

**Meeting between the Chief Executive of
the Hong Kong Special Administrative Region and
members of the Select Committee to inquire into the handling of
the Severe Acute Respiratory Syndrome outbreak by
the Government and the Hospital Authority**

Notes of meeting

**Saturday, 22 May 2004 from 9:00 am to 11:45 am
in the Government House**

Present

The Hon TUNG Chee-hwa, JP
The Chief Executive of the Hong Kong Special Administrative Region

Dr Hon LAW Chi-kwong, JP
Chairman of Select Committee

Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
Deputy Chairman of Select Committee

Hon Kenneth TING Woo-shou, JP
Member of Select Committee

Dr Hon David CHU Yu-lin, JP
Member of Select Committee

Hon Cyd HO Sau-lan
Member of Select Committee

Hon Martin LEE Chu-ming, SC, JP
Member of Select Committee

Hon CHAN Kwok-keung, JP
Member of Select Committee

Hon CHAN Yuen-han, JP
Member of Select Committee

Hon Andrew CHENG Kar-foo
Member of Select Committee

Hon Michael MAK Kwok-fung
Member of Select Committee

Dr Hon LO Wing-lok, JP
Member of Select Committee

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

Mr LAM Woon-kwong, GBS, JP
Director of the Chief Executive's Office

Mr Robin IP Man-fai, JP
Private Secretary to Chief Executive

In attendance

Miss Flora TAI
Clerk to Select Committee

Mr Jimmy MA, JP
Legal Adviser to Select Committee

Mrs Justina LAM
Assistant Secretary General, Legislative Council Secretariat

Miss Monna LAI
Assistant Legal Adviser, Legislative Council Secretariat

Mrs Eleanor CHOW
Senior Council Secretary, Legislative Council Secretariat

Miss Betty MA
Senior Council Secretary, Legislative Council Secretariat

Introductory remarks

The Chief Executive (CE) of the Hong Kong Special Administrative Region (HKSAR) made the following introductory remarks -

- (a) since the appointment of the Select Committee, the Government had been supportive of the Select Committee's work. Apart from providing information relating to the handling of the Severe Acute Respiratory Syndrome (SARS) epidemic, senior officials, including Dr YEOH Eng-kiong, the Secretary for Health, Welfare and Food (SHWF), and Mr LAM Woon-kwong, the Director of CE's Office (D/CEO), had attended hearings of the Select Committee to give evidence. This demonstrated the Government's full cooperation with the Select Committee;
- (b) it was the view of the Government, and not his personal view, that it was constitutionally inappropriate for him as the Head of the HKSAR to submit himself to the procedure by which the Select Committee conducted its inquiry. In arriving at this view, the Government had taken into consideration the important principles concerning the constitutional relationship between CE and the Legislative Council (LegCo) under the Basic Law, as explained in D/CEO's earlier letters to the Select Committee;
- (c) the Government had handled the SARS outbreak with maximum transparency and openness. The Government had been completely honest and there was no question of its trying to cover up or downplay the seriousness of the epidemic;
- (d) in terms of the unknown nature of the disease, its ferocity, scale and speed, the SARS epidemic was unprecedented not only in the modern history of Hong Kong, but also of the world. The epidemic had exposed inadequacies in Hong Kong's public health system at the initial stage;

- (e) the SARS Expert Committee comprising 11 renowned public health and hospital administration experts had comprehensively assessed and reviewed the handling of the SARS epidemic in Hong Kong. It had made recommendations on enhancing Hong Kong's preparedness to handle future outbreaks of infectious diseases. The Government accepted these recommendations and had made good progress in implementing them. This had been instrumental in the prevention of SARS this year;
- (f) he fully appreciated that frontline staff and those at managerial levels of the Hospital Authority (HA) and the Government had made the best endeavour to handle and control the epidemic. He felt deeply sorry that 1 755 persons were infected and 299 of them died. There was a need for Hong Kong to step up precautionary measures to prevent and control any future outbreaks of infectious diseases; and
- (g) as rightly pointed out by the SARS Expert Committee, it was always easy to criticize with the benefit of hindsight. SARS was a newly emerging infectious disease. It would only be fair and reasonable to assess the decisions made in the handling of the SARS epidemic against the knowledge and information available at the material time. Lessons learnt from last year's experience would better prepare the community for future outbreaks. He respected and attached importance to the work of the Select Committee, and hoped that the Select Committee would come up with constructive recommendations for the work of the Government.

Communication between the Mainland and Hong Kong on the atypical pneumonia epidemic in Guangdong

Early outbreak

2. Miss CHAN Yuen-han said that the atypical pneumonia (AP) epidemic in Guangdong surfaced on 10 February 2003 when the media reported that people in Guangdong were buying vinegar in a frenzy. She asked

whether CE considered that SHWF had taken adequate action between 10 February and mid-March 2003 to obtain information from the Mainland on the epidemic there.

3. CE said that he learnt from media reports on 10 February 2003 that there was an AP epidemic in Guangdong. He did not know the seriousness of the matter then. He was aware, at that time, that SHWF had instructed the Director of Health (D of H) to seek more information from the Mainland health authorities, and that D of H had contacted the Mainland authorities. He did not personally follow up the matter, and he considered the action taken by SHWF at that time to be adequate.

4. In response to Miss CHAN's enquiry, CE said that he had not instructed D/CEO to provide him with further media reports on the AP epidemic in Guangdong. At that time, he had no knowledge that DH had encountered difficulties in communicating with the Guangdong health authorities with regard to the AP cases in Guangdong. He only learnt about such difficulties later.

5. Miss CHAN further asked CE whether SHWF had told him that the notion that boiling vinegar could help prevent contracting a disease was naive and did not warrant serious attention. CE said that SHWF did not tell him so. He added that health officials would sense that something unusual was happening, if a large number of people bought vinegar because they thought that boiling it could prevent contracting a disease.

6. Dr LO Wing-lok said that on 11 February 2003, the Guangzhou Bureau of Health held a press conference at which Mr HUANG Jionglie, the Guangdong Minister of Health, said a lot about the AP situation in Guangzhou. He asked whether consideration had been given to send SHWF to Guangzhou to meet with Mr HUANG on the matter. CE replied that at that time, the World Health Organization (WHO) was monitoring the situation and would be stationing a team of experts in Beijing. CE pointed out that WHO did keep Hong Kong informed of what was happening.

7. Dr David CHU said that the AP epidemic in Guangdong had been widely reported in the media between January and March 2003. He considered that the disease surveillance system of the Department of Health (DH) at the

early stage of the epidemic was too rigid as it only relied on official information provided by the Mainland health authorities, and did not make use of “soft intelligence”, i.e. information obtained through unofficial channels or sources.

8. CE responded that it was important for the Government to disseminate accurate and credible information to members of the public, and therefore it was best for the Government to rely on official information. It was only when official information was not available would the Government consider using information from unofficial sources because the latter might not be accurate.

9. Miss CHAN Yuen-han asked about the purpose of CE’s visit to the Prince of Wales Hospital (PWH) on 14 March 2003. CE replied that he was very concerned about the situation in PWH when SHWF told him in the morning of 11 March 2003 that a group of healthcare workers (HCWs) in PWH had fallen sick. He instructed SHWF to vigorously deal with the situation there. His visit on 14 March 2003 was to better understand the situation in PWH and to meet with some of the HCWs who had fallen sick to show his concern. He also promised PWH that the Government would provide full support in terms of manpower and other resources.

CE’s visits to Beijing on 4 March and 18 March 2003

10. Miss CHAN Yuen-han asked about the meeting of CE with Mr HUANG Huahua, the Governor of Guangdong Province, on 4 March 2003 in Beijing. Dr LO Wing-lok asked whether any government official had requested CE to seek assistance from Mr HUANG.

11. CE said that he went to Beijing on 4 March 2003 to attend the opening ceremony of the first session of the Tenth National People’s Congress. There was no outbreak in Hong Kong at that time, and before he left for Beijing, no government official had raised with him the need to request Mr HUANG to provide information about the AP epidemic in Guangdong. The focus of his discussion with Mr HUANG was on strengthening cooperation between Hong Kong and Guangdong in the Pearl River Delta and arranging a high level meeting between the two sides as early as practicable.

12. Miss CHAN asked why CE did not make use of the opportunity to obtain information from Mr HUANG about the AP situation in Guangdong, after he learnt about the difficulties encountered by DH in communicating with the health authorities in Guangdong. CE explained that under the notification system at that time, Hong Kong's point of contact was the central health authorities in Beijing. SHWF added that the health authorities in Beijing had all along been providing information to Hong Kong. It was therefore not necessary to communicate directly with the health authorities in Guangdong on the matter.

13. Miss CHAN Yuen-han asked why CE considered that he must go to Beijing on 18 March 2003 despite the serious situation in PWH.

14. CE explained that his duty visit to Beijing on 18 March 2003 was arranged in advance for the purpose of reporting his work. He decided to go to Beijing as planned as SHWF, who was responsible for coordinating the response of the public health system, would deal with the situation in Hong Kong. Given the situation in PWH, he telephoned Dr ZHANG Wenkang, the Chinese Minister of Health, to speak to him about the outbreak in Hong Kong when he was in Beijing. He raised with Dr ZHANG the need to enhance the notification mechanism on infectious diseases between Hong Kong and the Mainland, and whether Hong Kong could share Guangdong's experience in handling the epidemic.

15. Miss CHAN Yuen-han asked whether SHWF had sought assistance from CE about obtaining information from the Guangdong health authorities before he left for Beijing. CE said that before leaving for Beijing, he and SHWF had discussed on a number of occasions how to seek assistance from Dr ZHANG in order that cross-boundary cooperation on exchange of information on and notification of infectious diseases could be enhanced. Both of them considered that the intervention of Dr ZHANG would facilitate the communication between the two sides and improvement could be made. CE added that prior to 18 March 2003, he had not discussed with Dr ZHANG about the SARS outbreak in Hong Kong.

16. Miss CHAN Yuen-han pointed out that although the Bureau of Health of Guangdong Province issued a notice on 23 January 2003 attaching an investigation report on a pneumonia outbreak in Guangdong, Hong Kong did

not receive the notice and the report. She asked CE whether he considered that things could have been done better.

17. CE acknowledged that there was a communication problem with Guangdong in February 2003. As SHWF had been in contact with the Beijing health authorities, he did not follow up. He did not discuss the matter with Mr HUANG on 4 March 2003 because there were no such cases in Hong Kong at that time. He brought up the issue with Dr ZHANG on 18 March 2003 because there was an outbreak at PWH. CE further explained that under the notification mechanism at that time, Guangdong would notify Beijing and Beijing would in turn notify Hong Kong. Hong Kong therefore relied on the Ministry of Health in Beijing to provide information. Hong Kong was not aware that there were problems with the communication between Guangdong and Beijing. Miss CHAN considered the indirect communication mechanism in place at that time to be unhealthy. CE assured members that the notification mechanism had since been improved. An Expert Group on Exchange and Notification Mechanism on Infectious Disease had been set up under the Hong Kong Guangdong Cooperation Joint Conference. There was now prompt notification of infectious diseases between Hong Kong and Guangdong.

18. Dr LAW Chi-kwong asked whether it was because of the “One Country, Two Systems” principle that the Central People’s Government (CPG) did not want provinces or cities to communicate directly with each other, and that all communications with regard to notification of infectious diseases had to go through Beijing. CE replied that he did not believe that this was the case.

19. Mr Michael MAK enquired about CE’s recollection of his telephone conversation with Dr ZHANG on 18 March 2003. CE said that the telephone conversation was not very long. He mainly emphasized to Dr ZHANG the need to enhance cross-boundary cooperation on exchange of information on and notification of infectious diseases. He also told Dr ZHANG that Hong Kong would like to share Guangdong’s experience in handling the AP epidemic. Mr MAK further asked whether Dr ZHANG had advised CE that the AP situation in Guangdong was serious. CE said that the AP situation in Guangdong was not discussed. He did not know whether Dr ZHANG was in possession of such information at that time.

20. Mr MAK also asked whether CE felt that the information provided by Dr ZHANG when they met in Hong Kong on 22 March 2003 was inaccurate and whether Dr ZHANG had given him the impression that the AP situation in Guangdong was under control. CE replied that he did not have such feeling nor impression. The message he got from Dr ZHANG at that time was that the situation in Guangdong was still serious. CE pointed out that he again raised with Dr ZHANG the need to enhance cross-boundary cooperation on exchange of information on infectious diseases and experience sharing in handling the epidemic. On both occasions, Dr ZHANG indicated that the CPG supported Hong Kong's request in principle.

Interface with the health authorities in Guangdong and Beijing

21. CE said that the health authorities in Hong Kong met with the health authorities in Guangdong on 9 April 2003 to share experience in handling SARS cases. The Hong Kong side found the Guangdong experience in respect of infection control measures and clinical treatment very useful. Both sides had also discussed how notification of communicable diseases could be enhanced. CE reiterated that the notification mechanism between Guangdong and Hong Kong had been enhanced to facilitate prompt and timely exchange of information about infectious diseases.

22. Mr Martin LEE asked whether it was the view of the CPG that CE should not attend a meeting of the Select Committee held in the LegCo Building because of the executive-led principle. CE replied that the CPG was not involved. He explained that the Department of Justice had studied the issue in detail and came to the conclusion that it was constitutionally inappropriate for him as the Head of the HKSAR to submit himself to the procedure by which the Select Committee conducted its inquiry.

23. Mr Martin LEE considered that CE should reflect to the CPG that the health authorities in Guangdong should make more efforts to enhance the notification mechanism on infectious diseases. He pointed out that the former D of H, Dr Margaret CHAN, had told the Select Committee that information relating to infectious diseases was classified as "state secret" in the Mainland. Mr LEE said that such a mindset would undermine exchange of information. He asked CE whether in his view, the SARS epidemic in Hong Kong could have been less serious, if the Guangdong health authorities had notified

Hong Kong of its AP outbreak earlier to enable Hong Kong to make preparations.

24. CE said that the question posed by Mr LEE was hypothetical to which he could not give an answer. CE further said that the CPG was now very transparent in its reporting and handling of SARS cases. CE pointed out that any confirmed SARS cases would be announced immediately, but one should bear in mind that it needed two to three weeks for the requisite tests to be completed. CE considered that the present notification mechanism on SARS cases was satisfactory.

25. Mr Martin LEE said that it was the fault of the health authorities in Guangdong and Beijing that they had not provided information about the AP epidemic in Guangdong to Hong Kong in a timely manner. Given the heavy passenger and vehicular traffic flow between Hong Kong and Guangdong, SHWF and D of H, who themselves were medical doctors, should be on high alert that such an unusual disease might spread to Hong Kong at any time, when the AP outbreak in Guangdong was reported in the media. They should have sought assistance from CE to contact Beijing when they encountered difficulties in getting information from Guangdong so that a more effective notification system could be established promptly.

26. Dr LAW Chi-kwong asked whether CE would admit that the officials concerned had not exercised sufficient vigilance. CE responded that with hindsight, there were definitely areas in which things could have been done better. He agreed that, with the benefit of hindsight, those concerned could have been more vigilant at that time, but it did not mean that the SARS outbreak could have been prevented.

27. Mr Martin LEE said that reading from the minutes of the CE's Steering Committee (CESC), he could feel that CE was deeply involved in the handling of the SARS epidemic. He asked CE whether communication with the CPG was one aspect of work that could have been done better. CE said that the SARS epidemic was a great blow to him. All responsibilities ultimately rested with him. CE further said that the epidemic had exposed the inadequacies of Hong Kong's public health system at the initial stage in the face of an unknown and ferocious outbreak. The recommendations of the SARS Expert Committee were now being implemented. He pointed out that

Hong Kong had successfully fought against the SARS epidemic, and that WHO and international health experts had a great regard for the work done by Hong Kong in handling the epidemic. SHWF added that the health authorities in Beijing could not pass information to Hong Kong in a timely manner because it was investigating the outbreak in Guangdong and did not have a complete picture at that time.

Liaison with the World Health Organization and other countries

28. Dr David CHU said that in a media briefing on 14 March 2003, SHWF had urged people not to depict Hong Kong as an infected place. On the following day, WHO issued an emergency travel advisory naming the disease SARS and listing out the main syndromes and signs. Dr CHU asked whether SHWF had discussed with CE before briefing the media and whether CE had instructed SHWF to clarify the inconsistent messages conveyed to the public.

29. CE said that SHWF had briefed him earlier that morning before meeting the media. SHWF had explained to him that there was no unusual increase in background pneumonia cases in the community, which was about 1 500 to 2 000 cases per month, and that there were four clusters of cases in hospitals. He instructed SHWF to tackle the problem and enhance communication with WHO. CE added that SHWF had analyzed the situation from the medical point of view.

30. As regards the travel advisory issued by WHO, CE further said that it did not contain a recommendation to member countries to restrict travel to any destination. The travel advisory was issued to put the international community on high alert that SARS was a worldwide health threat. CE informed members that following the issuance of the travel advisory, he had told SHWF that combating the epidemic should be accorded top priority, and that SHWF should exchange information with WHO and seek assistance from experts.

31. Mr Michael MAK asked whether CE was aware that the 1 500 to 2 000 AP cases mentioned by SHWF were different from the PWH cases. CE replied that he did ask SHWF, at that time, why there were so many AP cases in Hong Kong each month. He knew there was a problem but he did not know what the problem was. He later realized that the PWH cases were not “usual”

AP cases. Mr MAK further asked CE whether he was confused by SHWF. CE said that he was not confused by SHWF because it was simply a matter of not knowing what the PWH cases were at that time.

32. Mr Kenneth TING said that SHWF told the media on 14 March 2003 that there was no outbreak of AP in the community but WHO issued an emergency travel advisory the following day and also named the disease SARS. He asked whether CE felt that what SHWF told the media might have lowered the alertness of the public and was not consistent with the principle that the Government should err on the safe side. CE responded that he did not feel that way. CE reiterated that the travel advisory did not contain a recommendation to member countries to restrict travel to any destination. The travel advisory was issued to put the international community on high alert that there were SARS cases in some places. It was on 2 April 2003 that WHO issued a travel advice to international travellers recommending that all but essential travel to Hong Kong and Guangdong Province should be postponed.

33. Dr David CHU asked whether the Government had exchanged information with other places about the outbreak situation in those places and their infection control measures. CE said that there had been close liaison with the Mainland health authorities from the outset of the outbreak. At various stages of the epidemic, the Government had sought the assistance of experts from international bodies, including WHO and the Centers for Disease Control and Prevention in the United States, to assist in the handling of the epidemic and to advise on public health control measures. He had also telephoned the Prime Minister of Singapore, Mr GOH Chok-tong. When he attended an international conference of health ministers in Bangkok in April 2003, he updated the ASEAN countries on the outbreak situation in Hong Kong. He also met with Premier WEN Jiabao in Shenzhen and briefed him on how Hong Kong handled the outbreak.

34. Ms Cyd HO said that Singapore had introduced quarantine measures earlier than Hong Kong. She asked when CE contacted Mr GOH and why the Government had not acted as promptly as Singapore in introducing quarantine measures.

35. CE said that since 20 March 2003, he had started to read articles on SARS from all sources in the world. He learnt from the Asian Wall Street

Journal that Singapore had implemented quarantine measures around 24 March 2003. He brought the matter up for consideration at the meeting of CESC on 25 March 2003. CE added that his telephone conversations with Mr GOH took place around 20 April 2003. (*Post-meeting note*: The teleconversations took place on 20 and 23 April 2003.) The focus of their discussion was on areas such as clinical treatment of SARS patients, development of diagnostic tests, causes of the disease, etc.

36. Mr Andrew CHENG asked whether the Hong Kong Government was too rigid in its response to the outbreak given that the Singaporean Government had acted more promptly in introducing quarantine measures.

37. CE responded that although he had raised at the CESC meeting on 25 March 2003 that consideration should be given to taking the draconian step of requiring family members of the infected patients to stay at home, members present at the meeting pointed out that the measures adopted in Singapore might not be applicable because Hong Kong's cultural and political background was different from that of Singapore. Various views and concerns were raised at the meeting, including the fear that SARS patients would go into hiding; civil liberties and public acceptability considerations; effectiveness of the measure; and enforcement difficulties. CE said that he personally believed that one should always err on the safe side and the public would eventually understand the benefit of the draconian quarantine measure. CE further said that it was after careful consideration that the Government decided to introduce the quarantine measure a few days later on 30 March 2003. CE reckoned that the deliberation process in reaching the decision reflected both the weakness as well as the strength of Hong Kong.

38. Mrs Sophie LEUNG said that she was particularly dissatisfied with the contact tracing work carried out by DH in respect of the cases linked to the M Hotel. Mrs LEUNG pointed out that the Ministry of Health of Singapore had informed DH on 8 March 2003 that three Singaporean tourists who had been hospitalized in Singapore after travelling to Hong Kong had stayed at the M Hotel, but the officials responsible for contact tracing failed to relate the cases to the Hotel. Had the officials concerned been more alert, the investigation at the M Hotel could have been launched earlier. Mrs LEUNG stressed that officials responsible for contact tracing must have the mind of a detective.

39. CE said that DH launched the investigation at the M Hotel when it received notification from Health Canada that the index patient of the SARS outbreak in Toronto had stayed at the Hotel. CE pointed out that when AA was admitted to the Kwong Wah Hospital, he had not caused an outbreak there. As “SARS” was not yet coined at that time, the case was treated as one of the Severe Community-Acquired Pneumonia cases and followed up by DH accordingly.

40. Dr David CHU said that D/CEO had told members of the Select Committee at a hearing that CE had not expressed any concern about the acronym “SARS” for Severe Acute Respiratory Syndrome. Dr CHU asked CE whether this was the case.

41. CE replied in the affirmative. He said that “SARS” was only the name of the disease and not a significant issue. The Government’s foremost concern was the health of the people and its top priority was to contain and control the outbreak.

42. Mr Andrew CHENG and Mr Michael MAK asked why different terms, such as “SRS” and “pneumonia infection”, instead of “SARS”, had been used in the notes of meetings of the HWFB Task Force and CESC if the name was not a concern at that time. CE replied that the name of the disease had evolved over time. In response to Mr Martin LEE’s enquiry, CE said that he did not know who had suggested not using the acronym “SARS” in the relevant notes of meetings.

Performance of the Secretary for Health, Welfare and Food and the Former Director of Health

43. Mr Kenneth TING enquired about CE’s view on the performance of SHWF and the former D of H, Dr Margaret CHAN, in the handling of the SARS outbreak.

44. CE said that in his view, SHWF was dedicated, proactive, determined and passionate in handling the SARS epidemic. SHWF had expressed grave concern when the number of SARS cases continued to increase. He considered that SHWF was competent for the job. CE further said that the former D of H and other officers who were involved in handling

the SARS outbreak had likewise done their best to combat the disease. However, the ferocity of the attack, the unknown nature of the disease, the magnitude and speed of the outbreak exposed the inadequacies of Hong Kong's public health system at the initial stage.

45. He added that good progress had been made in implementing the recommendations of the SARS Expert Committee. The major areas covered included -

- (a) setting up effective contingency mechanisms for HA and DH;
- (b) setting up the Centre for Health Protection;
- (c) training HCWs to prepare for possible attack of SARS, raising their alertness and organizing over 40 drills in hospitals;
- (d) developing a more comprehensive database system on communicable diseases to strengthen contact tracing;
- (e) collaborating with the Pearl River Delta region and with the Ministry of Health in Beijing;
- (f) setting up a three-tier command structure;
- (g) improving hospital facilities, including ventilation, clinical treatment, resources allocation, bed spacing, etc; and
- (h) public education and publicity efforts on personal and environmental hygiene.

46. CE said that given the territory's high population density and fluid boundaries with neighbouring areas, communicable diseases could not be effectively prevented and controlled without the concerted efforts of the community. CE urged that LegCo Members should work in partnership with the Government to combat communicable diseases. For instance, when the Government proposed plans for urban renewal and development, Members should also consider the proposals from the public health point of view.

47. Mr Michael MAK asked when it came to CE's attention that further improvements should be made to the public health system in Hong Kong. CE said that while the public health system in Hong Kong had proven to be effective during peace time, the inadequacies of the system, such as the limited surge capacity in hospitals, had clearly surfaced during the SARS epidemic. Given Hong Kong's strategic location at the doorway to the Mainland, the daily traffic flow between Hong Kong and the Mainland, and the high population density in Hong Kong, it was essential to put in place a public health system which could deal with emergencies and crisis.

48. Mr MAK further asked whether the Government had any contingency strategy or plan for dealing with an emerging infectious disease. CE pointed out that the crux of the matter was to devise an appropriate plan, as little was known about SARS at the material time.

49. Mr Kenneth TING asked whether SHWF had offered to resign during or after the SARS epidemic. CE replied that SHWF had not. He added that SHWF, who had the best knowledge and experience in combating SARS, was committed to serve the people of Hong Kong.

50. Mr Michael MAK pointed out that 1 755 individuals were infected and 299 of them died in the SARS epidemic. Mr MAK said that while he was not biased against SHWF, the total number of SARS cases, particularly the fatal cases, could serve as an objective indicator to assess the performance of SHWF. Mr MAK further said that there might have been fewer SARS cases, if more timely measures had been introduced to improve the public health system to more effectively control the spread of the disease.

51. CE said that he and SHWF were deeply saddened by the fact that 299 people died in the SARS epidemic in 2003. CE further said that he of course had hoped that no one would die of SARS during the epidemic. CE added that he did not wish to compare the number of deaths with those of the other places or use it as a performance indicator. He stressed that the Government, he as CE and SHWF were all responsible for the handling of SARS epidemic.

52. Mr Kenneth TING asked about the working relationship between SHWF and the former D of H and whether CE had to intervene to resolve their

differences. CE said that it was not uncommon for professionals to hold different views on issues, and medical professionals were no exception. In his view, there was nothing between SHWF and the former D of H which could not be resolved. He only recalled on one occasion that he had to step in. That occasion was on 30 March 2003 when he called an emergency meeting of CESC after D/CEO informed him that the former D of H had expressed concerns and reservations about the issuance of the Isolation Order on Block E of the Amoy Gardens.

Outbreak at the Amoy Gardens

53. Mr Michael MAK said that from the evidence given by D/CEO to the Select Committee, CE convened an emergency meeting of CESC in the evening of 30 March 2003 after receiving a telephone call from D/CEO. Mr MAK asked what CE was told by D/CEO during the telephone conversation and why CE considered it necessary to convene an emergency meeting of CESC immediately after receiving D/CEO's call.

54. CE said that the Government first learnt about the outbreak at the Amoy Gardens on 26 March 2003. Site visits were made to the Amoy Gardens to, among other things, identify the possible sources of the outbreak. CE further said that he had joined the HWFB Task Force meeting on 30 March 2003 and the former D of H was one of the attendees. The meeting was briefed on the preliminary investigation findings and it was noted that there was a concentration of cases in Block E, particularly in units 7 and 8 of that Block. The meeting considered it appropriate to isolate Block E to prevent the disease from spreading further.

55. CE informed members that in the evening of 30 March 2003, he received a telephone call from D/CEO. According to D/CEO, the former D of H had called him after the HWFB Task Force meeting expressing her concerns and reservations about the issuance of the Isolation Order on Block E. CE therefore decided to convene an emergency meeting of CESC with the participation of the Chief Secretary for Administration (CS), the Secretary for Justice and other senior officials. CE stressed that there was no question of him having to intervene because SHWF and the former D of H were having a confrontation. In his view, it was normal for different people to hold different views on how to resolve a problem.

56. Mr Michael MAK pointed out that as the former D of H was present at the HWFB Task Force meeting when the decision to issue an Isolation Order on Block E of the Amoy Gardens was made, he saw no reason why the former D of H could refuse to implement the decision.

57. Mr Kenneth TING expressed a similar view. Mr TING said that CE was also present at the HWFB Task Force meeting on 30 March 2003. Given that the former D of H had raised no objection to issue an Isolation Order on Block E at the meeting, he wondered why the former D of H could have refused to carry out the instruction and an emergency meeting of CESC had to be convened for further discussion.

58. CE said that the former D of H had consulted her colleagues in DH about the issuance of an Isolation Order on Block E after the HWFB Task Force meeting. The former D of H had acted responsibly in conveying to him the concerns expressed by her colleagues. CE added that he could have decided to go ahead without calling the emergency meeting. However, as the issuance of the Isolation Order was an important decision, he considered it necessary to listen to the concerns of former D of H and her colleagues before making a final decision.

59. In response to Mr Michael MAK's enquiry, CE informed members that the major concern raised by the former D of H was that the home quarantine measure might force the residents go underground, making contact tracing work even more difficult. Moreover, the issuance of an Isolation Order was unprecedented in modern history in Hong Kong and elsewhere.

60. Mr MAK further asked CE whether the former D of H had told him that Hong Kong would become a "laughing stock" of the public health community if the Isolation Order was issued. CE replied that he did not recall the former D of H having said that. CE pointed out that there was no confrontation at the emergency meeting of CESC and the objective of everyone present was to do what was best for Hong Kong. CE stressed that holding the meeting had not delayed the implementation of the Isolation Order. D/CEO supplemented that irrespective of the timing for making the decision to issue the Isolation Order on 30 March 2003, the Order would still have to be implemented in the following morning, as the necessary logistical

arrangements and preparations had to be made through the night of 30 March 2003, and was not delayed by the meeting held in the evening.

Chief Executive's Steering Committee

61. Mr Andrew CHENG asked CE which officer was responsible for the handling of SARS epidemic before the setting up of CESC on 25 March 2003 and whether the performance of that officer met CE's expectations. Mr CHENG further asked whether CESC was set up to take charge of the overall monitoring and coordination role in handling the SARS epidemic because SHWF and the former D of H failed to cooperate with each other.

62. CE responded that SHWF, who was responsible, among other things, for public health policy matters, had overseen and monitored the management of the SARS outbreak in the health sector. CE pointed out that starting from 20 March 2003, the daily number of SARS cases reported was worrying. As the magnitude and scale of the epidemic escalated, so did its social and economic impact. Issues that needed to be dealt with in the handling of the epidemic required input from other policy bureaux, in addition to HWFB. It was therefore necessary for a higher level forum to be set up to better coordinate the Government's overall response, and also to better deploy available resources to facilitate SHWF to control the outbreak. CE further said that following the setting up of CESC, SHWF had taken on a more participatory role at the operational level to coordinate the work of HA and DH. CE added that CESC was not set up in response to the outbreak at the Amoy Gardens because the Government did not know about the outbreak until 26 March 2003.

63. Mr Andrew CHENG said that reading from the notes of the CESC meetings, he was impressed by the grave concern shown by CE throughout the epidemic, and the very active role played by CE in handling the outbreak at the Amoy Gardens. He also noted that the need to introduce the quarantine measure was first raised by CE for discussion at the CESC meetings. He wondered why the proposal was not raised by the responsible public health officials. Mr CHENG asked whether CE needed to step in because of the lack of coordination between SHWF and the former D of H.

64. CE said that from the outset of the SARS epidemic, he had made it clear that as a responsible government, it should be prepared for the worst case scenario. Public health should be its top concern and its actions should err on the safe side. CE further said that when he raised at the CESC meeting on 25 March 2003 whether it was necessary to require family members of the infected patients to stay at home, views on the pros and cons of the measure were expressed. No decision was made but further studies on the proposal and overseas experience were carried out. Subsequently, the decision to issue an Isolation Order on Block E of Amoy Gardens was made on 30 March 2003. CE added that members of CESC exchanged views, from different perspectives, on the proposal and problems that needed to be tackled in implementing the Isolation Order. As to whether the issuance of an Isolation Order on Block E could have been made earlier, CE considered that if the Government had to take such a drastic action, it had to give due consideration to expert advice as well as public acceptability and sentiments.

65. Mr Andrew CHENG pointed out that according to the notes of the CESC meeting on 2 April 2003, CE had said that the Government must find out what exactly had happened in Block E of the Amoy Gardens as soon as possible. He could feel that CE was anxious about the progress of the investigation at the Amoy Gardens. Mr CHENG asked whether the anxiety expressed by CE was due to the fact that there was insufficient cooperation between HWFB and DH in handling the outbreak at the Amoy Gardens. He further asked whether the work of HWFB and DH had fallen short of CE's expectations.

66. CE responded that it was not the case. He urged that the investigation at Block E be conducted as soon as possible because there were SARS cases in other blocks of the Amoy Gardens. He believed that other people were as concerned as he was about finding the causes of the outbreak in Block E. CE further said that handling the outbreak at the Amoy Gardens was an extremely difficult task. He did not see that there were any problems in the working relationship between HWFB and DH.

67. Dr David CHU said that he supported the decision to set up CESC. Dr CHU asked whether CE had considered designating the Chief Secretary for Administration (CS) as the convenor of CESC, instead of taking charge of CESC himself.

68. CE responded that he had considered designating CS to head CESC, but decided to take charge of CESC himself. CE pointed out that at that time Hong Kong's success or failure depended on whether the Government could effectively contain and control the SARS epidemic. It was therefore more appropriate for him, as CE, to head CESC which served as the overall command forum in steering the Government's response to the SARS epidemic.

69. Dr LO Wing-lok said that the SARS outbreak had revealed the inadequacies in the surge capacity of Hong Kong's healthcare system to respond to crises which had resulted from an over-expansion of the system in the past. Dr LO further said that according to the evidence given by D/CEO to the Select Committee and the notes of the CESC meeting on 25 March 2003, CE had repeatedly instructed that the Government should be prepared for the worst case scenario, and that its top priority should be public health and its actions should err on the safe side. Dr LO added that D/CEO had told the Select Committee that CE had given such instructions as the "leading direction" for the combat against SARS. Dr LO asked why it was necessary to have a "leading direction" in handling the SARS outbreak, and not in other areas of the work of the Government.

70. CE said that the SARS epidemic was the most critical period he had experienced in his life. At that time, he was worried that the number of SARS cases would continue to increase. He therefore urged all the responsible officials to err on the safe side when taking actions to handle the SARS epidemic and to be prepared for the worst case scenario.

71. CE further said that as a result of the hard work of the officers concerned, an on-line e-SARS system was launched on 8 April 2003. Through e-SARS, HA could provide real-time information of confirmed or suspected SARS patients to DH to facilitate prompt case investigation and contact tracing. CE added that the establishment of the e-SARS system to fight the disease in a short time had gained both the appreciation of the CPG as well as international recognition. CE pointed out that the e-SARS system had recently won the Stockholm Challenge Award.

72. Dr LO Wing-lok said that D/CEO had told the Select Committee that CE was very "hands on" in the handling of the SARS epidemic. Dr LO

asked whether CE had to be “hands on” because he was dissatisfied with the performance of the responsible officers.

73. CE replied that at the initial stage of outbreak when little was known about the disease, he had frequent discussions with SHWF about the up-to-date situation. When more about the disease was known, he considered that he should take charge of and steer the Government’s overall response to the SARS epidemic.

Impact of the SARS outbreak on the economy

74. Referring to SHWF’s remark made in the media briefing on 14 March 2003 that there was no sign of the infection spreading to the community, Mr CHAN Kwok-keung asked whether CE considered that SHWF’s remark aimed to pacify the community in order avoid any adverse impact on the economy.

75. CE said that the Government’s top priority was to contain and control the outbreak. It did not focus its attention on economic issues until the epidemic was under control. CE believed that SHWF was speaking from the technical perspective of a medical doctor, when he explained the situation to the public on 14 March 2003.

76. Ms Cyd HO asked CE whether, at any point in time during the SARS outbreak, such as when WHO issued the emergency travel advisory on 15 March 2003, the Financial Secretary had raised with him or SHWF his concern about the impact of the SARS outbreak on Hong Kong’s economy.

77. CE said that the up-to-date situation of the outbreak was also discussed at the Senior Officials’ Meeting which was chaired by him and held every Friday. As regards the travel advisory issued by WHO on 15 March 2003, CE reiterated that the travel advisory did not contain a recommendation to member countries to restrict travel to any destination. It was not until 2 April 2003 that WHO issued a travel advice which recommended travellers to postpone all but essential travel to Hong Kong and Guangdong Province.

78. Ms Cyd HO further asked whether the tourism industry had raised any concern about the impact of SARS outbreak on the industry in Hong Kong

between the period from 10 March and 25 March 2003. CE responded that he had no such recollection.

79. Ms Cyd HO enquired about the Government's assessment of the impact of the epidemic on Hong Kong's economy at the various stages of the SARS epidemic.

80. CE said that notwithstanding the fact that the Government had attached great importance to boost Hong Kong's economy before the SARS outbreak, the Government's foremost concern at all times during the outbreak was public health and its top priority was to contain and control the outbreak. CE pointed out that the SARS epidemic had delayed the discussion and implementation of the Mainland and Hong Kong Closer Economic Partnership Agreement. CE further said that Hong Kong's economy was in bad shape between end of March and early April 2003. Around mid-April 2003, the occupancy rate of hotels was close to zero. When the number of SARS cases stabilized after mid-April 2003, the Government began to tackle the problem of the adverse impact of the SARS epidemic on Hong Kong's economy. The Government announced a package of measures on 23 April 2003 to relieve the impact of SARS on the economy.

81. Mr Martin LEE said that he was surprised to learn that from the outset, the Government had handled the outbreak without taking into account its likely adverse impact on Hong Kong's economy. Mr LEE pointed out that SHWF said at a media briefing on 15 March 2003 that Hong Kong was a safe place not different from any other big city in the world. He considered that the primary task of SHWF should be to handle the SARS outbreak and not to promote Hong Kong to the international community. He added that the former D of H also briefed Consuls-General on the latest situation of SARS in mid-March 2003. Mr LEE asked whether it was the Government's policy to minimize the adverse impact of the outbreak on tourism and the economy as far as practicable by encouraging more tourists to come to Hong Kong despite the SARS outbreak.

82. CE reiterated that the top priority of the Government was to contain and control the SARS outbreak. CE pointed out that until the outbreak was contained, there was in fact very little Hong Kong could do to boost its economy. CE further said that it was in mid-April 2003 when the epidemic

was clearly coming under control that the Government began to actively consider ways to restore the confidence of investors in Hong Kong. CE informed members that it was an established arrangement to give regular briefings to Consuls-General in a crisis situation such as the SARS epidemic, as the Consuls-General had the responsibility to look after the well-being of their nationals residing in Hong Kong.

Infection control

83. Mrs Sophie LEUNG said that the community was very concerned during the SARS epidemic and was eager to assist in combating the disease. Many community organizations as well as private doctors had repeatedly expressed their dissatisfaction at the contact tracing work carried out by DH during the outbreak, particularly in tracing contacts outside Hong Kong. Mrs LEUNG asked whether CE had considered taking disciplinary actions against those officers concerned whose performance was unsatisfactory in this respect. She further asked whether anyone had proposed to CE that the former D of H should be fired.

84. CE said that no one had ever proposed to him to fire the former of D of H. CE further said that there were insufficient epidemiologists and public health doctors in our healthcare system, and that the Government would look into how the situation could be improved.

85. Mr Michael MAK said that the HWFB Task Force decided at its meeting on 26 March 2003 that the Princess Margaret Hospital (PMH) would be designated to serve as a SARS hospital to receive all the new SARS cases from the end of March 2003. However, PMH was unable to cope with the patient load a few days after it started to receive SARS cases. Mr MAK asked whether CE was informed of the decision.

86. CE said that SHWF did inform him of the decision to designate PMH as a SARS hospital. He had not given his view on this matter as the designation of a SARS hospital was an operational matter for HA. CE further said that PMH was unable to cope with the patient load as planned probably because of the large influx of SARS patients from the Amoy Gardens. He added that when the decision to designate PMH as a SARS hospital was made, the outbreak at the Amoy Gardens on 26 March 2003 was not yet known.

87. Mr Michael MAK said that he did not agree that the plan to designate PMH as a SARS hospital was upset by the outbreak at the Amoy Gardens. Mr MAK pointed out that given that the proposal of designating a second SARS hospital was discussed at the relevant Daily SARS Round Up Meeting of HA, the capability of PMH to receive the first 1 000 SARS patients should have been considered. He remained of the view that the decision of designating PMH as a SARS hospital to receive 1 000 SAS patients was ill conceived.

88. SHWF said that as far as he could recall, when the HWFB Task Force meeting on 26 March 2003 endorsed the decision to designate PMH as a SARS hospital, it did not decide on the implementation date.

89. Mr Michael MAK said that at certain junctures during the SARS epidemic, CE had requested that cases involving HCWs should be reduced to less than five and then to zero. Mr MAK asked when CE made the requests and why CE had not made the requests at the meetings of CESC.

90. CE responded that the Government had made the best endeavour to handle the SARS outbreak, in particular to contain the number of infected HCWs. He pointed out that the Government could not gain the confidence of the public in its ability to combat the SARS outbreak if HCWs could not protect themselves against the disease. He had stressed the importance of protecting HCWs from infection to the Chairman of HA and the Chief Executive of HA many times. CE further said that in mid-April 2003, probably on 10 April 2003, when the daily reported cases of infected HCWs started to decrease, he made the request that the number be brought down to five. When the daily reported cases were around nine to 10 by the end of April 2003, he requested that the figure be brought to zero. As regards making the requests at CESC meetings, CE said that as CESC had too many items to discuss, his requests were not specially raised at the CESC meetings. This, however, did not mean that the issue was not important.

91. Mr Michael MAK asked whether CE was satisfied with the performance of SHWF in protecting HCWs from infection given that eight HCWs died of SARS.

92. CE reiterated that the Government attached great importance to minimize the infection of HCWs during the SARS epidemic. However, there were many factors which contributed to the infection of HCWs, such as the design of hospitals and the patient load. CE further said that it was more important to look at the overall performance of the Government in the handling of SARS epidemic than to focus on just a figure.

Concluding remarks

93. Dr LAW Chi-kwong thanked CE for meeting with members of the Select Committee. CE said that the Government would focus on implementing the recommendations of the SARS Expert Committee, and he welcomed LegCo to monitor the Government's work progress in this regard. CE also welcomed the Select Committee to make other recommendations. CE stressed that the relationship between the executive and legislature was very important, and he hoped that more forums to enhance the communication between the two bodies could be arranged.

94. The meeting ended at 11:45 am.