醫院不是他個人的取向，取向亦是preference。那麼，究竟選一間醫院作為指定醫院，是哪一個官員或那些參與決策的人士的取向呢？

Dr YEOH Eng-kiong:

Mr Chairman, is Dr LO referring to the specific hospital or one hospital?

Dr Hon LO Wing-lok:

Designated hospital, one designated hospital.

Dr YEOH Eng-kiong:

My recollection is that the Director of Health, the Deputy Director of Health, myself, the Acting Chief Executive, Dr KO, I think, Dr LIU Shao-haei was there and a number of other people — but I do not have the, if you want I can look up the actual members present at that meeting. My record of the meeting says there were myself, Dr Margaret CHAN, Dr P Y LEUNG, Dr Thomas TSANG, Dr KO Wing-man, Dr Wilina LIM who is microbiologist of Department of Health, Professor John TAM from the Chinese University and Dr YU Wai-cho from the Princess Margaret Hospital.

勞永樂議員：

我的問題是，你剛才答覆麥議員說：要一間醫院接收全部SARS的病或作為指定醫院，並不是你的preference，不是你的取向。那麼，究竟做這些決定的人，那些人的取向是用一間指定醫院。

Dr YEOH Eng-kiong:

Mr Chairman, the recommendation was made by the Director of Health and from the perspective of public health, for their contact tracing and infection control. In terms of the total epidemic outbreak, it would have served the Department of Health well to have one hospital because the information could be then concentrated, because the contact tracing and all the information would emanate from one hospital. This was a recommendation from the Director of Health and supported by the Deputy Director of Health. This is a reasonable proposal from the Director of Health's perspective.

For the Hospital Authority, obviously there are also advantages. But there are also difficulties in this measure. This was a recommendation made by the Department of Health and I asked the question. I do not recall that there were other strong views by other members present. I do not recall that there were. My recollection is that I was the person that asked this question about the preparatory work. Because if I asked the question, I would not be satisfied with just an answer "yes" or "no" because I would need to understand at least some basic information to support that proposal that Hospital Authority would accept. I remember the number of beds, the number of ICU facilities, things like that were discussed and that the deployment of staff from other hospitals, were issues that I think, my recollection is, provided by Dr KO or Dr LIU Shao-haei to support the acceptance of this recommendation.

勞永樂議員：

聽得很清楚，是衛生署署長的建議。但選瑪嘉烈一間來收1 000個SARS病人，是不是衛生署署長的要求？

Dr YEOH Eng-kiong:

Mr Chairman, I think my recollection is that both the Department of Health and Hospital Authority thought Princess Margaret would be appropriate because the Princess Margaret had the previous experience of being infectious diseases hospital and had an infectious diseases wing. So my recollection is that both thought that Princess Margaret would be suitable.

勞永樂議員：

你沒有回答我的問題——究竟是醫管局還是衛生署認為瑪嘉烈醫院可以收1 000個SARS病人？

Dr YEOH Eng-kiong:

I do not think that the Department of Health would make such an assessment.

勞永樂議員：

多謝你回答我的問題，我沒有問題。

主席：

陳婉嫻是很短嗎？

陳婉嫻議員：

假如時間限制，我下次回來再問吧。因為我怕我停不了。我怕我應承了是短的但停不了，但我又不想。我建議我下次回來再排隊問。我是問contact tracing。

主席：

局長你想不想也處理這一部分？

Dr YEOH Eng-kiong:

Mr Chairman, I will be happy to.

主席：

我建議我們現在處理，我擔心如果安排在27日，我們晚上10時也走不了。

陳婉嫻議員：

好，主席。局長，你真厲害，我也開始覺得很累，我會努力地問。剛才你回答陳國強議員時提及追蹤接觸，他曾經問你：你是否同意前衛生署署長陳馮富珍可以算是處理疫情的專家？你並沒有答他的問題。你從她一開始處理，即廣華……或更前一間醫院，例如在一個美籍華人入住仁安醫院時已開始……一直已經開始接收病症。根據你的評估，在爆發到較高的時候……就是在威院時，她在3月12日才成立追蹤那個……從這些事，你是否覺得她在這方面，在處理有關的傳染病是一個專家？

Dr YEOH Eng-kiong:

Mr Chairman, perhaps I need to explain. Obviously the Director of Health is trained in public health and she has a wealth of experience generally in public health. But if you are referring to the specific expertise within public health, there are many, many components of it. Of course, in doing the epidemiological investigations, I don't think she is an expert in that. But of course in the training of public health, there would be modules. So she would have a general experience in all these components in public health but when you go into the specifics, the Director of Health has a whole team of experts, people like Dr Thomas TSANG who is specifically trained in epidemiology and he was trained for two years in the Center for Disease Control in America. So, obviously the Director of Health's expertise in that area would not be up to the same level as Dr Thomas TSANG. But as the Director of Health, her great wealth of experience in working initially in the Medical and Health Department and then in the Department of Health would provide her with broad knowledge of infection control in general and outbreaks control but at a more strategic and broader level but not to the level of the operational systems. So I would not expect her to have all the expertise in all the various components but expertise overall.

陳婉嫻議員：

你剛才也說，衛生署署長除了她自己這方面有處理公眾衛生，同樣她有一隊專家協助，包括曾醫生在內。我剛才說的是，在20日美籍華人入住了仁安醫院後，2月22日轉入瑪嘉烈，跟着廣州的劉教授也入了廣華醫院，跟着家人陸續入了香港和廣州的醫

院。接着，我們亦看到，剛才我們看到的是，東區尤德醫院，也收了一名中山回港的男病人。跟着亦看到這幾間醫院在前後的工作者也開始感染傳染病。我再多舉一個例子，例如3月2日加拿大的遊客曾經入住廣華醫院，但後來他自己患病，我們的情況是到了14日後才知道他是……

主席：

陳婉嫻議員，不好意思，我相信我現在還是很清醒，但你剛才的事實完全令我有點迷惘。不如你直接問你的問題，不要再說……因為那些事實似乎和我理解的有多少出入，我不想逐一澄清。

陳婉嫻議員：

主席，我完全是抄我們秘書處給我的資料，我是抄回來的，我是沒有錯。若你需要，我可以把文件交給你，是在我的電腦裏，我應該是沒有錯的。我是說在27日，香港開始已有零散的病例，在這些個人當中，我覺得如果要到3月12日威院出現那麼多醫護工作者感染之後，她才派了一隊人去追蹤……跟蹤病例。我覺得剛才你沒有回答我……你始終沒有回答，你認為她在某方面是專業，也有一隊專家，但我覺得有那麼多零散個案，但結果導致每間醫院都有醫護工作者感染。所以為甚麼要到3月12日才成立這個追蹤調查……這個問題是問他的。

Dr YEOH Eng-kiong:

Mr Chairman, I understand what the Honourable CHAN Yuen-han is driving at. I just want to explain in terms of my understanding of the issues faced by the Department. I am aware of Professor LIU from the Kwong Wah Hospital that the Expert Committee in the Government's review did look into this in quite great detail. And I think my recollection is that they actually looked at the case of Professor LIU and they put themselves in the position of the Department of Health colleagues to see if there were any unusual features that they should have picked up at that time.

My recollection is that although there were family members infected, the only healthcare worker that was picked up as SARS before the outbreak at Prince of Wales was a nurse who was not involved in the direct care of patients. And the other nurse who was actually involved in the care of Professor LIU's family, Professor LIU, who got infected was reported only after the Prince of Wales outbreak. The Expert Committee accepted that, based on the information they

had at that time, it was acceptable that they did not pick the unusual feature of Professor LIU because the history at that time was just that.

By the 11th of March as I am saying, that the family members were infected and some of them had gone back to the Mainland, and they did not have the precise history as to what was happening. The healthcare worker, the only one that was infected was, I think, working in other ward or next door. And the healthcare assistant who was subsequently found to be infected was reported only on the 13th of March. So they accepted that probably it was very difficult for the Department to pick up that case.

I understand what Honourable CHAN Yuen-han is referring to, whether we should have a system that would have been able to pick up all these clues as it were. I think, with hindsight obviously it's easy. But I think, at that time, I understood that when you don't have an automation of a system, the contact tracing is done by individuals. There were hundreds of nurses in the Department of Health who were doing contact tracing one on one and the information was in questionnaires of each individual. So you can imagine that if they had 50 cases in the system and the contact tracing was done by 20 people, that information and knowledge would be in all those people in the field. If you don't have a system to link up the cases, you would not be able to get that intelligence.

That's why I started looking into the issues. I knew that we had to redesign the whole system. So the e-SARS system linked up to the police system. The police system was then able to link up all the contacts. That's why in the outbreak later on, we were able to get this intelligence that there were two cases in each building, so when you had a person in contact with another, the police system gave the linkages to person, time and place. This is exactly what we need in public health tracing. Unless you have that information technology tool, it would have been very difficult to expect that information to be synthesized because they were in maybe 30 or 50 people's minds. So, there was no way I saw that the Department, obviously, if they had meetings, regular meetings, and if people could see clues and they shared those clues, you might be able to pick up one or two clues. So it really depend on more manual input in that control.

And that's why before the MIIDSS and e-SARS system was devised, I actually got the colleagues from Department of Health to sit down with me so that I would at least get their intelligence from the field. Because we had four Regional Community Physicians and they were responsible for doing the contact tracing and investigations of the cases in their respective regions. You need a system to synthesise all the intelligence, to see whether there were patterns which were similar in all the hospitals and to be able to link up. So an information system would enable you to do that.

Interactions of people, of course, that would be more dependent on the alertness and the ability of people to spot patterns and differences, but that could also supplement the work that we did. I guess it is really the difficulty in the outbreak because it was something very new and there was no system that was available at that time to the Department to cope with it. We then had to devise a system during the outbreak.

陳婉嫻議員：

主席。局長，你剛才所講的，我是同意的，是有很多零散……但你又集中說廣華。當然廣華的預防……我們在研討時知道他們……他們說是他們幸運，他們在這方面是比較好。當一發覺出現這個情況，有關的主管便要所有人戴上口罩做防備。但我說的是3月2日接收那個病人的醫院，在9日、10日共有8名醫務人員患病，那是東區尤德醫院。我舉例是說到3月2日，但接着這間醫院有8名醫務工作者患病。我剛才的問題是說：我同意是零散，但零散正正是可以……假如衛生署作為公共衛生及作為流行病負責……根據職能而工作，理論上它不管是否零散還是怎樣，也應該要做追蹤，但它要到12日才做。因此，我想你評價，但你沒有怎樣回答我的問題，如果你能夠答，請你回答我。如果你不想答，我想多問一個問題。你當天說電子……即SARS電子庫，是向警署借用的，這個我們是知道的。但好像SARS電子庫是到4月份才借用的，是嗎？是到4月份才借用的嗎？

Dr YEOH Eng-kiong:

Yes.

陳婉嫻議員：

4月幾號？

Dr YEOH Eng-kiong:

Mr Chairman, I don't have the precise date. But we were aware of this in the early part of April.

主席：

局長，不好意思，是兩個制度，e-SARS是一樣東西，在police是另一樣東西，我不知陳婉嫻你要問的是那一樣？追蹤的系統是police的，但e-SARS的系統是聯接衛生署和醫管局，那個是醫管局和衛生署合作發展的。

陳婉嫻議員：

我兩樣都想問，因為局長剛才說了SARS電子庫。

Dr YEOH Eng-kiong:

Mr Chairman, the discussions on the information system started at the end of March and I initiated the e-SARS development on the 28th of March. They were fully operational and on line on the 8th of April. But I believe that even after three days, they already had the system up and running, but not formally implemented till on 8th. The Police Major Incident Investigation Disaster Support System was also looked at in early April. I don't have the information here, but my recollection is that it was implemented towards the middle of April.

陳婉嫻議員：

局長.....

Dr YEOH Eng-kiong:

Mr Chairman, on the answer to Honourable CHAN Yuen-han's first question, on the contact tracing, I think my understanding is for the Severe Community-Acquired Pneumonia which was set up on the 11th of February, the cases that met the criteria, the Department of Health did do the contact tracing. Professor LIU's case fell into that category. I think the case in Pamela Youde also fell in that category. By the time the outbreak emerged, we already identified four clusters of cases. I think the subsequent contact tracing was done after the outbreak was recognized that we were dealing with a new agent. The contact tracing before the Prince of Wales outbreak was to try to identify whether there was a problem. So I think the difference is that before the 11th of March we were trying to identify the problem. By the 11th of March, we recognized there is a problem. So the contact tracing done on the 11th of March was to help the Department of Health identify what the problem was.

主席：

陳議員，我們的資料都清楚表示仁安醫院轉去威院的病人和劉教授的個案是有做contact tracing的。

陳婉嫻議員：

但是，主席，我剛才問局長：他怎樣評價？因為事實上他有做，但漏網了沒有到京華做調查。以致很後期.....到3月18日才聯結起來考慮。所以我覺得.....他是怎樣去評價工作呢？所以我想

問局長，如果局長說2月份有，我還多了一點意見，我覺得他要到3月18日才聯結到京華起來考慮到一點東西，我會覺得，衛生署會不會在這方面……追蹤SARS、公眾衛生和流行病是不是真的做得不是這麼好呢？你的評價是不是如此，局長？

Dr YEOH Eng-kiong:

Mr Chairman, the Expert Committee considered that the authorities acted reasonably on the information available and pursued diligently in the course of investigations that were commensurate with the evidence available at that time. My understanding of why this statement was made is that, because in the deliberations of the Expert Committee, the Department of Health was saying that at that time when the SARS outbreak occurred, the information is that it was through droplet infections. The emphasis was on person to person contact that they were looking. The emphasis was not on investigating the place. So, when the colleagues were looking at the contact tracing, they were looking at where people had met and the contacts that they had.

Because if Members remember at that time, the emphasis was still on intimate contact, family contact. The emphasis was not on investigating the place. So they were looking at the various places because they could have looked at the place where the person stayed. I recollect that Professor LIU had also had dinner in somewhere else and went shopping. So whether all these things would have stimulated thinking would be, if you had information that various people were in the same place at that point in time, they would have rung a bell.

But I believe that this did not ring a bell to the colleagues during the contact tracing until the information surfaced about from Singapore and Toronto. So I guess the problems were of course, when the people doing the contact tracing, that the information resided in one person. Unless this person also had knowledge about another case in the same place, that common place would not have rung a bell.

So that's why I was saying that it was important to have a system to link up the places where people could be infected. In fact if that had been available, obviously the computer would have then linked up these individuals who were infected, and they were all staying at Metropole. But at that time when the individuals were doing the contact tracing, the emphasis was still in the contact with people and not place.

陳婉嫻議員：

我當然……

主席：

陳議員，你還有沒有事實……如果你純粹是想問局長的意見……

陳婉嫻議員：

不是……

主席：

我們不一定要在這個研訊的場合問他的意見的。

陳婉嫻議員：

主席，因為我們看到包括YY的源頭病人，我們看到一批人……在前階段，因為……我們覺得若追蹤可以做得好一點，我想不會引發威院爆發得那麼嚴重。當然，你認為可能提早做都會出現，但我們整個研訊的精神是想瞭解清楚，當時衛生署實際在防社區爆發那一方面是做得不足夠的呢？這是我要問後面的一個很重要的想法。因為威院最後是239人受感染……

主席：

我們不用討論，我只想提一下陳議員：如果你問的是事實，我建議你可以繼續爭取時間去問，但如果你還是想問意見，似乎用不少時間來討論判斷……即對不對的判斷。事實似乎都已經把握，你就事實方面有沒有問題要問？

陳婉嫻議員：

主席，剛才開始時我已經說，我是擔心沒有時間問下去，因為我後面還有一些資料。但我覺得如果是這樣的話，我知道現在已是6時半，那麼下次……在27日，如果我有條件我便會再問。多謝主席。

主席：

各位委員，我相信始終我們的時間不是無限，局長的時間也是有限的，但今天已到此階段，也無謂繼續問下去，我們要到此為止。我們甚麼時候再安排，稍後會再和局長聯絡。各位委員相信都沒有精神力量去繼續討論，我們不如就此結束會議，到星期

五的閉門會議再討論，好嗎？有沒有意見？沒有意見便結束會議了。

(研訊於下午6時32分結束)