

**For information on
8 November 2004**

LEGCO PANEL ON WELFARE SERVICES

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

PURPOSE

Further to the last progress report made to the Panel in March 2004 (ref : CB(2)1739/03-04(01)), this paper informs Members of the up-to-date position of the administration of the Trust Fund for Severe Acute Respiratory Syndrome (SARS).

BACKGROUND

2. To address an unprecedented distressful situation brought about by the unique SARS outbreak from March to June 2003, the Administration has set up a Trust Fund for SARS to provide, on compassionate grounds, special ex-gratia assistance to individuals/families affected by the SARS outbreak in 2003. On 7 November 2003, the Finance Committee endorsed the proposal to create a one-off commitment of \$150 million for establishing the Trust Fund as well as the eligibility criteria (ref : FCR(2003-04)44) to provide :

- (a) special ex-gratia relief payments to families with deceased SARS patients;
- (b) assistance, including special ex-gratia financial assistance, for recovered SARS patients suffering from longer term effects, attributable to SARS (including the effects of medication received for SARS, if any), which may result in some degree of bodily dysfunction, subject to medical proof and financial need (hereinafter called recovered SARS patients); and
- (c) assistance, including special ex-gratia financial assistance, for patients who were clinically diagnosed as having SARS on admission, treated

with steroids as medication for SARS, but turned out subsequently not to have SARS, suffering from longer term effects, attributable to the effects of steroids received (if any), which may result in some degree of physical dysfunction, subject to medical proof and financial need, in case this happens (hereinafter called “suspected” SARS patients treated with steroids).

The purview of the Trust Fund is confined to families of deceased SARS patients and those recovered SARS patients who contracted SARS during the outbreak in Hong Kong from March to June 2003, and those ‘suspected’ SARS patients with presumptive clinical diagnosis of SARS and subsequently found not to have SARS, treated with steroids as medication for SARS, during the outbreak in Hong Kong in the same period¹.

3. Special ex-gratia payments for deceased cases would range from \$100,000 to \$500,000, as a lump sum, for each eligible family or family member. On the other hand, special ex-gratia financial assistance to eligible recovered SARS patients or ‘suspected’ SARS patients treated with steroids, up to \$500,000 for each patient, would cover two aspects, namely monthly financial assistance and medical expenditure. The assistance is subject to medical re-assessment every six months for monitoring the progress of the patients’ health conditions and, where appropriate, their financial need as well.

LATEST POSITION

Processing of Applications

4. Applications are first processed by the Social Welfare Department (SWD) and the Hospital Authority (HA) before they are submitted to the Committee on Trust Fund for SARS for making recommendations to the Trustee, Director of Social Welfare, for final decision.

5. The Committee has met nineteen times since its establishment on 8 November 2003 to consider the applications received. Straight-forward applications are dealt with by circulation. The Committee examines each application having regard to the parameters set out in the Finance Committee Agenda Item (FCai). The FCai also sets out areas where discretion is given to the Committee to consider applications.

6. We have completed the processing of all applications received in relation to deceased case and are now concentrating on the processing of applications from

¹ All the patients in question should be Hong Kong residents.

recovered/‘suspected’ SARS patients. Some of these patients have received assistance for more than six months and have been/are now subject to the six-monthly review. Continued assistance would be granted under the Trust Fund if they are verified by the HA to continue to suffer from dysfunction relating to SARS and have financial needs (for monthly financial assistance only). We note that of the 378 successful applicants for the recovered/‘suspected’ SARS category who have completed the first six-monthly review, 11 or 3% of them have been assessed to have recovered from the dysfunction.

Comments on the Trust Fund referred by the LegCo’s Complaints Division

7. Some LegCo members met a deputation of the Society for Community Organization (SOCO) and the Patients Rights Association in March 2004. A few comments on the operation of the Trust Fund, among others, were raised. The LegCo’s Complaints Division suggested that the relevant Panel, i.e. the Panel on Welfare Services, consider following up the issues raised, i.e. the ex-gratia nature of the scheme, eligibility criteria, factors for considering applications, level of assistance, approval procedures and reimbursement of common law damages to the Trust Fund.

8. While the Administration’s detailed response to the issues has been set out in our letter to SOCO in February 2004 ([Annex A](#)) and summarized in the referral by the Complaints Division to the Panel ([Annex B²](#)), we wish to highlight our response below together with the latest developments :

(a) Ex-gratia Nature of the Scheme

As the Committee is managing a public fund, it needs to draw up guidelines for approving applications having regard to the broad criteria endorsed by the Finance Committee ([Annex C](#) refers). Despite such eligibility criteria, the Committee is mindful that there may well be sympathetic cases which do not fully meet the stipulated criteria. Having regard to the ex-gratia nature of the Scheme, the Committee would take into account all the relevant circumstances of the cases and exercise discretion as appropriate in areas where the Committee is given such authority;

(b) Eligibility Criteria and Factors for Considering Applications

The FCai provides that the Committee on Trust Fund devises detailed eligibility criteria for assessing applications. The Committee has applied flexibility in developing the details, on the basis of the broad eligibility criteria set out in the FCai, the actual situation of the families

² No English version of Annex B is available from the LegCo Secretariat.

affected by SARS and the resources available. A few examples are the exclusion of assets of family members in the calculation of the asset of an applicant, allowing indirect medical expense items such as dietary supplements and transportation to and from clinics/hospitals as part of the medical expenses assistance, and giving choices to patients to seek private medical services for treatment or rehabilitation.

Besides, in areas where the Committee is given the authority to exercise discretion, the Committee will consider all the relevant circumstances of an applicant, including financial, family and health conditions etc., which may go beyond the stipulated criteria in the FCai to ensure that individuals meriting special consideration will be given assistance.

(c) *Level of Assistance*

We understand that some recovered/‘suspected’ SARS patients have indicated that the indirect medical assistance, i.e. assistance for their dietary supplements and transportation to and from hospitals/clinics, may not be sufficient for certain cases. Members may note that the Committee has set monthly assistance ceilings of \$1,000 for dietary supplements and \$500 for transportation and these have been set after considering the actual claims made by the first 220 applicants. In particular, Members may wish to note that the actual claims made by the applicants vary widely³ and we made an analysis in June 2004 that the present ceilings should be able to satisfy the needs for most patients⁴. In any case, given the requests of some of the patients, the Committee on Trust Fund for SARS has recently decided to raise the monthly ceiling for transportation to \$750 under special justifiable circumstances;

(d) *Approval Procedures*

The Committee has endeavoured to keep the assessment procedures to the minimum. For example, the approval process is expedited by

³ Of the applications processed by June 2004, the lowest and highest monthly claims sought by patients are as follows :

- (a) dietary supplements : lowest being \$23 and highest being \$40,000; and
- (b) transportation costs : lowest being \$3 and highest being \$35,000.

⁴ For example, for the 308 cases with approved assistance for medical and rehabilitation services as at June 2004, though some of the applicants chose to use private services (where the Trust Fund will only reimburse according to the rate of similar services charged by HA), more than 71.5% of the successful applicants have obtained reimbursement from the Trust Fund for more than 80% of their claimed medical expenses. As regards the 455 cases approved with assistance for dietary supplements and transportation costs as at June 2004, 72% and 92% of them have their respective claims fully reimbursed by the Trust Fund.

circulation of papers among Committee members and simple guidelines have been set by the Committee to enable SWD to process applications for medical expenditure assistance expeditiously. In fact, the Committee has now processed all applications relating to deceased cases and has processed 91% of the applications received from recovered/‘suspected’ SARS patients⁵; and

(e) ***Reimbursement of Common Law Damages***

Where beneficiaries of the Trust Fund succeed in obtaining common law damages by pursuing civil claims against any party (e.g., HA, the Government, or private hospitals) subsequently, they would be required to make reimbursement⁶ to the Trust Fund. This is similar to the arrangements for Trust Fund for AIDS and the Criminal and Law Enforcement Injuries Compensation Scheme.

Statistics for Applications

9. Up to 31 October 2004, we have received a total of 1 072 applications, involving 317 deceased cases, 751 from recovered SARS patients and 4 from ‘suspected’ SARS patient treated with steroids. A total of 1 000 applications have been processed. Of these, 844 applications have been approved, involving a total amount of \$104.35 million so far. The details are :

- (a) 246 deceased cases have been approved with a total amount of \$79.7 million; and
- (b) 598 recovered/‘suspected’ cases have been approved, with a total amount of \$24.65 million. Of the \$24.65 million, the total amount of monthly financial assistance approved is \$14.59 million and the total claims for ex-gratia grants for medical expenditure is \$10.06 million.

10. A breakdown of the applications received and approved is at Annex D.

WAY FORWARD

11. We would continue to work closely together with the Committee on Trust

⁵ 683 applications have been processed out of the total 751 applications received.

⁶ Ex-gratia assistance or common law damages, whichever is the lower. Other statutory entitlements, such as those under the Employees’ Compensation Ordinance, serve different purposes and are not subject to this reimbursement requirement.

Fund for SARS to process applications and renewal applications as soon as possible. We are also reviewing the financial position of the Trust Fund for SARS as we may need to seek supplementary provision for the Fund. We will make another submission to the Panel on this as necessary.

Health, Welfare and Food Bureau
November 2004

(Translation)

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Society for Community Organization
(Attn: Mr. PANG Hung-cheong)
3/F, 52 Princess Margaret Road
Homantin
Kowloon, Hong Kong

9 February 2004

Dear Mr. PANG,

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

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

Trust Fund for SARS

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

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

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

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

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

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

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

Follow-up Actions

As regards your proposal for the Government to organize memorial activities and erect a monument in the Gallant Garden to commemorate those

who lost their lives in the SARS outbreak, we have forwarded the proposal to the Home Affairs Bureau (HAB) for consideration.

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

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

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

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

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

As regards the specific proposals on memorial activities and monuments, you may wish to know that the Advisory Committee on the Promotion of the Fighting Spirit against SARS, chaired by Secretary for Home Affairs, was set up in June 2003. The Committee is primarily tasked to identify the values and spirits manifested by the whole HK community in the fight against SARS and save them for the benefits of the generations to come. The Committee has

submitted a number of recommendations to the Chief Executive concerning the spirit to be commemorated and the ways to achieve it. The Committee will publish the report in due course and follow up on the arrangements.

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

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

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

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

ANNEX B

立法會當值議員
就有關改善嚴重急性呼吸系統綜合症善後工作的意見
與香港社區組織協會及病人權益協會舉行會議

申訴團體的意見

申訴團體表示，距離綜合症爆發已有一年。因綜合症受影響的市民，包括死難者家屬及康復者均面對著難以言喻的傷痛。然而，政府對於該批綜合症苦主卻沒有採取積極行動，協助他們克服心靈創傷和解決經濟困難。雖然政府已於2003年11月8日設立了綜合症信託基金，但基金運作仍有多項問題有待改善。除設立基金外，政府亦沒有積極進行其他善後工作。因此，申訴團體曾於2003年12月11日會晤衛生福利及食物局、社會福利署(下稱“社署”)、醫院管理局(下稱“醫管局”)的代表，提出改善建議。由於申訴團體不滿當局的回覆，故要求立法會議員督責當局改善綜合症的各項善後工作，令有關人士在傷痛之時，獲得適當的援助，克服心靈創傷及渡過困境。申訴團體於2004年2月28日及3月24日提交的兩份意見書載於附錄一及二。

2. 申訴團體提出的意見重點如下：**信託基金**

- (a) 信託基金不足補助醫療開支(如針灸、食療／補品等費用)；
- (b) 信託基金領取手續繁複；
- (c) 信託基金的申請審批程序嚴苛及過慢；
- (d) 不設立無條件恩恤金的安排對康復者不合情理；
- (e) 索償成功須歸還信託基金款項的安排阻礙苦主透過法律行動討回公道；
- (f) 第四類別家庭少有受惠；
- (g) 受惠家庭遭不公平對待；
- (h) 誤診死亡者未有列入信託基金受惠類別；

善後工作

- (i) 歧視問題仍未處理；
- (j) 醫療跟進仍有不足及醫務人員未能對症診斷；

- (k) 因工作受到感染的醫管局前線員工在向院方申請賠償及病假時遇到困難；及
 - (l) 政府仍未就其他善後工作建議作出交代，例如於浩園豎立紀念碑以紀念綜合症死難者、成立“嚴重急性呼吸系統綜合症專責委員會”，以統籌一切有關綜合症的工作及向死難者家屬交代死難者的感染過程。
3. 鑒於以上所述，申訴團體提出以下要求：
- (a) 政府應放寬所有審核資格，使信託基金真正符合恩恤性質，否則便應向外界澄清信託基金只是一項需經審核的經濟援助；
 - (b) 按綜合症病故者類別向家屬發放統一的恩恤金額；
 - (c) 政府應立即讓康復者申請恩恤經濟援助金，並即時發放一筆無條件恩恤金，日後再由專責部門審核身體狀況，按後遺症嚴重程度每月發放援助金，而無須填報各項開支才能領取有關款項；
 - (d) 信託基金不應扣減日後循普通法成功索償的款項；
 - (e) 成立“綜合症專責委員會”，負責統籌綜合症信託基金及籌募款項、監察綜合症康復者的跟進治療情況、資助綜合症醫學研究工作、協調各有關部門如衛生署、社署、醫管局、大學等向受綜合症影響的市民提供協助，以及教育社會不應歧視綜合症康復者等工作；
 - (f) 設立“悼念綜合症死難者委員會”，舉行悼念活動以慰亡靈及安慰家屬；
 - (g) 於浩園豎立綜合症死者名單以供弔唁；及
 - (h) 交代病故者感染過程，令家屬得知真相。

政府當局的回應

醫療開支

4. 醫管局澄清，關於醫療開支方面，醫管局並沒有提供針灸服務，但廣華醫院有提供這方面的非醫管局服務，故信託基金委員會最初將援助水平定在一般醫管局服務的收費水平。其後，當局了解到不少綜合症康復者均使用廣華醫院的針灸服務，故委員會已將援助水平提升至每次150元，即等同於廣華醫院的收費。至於其他食療／補品的援助水

平，委員會會按申請人在這方面申報的實際開支，再參考一般康復者就相類開支提出的申請金額，來決定個別申請的批核水平。

簡化申請信託基金的程序

5. 衛生福利及食物局強調，社署是負責處理申請信託基金的前線部門。社署轄下的家庭服務中心及綜合家庭服務中心的社工，以及該署和醫管局各駐院的醫務社工，會向病故者家屬及康復者詳細解釋信託基金的申請資格，協助他們填寫，遞交申請表及跟進有關的申請。此外，社署和醫管局亦分別設立電話熱線，以便公眾查詢有關信託基金的申請及綜合症的跟進治療安排。為進一步簡化申請程序及加快處理申請的個案，社署更於總部設立“核心小組”，專責統籌信託基金的申請和審批事宜。申請一經批核，獲批的款項亦會以最短時間內根據申請者所選擇的付款安排，直接存入他們所指定的銀行戶口或讓他們領取有關支票。

申領準則

6. 衛生福利及食物局表示，就綜合症信託基金的申領準則，正如經財務委員會通過的討論文件所載列，政府清楚說明信託基金的設立旨在以體恤的理由，向符合資格的申請人發放特別恩恤金或特別恩恤經濟援助，作為協助他們渡過較困難的時刻的過渡安排。這清楚表明，信託基金是以恩恤的性質發放的。現時，信託基金對綜合症康復者和曾接受類固醇治療的綜合症疑似患者的每月經濟援助是以他們的收入減少或損失而釐定，因此，後遺症越嚴重的患者，所得的每月經濟援助金也相應較高；而他們每月所得的醫療援助金也會較高，以反映他們實際須支付的醫療費用。此外，如果他們的健康／經濟情況沒有改善，他們有很大機會在6個月後仍繼續得到信託基金的援助。總括而言，現有機制已可顧及康復者後遺症的不同嚴重程度。就無條件發放恩恤金的建議，信託基金委員會表示這與信託基金的原意相異，相信難以獲得財務委員會的支持。關於經濟審查，當局回應，在審議康復者或疑似患者的每月經濟援助金申請時，當局純以有關申請人的個人資產來計算他／她的資產上限，即不會考慮他／她的其他家庭成員的資產，而資產上限數額則仍以豁免醫療開支相應家庭人數的資產限額而釐定，換句話說，他／她的家庭人數越多，其上限也越高。這寬鬆的安排，相信會令更多人士得到信託基金的援助。

7. 至於有關提出放寬病故者家屬第四類別申領準則的要求，信託基金委員會指出，根據立法會財務委員會討論文件附件2，信託基金委員會在審議病故者家屬的第四類(即“不符合上述任何項目資格的家人”)申請時，須顧及有關家庭在經濟上是否依賴其供養及任何其他值得特別考慮的因素。因此，信託基金委員會除了考慮病故者對申請人的經濟支持外，亦會顧及其他值得特別考慮的因素。

8. 至於將逝世的綜合症疑似患者的家屬納入信託基金協助範圍內的建議，信託基金委員會指出，立法會財務委員會文件已清楚訂明信託基金的協助範圍。醫管局亦表示，該些逝世者並沒有罹患綜合症，而至今亦沒有醫學證據顯示，其逝世與綜合症藥物治療有關。因此，信託

基金委員會不認為有足夠的理據向有關當局建議將這一類人士的家屬納入信託基金的協助範圍之內。

索償款項歸還信託基金的安排

9. 關於申請人在普通法下成功獲得賠償後而無須將有關款項歸還信託基金的建議，信託基金委員會表示，政府成立了不少的恩恤基金，例如愛滋病信託基金和暴力及執法傷亡賠償計劃，其要求歸還款項的安排均與現時的信託基金一樣，而此安排亦為立法會財務委員會所接受，故認為無必要作出更改。

歧視問題

10. 衛生福利及食物局告知，平機會曾於2003年7月與香港中文大學合作進行一項有關“非典型肺炎對香港人在生活及工作方面造成的困難的意見”調查，結果與平機會在處理市民查詢及投訴所得的經驗吻合。大多數受訪者強調需要有更多資料以增加對疫症的認識，並希望當局能對僱主和僱員作出指引。市民必須掌握充分的資訊，對疫症有更深入的認識，加上僱主實行良好常規，才能作出明智的決定，在日常生活中做出較理性的行為。因此，平機會已採取行動進行教育，向僱主發放在不同情況下，如何處理與綜合症有關問題的資料，並在培訓課程中加入處理綜合症引起的人事管理課題。特區政府將會繼續與平機會合作，進行公眾教育活動，宣揚傷健共融，提昇市民對綜合症康復者的了解和接受程度。

其他建議

11. 衛生福利及食物局補充，有關成立綜合症專責委員會的建議，政府經細心考慮後，認為該局本身正擔當統籌綜合症各項善後工作的角色，故沒有需要另設委員會，擔當同樣的角色。另外，“弘宏揚抗疫精神諮詢委員會”已就應弘揚何種抗疫精神及相應的弘揚方式，向行政長官作出了一系列的建議。根據民政事務局的最新資料，該委員會將在適當時候公布報告內容，並就有關的跟進安排作出回應。至於有綜合症家屬希望了解病故者留院時的情況及感染過程，醫管局表示，家屬可個別聯絡有關醫院的病人聯絡主任，要求協助。

議員的指示

12. 在聽取申訴團體提出的意見後，議員已要求申訴團體於稍後就其個別成員的個案提交具體資料，以便與衛生福利及食物局、綜合症信託基金委員會及醫管局的代表舉行個案會議，以跟進個別有關綜合症善後工作的個案。

13. 另一方面，議員指示秘書處將有關涉及綜合症信託基金及歧視政策方面和有關善後工作整體安排的事宜，轉交立法會衛生事務委員

會、福利事務委員會及民政事務委員會。議員建議事務委員會考慮舉行聯席會議，跟進以下事項：

信託基金

- (a) 信託基金的恩恤性質、申請信託基金的資格準則、評核申請的考慮因素、訂定援助額的水平、審批程序及索償款項歸還信託基金的安排；及

善後工作

- (b) 歧視問題(包括平機會就處理綜合症康復者遭受歧視所採取的跟進行動、處理投訴個案數字及進度和有關法例的應用)、醫管局的員工因工作時受到感染而申請賠償及病假的問題(包括醫管局對員工以後可能失去工作能力所負上的責任)、綜合症康復者的醫療跟進、於浩園豎立紀念碑以紀念綜合症死難者，及向死難者家屬交代死難者的感染過程等事宜。

立法會秘書處申訴部

2004年3月26日

Trust Fund for SARS

**Proposed Eligibility Criteria for Applications
from Families with Deceased SARS Patients**

1. Surviving dependent child(ren)

- (a) Child(ren) who were aged below 18 at the time of death of the deceased SARS patient; or
- (b) Child(ren) who were aged at or over 18 and below 21 but in full time studies at the time of death of the deceased SARS patient.

2. Surviving Spouses

Surviving husband or wife of the deceased SARS patient, lawfully married before his/her death.

3. Surviving Dependent Parents

Parents who were living with the deceased and had been relying solely on the deceased SARS patient for financial support. Other justified cases will be considered by the Committee on a discretionary basis.

4. Other families not eligible for any of the above

On a family basis (a family member can be a child, a parent, a sibling or a relative). Reference would be made by the Committee for the proposed Trust Fund to financial dependency and any other special considerations.

Trust Fund for SARS

**Proposed Eligibility Criteria for Applications,
Parameters for Assessment of Applications,
and Determining the Level of Assistance: for
Recovered SARS Patients and “Suspected” Patients treated with Steroids**

Eligibility Criteria

We will consider applications on a case-by-case basis on individual merit, adopting the following principles -

- (a) There must be some degree of relevant dysfunction as applicable to the recovered SARS patient or the “suspected” SARS patient treated with steroids, on the basis of the attending doctor’s assessment. The medical assessment will first be carried out six months after discharge from hospital when, according to HA, their medical conditions should have stabilized. Confirmation by a medical officer designated by HA is required.
- (b) There must be a loss or reduction in income or increase in expenditure (for example temporary childcare expenses) of the recovered SARS patients or the “suspected” SARS patients treated with steroids, on the basis of the medical social worker’s advice.
- (c) In relation to eligibility for monthly financial assistance, the total value of the assets owned by the recovered SARS patient or the “suspected” SARS patient treated with steroids, excluding any owner-occupier property (i.e. live-in flat) and vehicle(s), should not exceed the prescribed asset limits which have been drawn up by reference to the limits set out for waiving of medical charges (as set out in Appendix I).
- (d) In relation to eligibility for medical expenditure covered, no financial eligibility test would be imposed.

App I

/Level

Level of Assistance

2. The total cumulative financial assistance will be capped at \$500,000 for each patient and the exact level will be determined by the Committee for the proposed Trust Fund on a case-by-case basis, subject to medical assessment every six months to monitor their progress and review their need for assistance. We will take into account the factors below in determining the level of assistance which will comprise two aspects, namely, monthly financial assistance and medical expenditure covered.

(a) Monthly Financial Assistance

3. Monthly financial assistance will be determined having regard to the loss or reduction in the income of the recovered SARS patient or the "suspected" SARS patient treated with steroids, arising from SARS, by reference to the prevailing

Median Monthly Domestic Household Income (MMDHI) for a family with a similar number of members who are solely dependent on the patient in question, and taking account of any justifiable special needs determined by the Committee for the proposed Trust Fund on a case-by-case basis. The details are set out in Appendix II.

App II

(b) Medical Expenditure Covered

4. Medical expenditure relating to the relevant dysfunction as applicable to the recovered SARS patient or the "suspected" SARS patient treated with steroids will be covered. This includes in-patient and out-patient services in public hospitals/clinics, drugs, essential medical/rehabilitation equipment and treatment, including diagnostical procedures, not normally available in public hospitals/clinics or are chargeable by HA (to be certified and prescribed to be essential by public hospitals/clinics), as well as any other special exceptional medical expenditure to be approved by the Committee for the proposed Trust Fund on a discretionary basis. The amount will be net of claims for the same purpose, if any, covered by other sources, for example by employers (say in the case of civil servants) or medical insurance.

Effective Date and Half-Yearly Review

5. Subject to the approval by the Finance Committee of the Legislative Council, the Scheme will take effect on 8 November 2003. We intend to conduct medical assessment on successful applicants every six months to monitor their progress. Financial assistance will only continue if the medical need remains and the asset value remains below the prescribed limits.

**Prescribed Asset limits for Application
of Monthly Financial Assistance**

No. of family members	Asset limit* (for families with one patient in question)	Asset limit** (for families with two patients in question)
1	\$150,000	-
2	\$180,000	\$300,000
3	\$210,000	\$330,000
4	\$240,000	\$360,000
5 or above	\$270,000	\$390,000

* The asset limits are equivalent to those for assessment of applications for medical waivers by patients with 1 elderly member and will be adjusted according to any changes of the latter.

** The asset limits are equivalent to those for assessment of applications for medical waivers by patients with 2 elderly members and will be adjusted according to any changes of the latter.

Prevailing Median Monthly Domestic Household Income

No. of Family Members	Prevailing Median Monthly Domestic Household Income*
1	\$5,600
2	\$12,000
3	\$15,000
4	\$18,000
5	\$23,000
6	\$25,000
7	\$29,200
8	\$36,800

* MMDHI is subject to regular updating by the Census and Statistics Department. The prevailing MMDHI (newly released in the second quarter of 2003) is set out in the table.

Note

On paragraph 3 of Enclosure 3, the monthly financial assistance will be determined having regard to the loss or reduction in the income arising from SARS, by reference to the prevailing MMDHI for a family with a similar number of members [we expect that no more than a few exceptional cases would reach the cap (i.e. 200% of the prevailing MMDHI for a family with a similar number of members)], and taking account of any justifiable special needs. The actual amount will be determined on a case-by-case basis.

**Breakdown of the Applications Received and Approved
under the Trust Fund for SARS**
(as at 31 October 2004)

<i>Deceased SARS patients – special ex-gratia relief payment</i>				
Category	Amount (\$)	Number of Applications Received	Number of Applications Approved	Amount approved (\$)
Surviving dependent children	\$500,000 for each child aged below 18 at the time of the parent's death	44	44 (involving 73 children)	37 million
	\$300,000 for each child aged between 18 and below 21 in full time studies at the time of the parent's death	8	7 ¹ (involving 7 children)	2.1 million
Surviving spouses	\$200,000 regardless of age	165	163	32.6 million
Surviving dependent parents	\$300,000 for each dependent parent	55	25	7.5 million
Other families not eligible for any of the above but meeting certain criteria	\$100,000 for each family	45	7 ¹	0.5 million
	<i>Sub-Total</i>	<i>317</i>	<i>246</i>	<i>79.7 million</i>

¹ Two applications involve the same applicant in respect of two deceased family members. The Committee on Trust Fund for SARS has recommended the approval of a total of \$1 million for the applicant on special compassionate grounds. The Finance Committee has been informed.

¹ Of the seven approved applications, the Committee has approved a total of \$200,000 to four of them since they come from two families (\$100,000 for each family). The total approved amount for this category is therefore 3 x \$100,000 + \$200,000 = \$500,000.

Eligible recovered or “suspected” SARS patients treated with steroids – special ex-gratia financial assistance

Category	Amount (\$)	Number of Applications Received	Number of Applications Approved	Number of applications approved after six-monthly review	Amount approved (\$)
For eligible recovered SARS patients	On a need basis, with cumulative financial assistance receivable by a patient capped at \$500,000 per patient	751	595	365	24.50 million
For eligible “suspected” SARS patients treated with steroids	On a need basis, with cumulative financial assistance receivable by a patient capped at \$500,000 per patient	4	3	2	0.15 million
	<i>Sub-Total</i>	<i>755</i>	<i>598</i>	<i>367</i>	<i>24.65 million</i>
	Total	1,072	844	367	104.35 million