Resistance of the Neighbourhood Community to the AIDS Treatment Facilities – Case Study of Kowloon Bay Health Centre

Chan Kin Man

Published by Red Ribbon Centre
She said, “AIDS is not as scary as the "label" one gets because label is scary even the slightest thought of it. The oppressed is like a blade of grass growing under the wall. Whether it can grow healthily and make a way out is still unknown.”
## CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction — Chapter 1</td>
<td>2</td>
</tr>
<tr>
<td>Chronology of Events — Chapter 2</td>
<td>4</td>
</tr>
<tr>
<td>Site Selection of the AIDS Facilities — Chapter 3</td>
<td>8</td>
</tr>
<tr>
<td>Resistance from the Community : Labelling NIMBY Syndrome — Chapter 4</td>
<td>16</td>
</tr>
<tr>
<td>Related Legal Issues — Chapter 5</td>
<td>22</td>
</tr>
<tr>
<td>Community Approach — Chapter 6</td>
<td>31</td>
</tr>
<tr>
<td>Participation of NGOs and the Impact of the Mass Media — Chapter 7</td>
<td>40</td>
</tr>
<tr>
<td>Recommendations — Chapter 8</td>
<td>52</td>
</tr>
<tr>
<td>Epilogue</td>
<td>57</td>
</tr>
<tr>
<td>Appendix</td>
<td>58</td>
</tr>
</tbody>
</table>
1.1 Objectives of the Research

This case study is an independent study on the disputes over the provision of AIDS treatment services in the Kowloon Bay Health Centre ("KBHC") and the protests from the neighbourhood communities. Specifically, the Study aims at achieving two objectives as below:

- to explore the social and legal obstacles in establishing AIDS facilities in Hong Kong; and
- to provide feasible strategies to increase acceptance of the community to the AIDS facilities.

1.2 Research Organization

The study is conducted by the Department of Sociology of the Chinese University of Hong Kong ("CUHK"), commissioned by the Community Liaison Group ("CLG") of the KBHC and the Nursing Home, and funded by the Department of Health ("DH") of the Hong Kong Special Administrative Region. Dr. CHAN Kin-man, Associate Professor of Department of Sociology of the CUHK is the project in-charge of the study and CHAN Siu Han and TSOI Yin Yin are the assistants of the study. This study report is owned by DH.

1.3 Research Methodology

1.3.1 This study adopts the following research methodology:

- To refer to related literature studies abroad for comparison purposes;
- To collect related legal and policy papers for analysis;
- To browse over newspapers and related records to reorganize the chronology of events;
- To conduct interviews with related persons to understand the rationale behind the actions taken by each party and to listen to the comments of each party on preventing the conflicts to escalate.

Moreover, the Department of Sociology of the CUHK has conducted surveys on the Health centre users and the AIDS patients respectively as commissioned by the CLG of the KBHC and the Nursing Home in May 1999. The findings are also used in the study.

1.3.2 In our study, we have conducted interviews with the following people successfully and we would like to express our thanks to them.

Mr. POON Chun Yuen (Kwun Tong District Board member, the Chairman of the Owners’ Committee of Richland Gardens, the convenor of the Kowloon Bay Health Centre Concern Group)

Mr. NGAN Shek Chuen (Former Kwun Tong District Board member, the former Chairman of the Owners’ Committee of Richland Gardens)
Moreover, we have conducted interviews with editors and reporters from a major newspaper in our study for them to advise on the general operation of a newspaper office. We have also interviewed two town planners from the Planning Department to advise on the general planning procedures. Mr. H.K. Tsang, the District Officer of Kwun Tong District Office who had all along been handling the KBHC case, was transferred before the commencement of the study. Thus he was not interviewed, but the Kwun Tong District Office has actively provided assistance for the study. Dr. Joseph LAU Tak Fai, Director of the Centre for Clinical Trials and Epidemiological Research of the CUHK, has also provided information on a survey on the Needs Assessment of People Living with HIV/AIDS conducted by the Centre. The researchers have also made observation to the community during the launch of the Health Centre and have talked on different occasions with some people who joined the protest movement. It is essential to mention that Dr. CHAN Kin Man, the project in-charge of the study, is a member of the CLG of the Health Centre. The CLG is composed of independent members who have no interests involved. His participation in the Group enhances his understanding of the incident and has not put pressure on the objectivity and neutrality of the study.

1.4 Research Period

The study commenced in August 2000 and ended in March 2001.
This chapter highlights the chronology of events about the resistance of the neighbourhood community to the KBHC. Please refer to Appendix 1 for the detailed records.

2.1 The Planning Period (1983-95)

In 1983, the Planning Department designated the present site of the KBHC as Government, Institution or Community site. Government clinics matched with the requirement of such land uses. When the nearby Richland Gardens ("RG") (Private Sector Participation Scheme) was sold in 1985, the prospectus clearly showed that a community centre would be built on the site (See Appendix 2), rather than community facilities in the broad sense. Kwun Tong District Board was informed between 1987-88 that there would be a neighbourhood community centre and a general clinic jointly developed on the site. Up till 1993, the Government planned to expand the KBHC and develop jointly with a Nursing Home. In 1994, the Government decided to reserve funds for this project. In 1995, the Government consulted the Social Services and Welfare Committee of Kwun Tong District Board on the plan of Kowloon Bay primary health care centre and nursing home. The officials concerned had not specifically discussed the provision of treatment services for the AIDS patients in the centre. The Members in the meeting unanimously passed the plan, but they possibly had not fully understood the services provided by the centre or they had underestimated the resistance from the residents to such service.

2.2 The Dispute Period (1995)

In July 1995, when the residents of RG were discussing issues about the district with Mrs. Elsie Tu, a candidate of the Legislative Council, they learnt that the KBHC would provide treatment services for the AIDS patients. The residents started to worry about the threat of the KBHC to the Health and environment of the neighbourhood community. In August 1995, nearly 12,000 residents of RG signed and objected that the Government built an integrated health clinic at the vacant site near Block 22. DH stated that the plan met with the increasing population and social development of the district. DH attributed the residents' objections to their inadequate knowledge about venereal diseases and AIDS. Thus, the Government would not withdraw the plan or cut any of the services in the clinic. In October 1995, the District Board passed a motion to urge the Government to hold up the construction of health centre on the site, and suggested that the site for leisure outside the Kowloon Bay Sports Ground could be used as a substitute. DH stated that relocation was not acceptable because the plan would be delayed for more than two years. Eventually, the Government conciliated and announced in December that the Health centre would be shifted southward 25 metres further away from RG. On the one hand, the revised plan would not affect the progress of the project and on the other hand, it had regard for the objections made by the residents.
2.3 *The Protest Period (1996-1998)*

The residents' opposition to building the KBHC did not subside after the location of the site was slightly moved. In January 1996, some residents erected an illegal "Command Podium" at the entrance of RG near Kai Yan Street to express their dissatisfaction to the building of the Centre as the Government had insisted. The podium would also be used as a base for long term resistance. In February 1996, the residents of RG processed around the estate to make demonstration. In March, the residents made sit-in protest overnight outside the Government Headquarters. In April, the residents protested in the Planning Department and the Housing Department and even at the construction site of the centre where they had conflicts with the police. In August 1996, the Owners' Committee of RG formed the Kowloon Bay Health Centre Concern Group which concerned the adverse effects of the Centre to the residents nearby. Mr POON Chun Yuen, a RG resident, was the convenor of the Group. The Concern Group lodged a complaint to the Office of the Ombudsman in October to accuse the then Health and Welfare Branch's lack of consultation with the local residents. The Ombudsman published the findings of the investigation and considered that the complaints were grounded. The construction works of the Centre eventually commenced in October. A series of protests took place outside the Home Affairs Department, the Architectural Services Department, the Police Headquarters and the Central Government Offices. In February 1997, the residents petitioned to Princess Alexandra who was visiting Hong Kong. In January 1998, the residents demonstrated outside the Legislative Council Building. In March 1998, the residents and the Government established a communication mechanism, the interdepartmental joint meetings on the clinic project, which were coordinated by the District Office. The Architectural Services Department, the Environmental Protection Department, the Police, the Urban Services Department and DH started to hold regular meetings with the residents. However, the meetings did not help relieving the residents' resistance to the Centre. The Government representatives who attended the meetings were often insulted. In November, the residents petitioned to the Chief Executive.

2.4 *The Acute Period (1999)*

Originally scheduled to complete in 1997, the Health Centre eventually completed in April 1999. As the interdepartmental joint meetings on the clinic project failed to ease the worries of the residents, DH then formed the CLG of the KBHC and the Nursing Home, hoping that there were breakthroughs in the communications with the residents. Rev. CHU Yiu-ming was appointed as the Chairman of the Group. (Please refer to Appendix 3 for the detailed name list). When the staff of the Nursing Home were preparing for the formal launch of the Nursing Home in May, they were verbally harassed by some of the residents outside the Centre. After the media had reported the case, the Equal Opportunities Commission ("EOC") expressed concern about the Centre staff being vilified in early May. When the general out-patient clinic of the Health Centre opened in the end of May, the response of the residents was not as intensive as expected. They just continued to make sit-in demonstrations alternatively and made heated discussions. Some of the residents expressed their grievances directly to the doctors on duty. However, when the Nursing Home and out-patient staff
walked passed RG to leave after they went off duty, they were strongly obstructed by the residents. Some staff called the police and eventually the police advised them to use other ways out. In June, a group of elderly from Kai Yip Estate went for a visit to the out-patient clinic. They were stopped by the residents when they left by walking passed RG. In a radio programme, some audience complained that they were insulted when they accompanied their family members to be admitted into the Nursing Home. During the period, DH and the CLG sent leaflets and open letters by mail to RG residents to educate them about AIDS and to respond to their worries on virus transmission, X-ray, noises and wastage disposal. In mid June, EOC held a public seminar and exhibition on the Disability Discrimination Ordinance ("DDO") and introduced the work of EOC in Kai Yip Estate near RG. It then sent an open letter to the public about the nuisances caused by the residents to the Centre staff and pointed out that the acts of the residents may have breached the DDO. In the end of June, over ten representatives from the Anti-discrimination Alliance, and Rainbow of Hong Kong (a gay rights organization) displayed exhibition boards and distributed promotional leaflets related to AIDS in RG. The move was interrupted by more than a hundred residents. The situation reached a deadlock not until the police came to the scene to make conciliations. Moreover, EOC received complaints about certain wordings on the banners put up outside the then Health Centre were suspected of vilifying the disabled. When the staff of the Urban Services Department later tried to remove the banners, they were stopped by the residents and both parties came into conflicts. On June 25, the Integrated Treatment Centre of the Health Centre on venereal diseases, AIDS, and skin diseases opened. Some of the opponents went to "visit" the Treatment Centre and fortunately no conflict had resulted. At the same time, the Hong Kong Coalition of AIDS Service Organizations (HKCASO) complained to the Legislative Council ("LC") about the residents' discriminatory behaviours. A group of AIDS patients issued an open letter to express their regrets to the acts of the residents and they asked the Government to investigate into the incident. Some residents of RG formed a KBHC Monitoring Group as they disliked radical means of resistance but adopted a mild and rational approach towards the building of the KBHC. Mr. William LIU Lung Fu was the convenor of the Monitoring Group. In early June, Mr POON Chun Yuen, the convenor of the Concern Group who all along objected to the building of the then Health Centre, joined the CLG of the Health Centre. EOC received a total of 29 enquiries and one complaint about vilifying slogans in its temporary office set up in the then Health Centre and it investigated into the complaint. In mid July, the LC held the first case conference on the incident. In September 2, when the CLG of the Centre was holding the 6th meeting, four residents of RG attempted to intrude in the conference room and asked to sit in the meeting. They were rejected and they made noises outside the venue of the meeting. Then the police were called to the scene and the residents dispersed after warning. However, the conflict had triggered another move of resistance by the residents. These residents considered that if the protesters were driven out of the Centre because it was a "private place", they could also refuse the Centre staff and the users from entering RG with the same reason. The media criticized the new move of obstruction and EOC made further investigation into it.
2.5 The Calm Down/Final Period (September 1999 - )

With the general support from the media, several Government departments sent their staff to remove the "Command Podium" on 28 September, 1999. They did not face resistance from the residents. In October, some of the Centre staff of the Nursing Home resigned because of resistance from the community. The CLG gained support from the social welfare organizations such as the Hong Kong Council of Social Service (HKCSS) and initiated a joint signature campaign to support the staff of the Health Centre and the Nursing Home to continue to provide services to the patients. At last, it received over 4,000 joint signatures from individuals and over 100 from organizations. After nine weeks’ investigation, EOC published a Report on Case Study of Kowloon Bay Health Centre on November 25, 1999. The report stated that the banners put up by the residents and their acts of intervention were discriminating. It also criticized Kwun Tong District Office and several government departments of not having fully performed their functions of coordination and consultation. Finally, it recommended that the power of EOC should be expanded. In a District Board election held on November 28, 1999, there were three candidates in the Richland Gardens constituency. They included Mr. NGAN Shek Chuen, the former District Board Member who handled the case of the then Health Centre in a mild and low profile approach; Mr. POON Chun Yuen (Hong Kong Progressive Alliance), the convenor of the Concern Group of the Health Centre who all along led the protest movement; and Mr. William LIU Lung Fu (Democratic Party), the convenor of the Health Centre Monitoring Group who advocated rational moves. All along, those who closely followed the Health Centre case paid attention to how much the political motive of the candidates would affect the development of the events. It is also an unavoidable question when dealing with local affairs in Hong Kong today. As a result, Mr. POON Chun Yuen won the election with 1939 votes, while Mr NGAN Shek Chuen and Mr William LIU Lung Fu received 506 and 1039 votes respectively. According to the proportion of the votes, if the Health Centre case was one of the major decisive factors, the number of electors who supported more vigorous actions of resistance was slightly more than those who advocated mild actions. However, as the number of years of service for each candidate was different, the voters may not have considered the Health Centre issue alone to cast a vote. It was hard to make a final conclusion. Nevertheless, when this report was drafted, resistance from the residents had subsided. Mr. POON Chun Yuen and the CLG concentrated on improving the facilities and services in the Centre, and fighting for the construction of a public path for the Centre, and a community centre. However, it did not mean that the residents had fully accepted the Health Centre. If the Government could respond positively to the requests by the residents for a community centre, and if the Health Centre could continue to strengthen communication with the community, the protest movements would very likely turn from the calm down period to the final period. On the contrary, if unpleasant incidents happened again, such as EOC taking legal actions against the residents, it would be possible that the protest movements would break out again.
Chapter 3 - Site Selection of the AIDS Facilities

This chapter will discuss the planning process of the KBHC and the Nursing Home in detail to review the site selection of AIDS-related facilities in Hong Kong.

3.1 Genesis: Building an integrated primary health care clinic.

3.1.1 The Government of Hong Kong mentioned in the Report of the Working Party on Primary Health Care published in December 1990 that after referring to Singapore's case, it found that the health service of Hong Kong could not meet the present needs because it stressed too much on remedial medical treatment. It was necessary to introduce new concepts of modern medicine by emphasizing primary health care education and immunity services to prevent diseases. It could further develop specialist treatment services based in hospitals as support to this primary health care system. Through promoting the self-care concept to minor illnesses, the government could make efficient use of the medical resources in the community on the one hand, and improve the health of the general public by providing quality preventive and treatment services on the other hand.

3.1.2 Primary health care services adheres importance to participation by the community and individuals. It greatly emphasizes that personal health care, and rehabilitation of chronic disease patients and the mentally retarded should be carried out in the community. The service also promotes exchange between medical staff of different divisions, and communication and understanding between the medical staff and the patients. It will gradually develop from the inefficient way of case by case diagnosis to a persistent follow up service that will take comprehensive care of personal needs. To achieve this purpose, the primary health care services should emphasize building up relationship between the medical staff and the community. This allows getting twice the result with half the effort to promote health education in the community or to let the community take care of the chronic disease patients who do not need to be hospitalised. In addition, it will make a smooth interdepartmental transfer of patients when the medical staff have close contacts with each other.

3.1.3 In the long term, the spirit of primary health care is to plant health consciousness in the heart of every citizen. Through the above community coordination mechanism, the mutual care ability of the community can continue on its own. In 1993, DH decided to expand the original Kowloon Bay general out patient clinic to the KBHC to provide elderly nursing services and several specialist services to cope with the development of the primary treatment services.

3.2 The Birth of the Kowloon Bay Health Centre

3.2.1 The location for building the KBHC is set down by the Town Planning Board (“TPB”) in accordance with the Town Planning Ordinance. The following is the process for the TPB to plan the present site of KBHC:
1. In 1983, the TPB devised the first Outline Zoning Plan in East Kowloon to designate the present site of KBHC as the Government, Institution or Community (G/IC) site.

2. In the same year, the TPB forecasted that the existing out patient services in the district could not match with the population growth of the Kwun Tong district. It was decided that the present site of the KBHC would jointly develop a neighbourhood community centre and a general out patient clinic. At that time, the project was ranked Category C.

3. In 1993, DH was allocated land to build an out patient clinic in the present site of KBHC. DH found that the land resources were not fully utilized to build the general out patient clinic. Therefore, it considered expanding the clinic and combining the clinic plan with the Nursing Home plan. In addition, according to the actual population growth and the needs for primary health care services at the time, DH planned to add an X-ray diagnosis centre and an integrated treatment centre for AIDS, venereal diseases, and skin diseases in the clinic to provide diversified treatment services. The Kowloon Bay clinic was transformed into the Kowloon Bay Health Centre to implement the concept of primary health care service as stated in the Report of the Working Party on Primary Health Care.

4. In 1994, the Kowloon Bay primary health centre and the Nursing Home plan obtained internal approval from the Finance Committee ("FC") of the LC (that is, it can reserve funds for the project). In March 1995, representatives from DH "consulted" the Social Services and Welfare Committee of KTDB on the Kowloon Bay primary health care centre and the Nursing Home plan. The Members unanimously passed a motion on the health centre plan. The project promptly upgraded into a Category B project after the Kowloon Bay Health Centre plan passed the feasibility studies.

5. In July 1995, the FC of the LC approved funding of the Kowloon Bay primary health centre and the Nursing Home plan and upgraded the project to a Category A project. The community centre project originally scheduled to develop together was temporarily suspended after reviewing the utilization rate of the existing community centre in Kai Yip Estate.

3.2.2 However, in July 1995, the residents of RG started to express their objections through different channels. They protested against the Government that it had made no full consultation to the residents when building a health centre which provided treatment services for AIDS and venereal diseases near residential areas. They also objected the community centre project being shelved. As the residents strongly objected, the Government decided to shift the health centre southward 25 metres further away from RG.

3.2.3 In April 1994, the land of the present site of the KBHC formally transferred to the contractor and the construction works were expected to complete in 1997. As the residents strongly objected, the duration of the construction project had to be prolonged.

3.2.4 In April 1999, the project of the KBHC completed notwithstanding the residents' objections. In May 1999, different divisions moved in one after the other and provided services officially.
3.3  **The role of the then Health and Welfare Branch and the Department of Health in the planning process**

3.3.1 The Location of Site: the then Health and Welfare Branch has little influence in the planning of the location of the clinic. It requires at least 10 years to plan a clinic. There can be a lot of variables in the development of the society during the 10 years. Normally the Planning Department will reserve a portion of land to cope with the population change in the community, and it will consult the Department of health after designating the location of the clinic. In Hong Kong, there is no special guideline for planning AIDS facilities. The Planning Department only considers reserving land for the clinic, but it will not consider what services the clinic will provide. The procedure of building the AIDS facilities are of no difference with that of a general clinic.

3.3.2 The Size and Services of the Clinic: the then Health and Welfare Branch is the main planner in this aspect. In order to cope with the change of modern medical services and the increase in demand for the society to the primary medical services, the then Health and Welfare Branch decided to expand the Kowloon Bay clinic to an 11-storey KBHC. Because of the concept of establishing an integrated health care centre, the then Health and Welfare Branch did not plan to set up an independent clinic for the treatment of AIDS. As AIDS is mainly infected through sexual contact, it is most appropriate to combine such service with the treatment service for venereal diseases.

3.3.3 Consultation: it was mainly through DH that the District Board was consulted. When DH sent its staff to KTDB to introduce the Health Centre, it gave less weight to the message of the treatment service for AIDS. It was because DH believed that, from the medical perspective, AIDS patients and other patients should be treated equally and it hoped that such a low profile way could help starting the service smoothly.

3.3.4 Objection to Relocation and Revising of Plans: it was mainly the decision of the then Health and Welfare Branch. As the population in Kwun Tong had increased to 590,000 at the time, and there were only four clinics in the district, the community seriously needed a new clinic to launch services. Therefore, the then Health and Welfare Branch rejected several times the demand from the District Board and the representatives of the residents of RG. It insisted that it would at its most make concessions to shift the KBHC southward 25 metres further away from RG. This was to avoid the project from serious delay due to re-applying for funds from the FC.

3.4  **The Role of District Board in the Process of Planning**

3.4.1 Although the District Board has to be consulted during the planning process of the clinic, as a statutory advisory body, the District Board is not empowered to reject the plan. It can assist DH in passing messages to the residents of the district and reflect the opinions and requests of the residents to DH and other related departments in order to seek a plan which best matches public interests.
3.4.2 In a meeting with KTDB in March 1995, DH submitted to the Social Services and Welfare Committee an information paper containing the medical services provided by the Health Centre and the expected date of completion. As a result, the members in the meeting unanimously passed the motion on the project. Subsequently, the KTDB learnt that the residents of RG strongly objected to building an integrated clinic which include treatment services for AIDS and venereal diseases on the site. It thus sent letters to the Planning Department and DH three times to express objection to building a clinic which provides treatment services for highly dangerous diseases near residential areas. It also suggested that the project could be moved to other vacant land further away from the homes of the residents. It highlighted that it was more suitable to build a health centre in Land C opposite to the Kowloon Bay Sports Ground (Please see the plan in Appendix 4) than in the present site of KBHC.

3.4.3 Regarding the inconsistency of the stand of the KTDB and the accusation that the Members did not have prior understanding of the response of the residents, the District Board Members responded that DH made unclear remarks when consulting the District Board. According to the Members, the DH just informed the committee that the Centre would provide "treatment services for human immunodeficiency virus spread through sexual contact" and had not explicitly mentioned that it referred to the virus that causes AIDS. Although DH had briefed the Social Service and Welfare Committee in mid 1990 and March 1995, the Members considered that the exact site and size of the Health Centre and the specific facilities provided were not stated in the information paper. It had neither emphasized the negative impacts possibly caused by the plan. Therefore, the Members thought that they passed the motion to support building a health centre in the district, but not including the provision of treatment services for AIDS near RG.

3.5 The Role of the Residents during the Process of Planning

3.5.1 The legislation provides that the TPB must publish the Outline Zoning Plan ("OZP") in the gazette according to Section 5 of the Town Planning Ordinance to allow the public to raise objection within two months. After collecting the objections, the Planning Department will gather opinions from related departments to decide whether the objections from the public are upheld, partially upheld or objected. If the people who raise objections agree to the decision by the Planning Department and withdraw the objection, the Planning Department will revise the OZP. The "affected parties" will be consulted within three weeks before the revision is finalized. If the people who raise objections are not willing to withdraw the objection, they may provide more information, or even attend the Planning Department's meeting and request for "further consideration". After consideration, the Planning Department has to inform the affected parties of the result. If they still do not agree to withdraw the objection, the Department should refer to the Governor (now Chief Executive) in Council for decision.
3.5.2 Under the law, the residents may raise objections to the OZP. However, the chance will be lost normally due to two reasons: firstly, the residents may not be aware of the rights empowered by the Town Planning Ordinance and may have neglected the information published in the gazette. Secondly, the OZP may be a very rough outline. The residents may not understand it and they are unable to raise objections. To quote this incident as an example, the plan in 1983 only stated that the site near RG was used to build G/IC facilities. It did not state that it would be used for a clinic purpose. The residents were thus unable to predict that it would subsequently develop into an integrated health care centre which included the treatment services for AIDS. The residents did not raise objections when the OZP was made. The Planning Department would transfer the subsequent planning details to other departments to take responsibilities. However, there were no strict provisions in the legislation regarding the remaining consultation work. Normally the departments will hold discussions with the District Board without having direct consultation with the public. There are no detailed guidelines on how to consult the District Board. For example, the Office of the Ombudsman also criticized DH that it did not list out different options for choice when consulting the District Board. It was difficult to achieve the real effect of consultation. In fact, similar situation had occurred when other departments consulted the District Board. In the incident, the residents of RG learnt the planning of nearby land mainly through the prospectus (Appendix 2) in 1985 when they subscribed for the Home Ownership Scheme. The prospectus showed that the site was originally intended for a community centre and schools.

3.5.3 As the District Board Members were not aware that the establishment of an integrated clinic would lead to such a strong response from the residents, they had made no full consultation with the residents when the plan was approved. When the residents came to know the plan through indirect channels, they would unavoidabley think that the planning process was not transparent enough and felt that the Government paid little regard to public opinions. When the residents objected to the building of the health centre, they counter-suggested several relocation proposals for the Government's reference. They quoted the Auxiliary Police Headquarters as an example and pointed out that the land for the present site of the Headquarters was originally reserved for other purpose but the government could still manage to change its purpose and complete the construction works in as short as half a year. By the same token, the relocation of the KBHC should not lead to any delay of the project.

3.6 The Possibility of Relocation

3.6.1 The officials of the Health and Welfare Bureau pointed out that the plan to relocate the KBHC would be considered as a new project plan. It must have the support of the policy bureaus, the feasibility study conducted by the Architectural Services Department, and other corresponding procedures for coordination before it could apply funds from the Finance Committee. Moreover, if the location of the centre was changed, it would need to amend the Outline Zoning Plan which had statutory power. The amendment should be approved by the TPB and the public be informed through statutory procedures. In the following, it briefly states that the least administrative procedures involved and the corresponding time for handling if the location of the KBHC is to be moved to Site C, opposite to the Kowloon Bay Sports Ground as suggested by the residents (Appendix 4):
1) Clearance of Kai Cheung THA and handover of vacant site;
2) Seek the agreement of Government departments and consult the Urban Council;
3) Consideration of the plan by Kowloon District Planning Conference;
4) Consideration of the plan by the Metro Planning Committee of the TPB;
5) Consultation with Kwun Tong District Board;
6) Gazetting of the rezoning amendment in accordance with the Town Planning Ordinance;
7) The amended OZP must be exhibited for the public. Views from individuals or concerned bodies are collected.

The above procedures can be done in parallel. The duration is at least nine months.

3.6.2 Assuming no objections to the rezoning under the Town Planning Ordinance, the following procedures will be carried out consecutively:

1) Prepare Preliminary Feasibility Study (PPFS) Report. The work includes determining site development constraints; carrying out ground inspection work; carrying out topographical survey; carrying out preliminary environmental review. This work cannot be done until the site is made available. It will take three months to complete.

2) Prepare outline proposal and sketch plans. The work includes making available all underground utilities and services information; preparing sketch design and discussing with client; preparing cost estimate, and obtain Secretary for the Treasury's approval of the PPFS report. The two types of work could be done in parallel. It will take two months to complete.

3) If the Secretary for the Treasury has no objection to the PPFS report, the Architectural Services Department will carry out a detailed design. The work includes preparing architectural key plans; preparing structural and geotechnical design; preparing building services and electrical mechanical design and updating cost estimates. The above work will take three months to complete.

4) Piling tender procedures. The work includes preparing tender documents, inviting tender, assessing tender returns, obtaining Tender Board's approval and awarding contract, secure project funding; prepare tender for superstructure, allocation of site by the District Lands Officer. The two types of work can be done in parallel. It will take six months to complete.

If the two sets of procedures are done smoothly, it will take at least 23 months. However, there is a possibility of further delay including: if somebody raises objection to the rezoning according to the Town Planning Ordinance, it is estimated that the it will take an extra nine months in handling the objection cases and revising the plan.

3.6.3 Moreover, the District Board members and the representatives of RG residents proposed other options to move the Kowloon Bay Health Centre to Site E or Site F or Site D (Please see the plan in Appendix 4). The following highlights the least administrative procedures and corresponding time for handling:

Option 1: the health centre is moved to Site E or F: the administrative procedures and corresponding time needed will be the same as that of Site C
Option 2: the health centre is moved to Site D:

1) Seek the agreement of Government departments on the relocation issue. It will take at least two weeks. There are likely to be objections since this will involve surrendering a commercial sale site and will disrupt proposed temporary uses for the site.

2) Consideration of the relocation application by Kowloon District Planning Conference. It will take at least two weeks. Assuming no objections, or that objections can be overcome, the site would need to be rezoned from C (Commercial) to G/IC (Government/Institution/Community) on the OZP.

3) Consideration by the Metro Planning Committee of the TPB. It will take at least one month.

4) Consultation with Kwun Tong District Board. It will take at least two weeks.

5) Gazetting of the rezoning amendment in accordance with the Town Planning Ordinance will take at least three weeks.

6) The amended OZP must be exhibited openly. Individuals or concerned bodies may raise objection to the amendment. The duration will be three weeks.

3.6.4 The above procedures will take at least four months. Assuming no objections to the Rezoning under the Town Planning Ordinance, the following procedures will be taken consecutively:

1) Prepare Preliminary Feasibility Study (PPFS) Report. The work includes determining site development constraints, carrying out ground inspection work, carrying out topographical survey and carrying out preliminary environmental review. The work cannot be done until the site is made available. It will take three months to complete.

2) Prepare outline proposal and sketch plans. The work includes making available all underground utilities and services information, preparing sketch design and discussing with client, preparing cost estimate and obtain Secretary for the Treasury's approval of the PPFS report. The two types of work could be done in parallel. It will take two months to complete.

3) If the Secretary for the Treasury has no objection, the Architectural Services Department will carry out detailed design. The work includes preparing architectural key plans, preparing structural and geotechnical design, preparing building services and electrical mechanical design and updating cost estimates. The above work will take three months to complete.

4) Piling tender procedures. The work includes preparing tender documents, inviting tender, assessing tender returns, obtaining tender Board approval and awarding contract. Secure project funding, prepare tender for superstructure, allocation of site by the District Lands Officer. The two kinds of work could be done in parallel. It will take six months to complete.

If the above two sets of procedures are done smoothly, it will take at least 18 months to complete. However, there is a possibility of further delay including: if somebody raises objection to the rezoning according to the Town Planning Ordinance, it is estimated that the it will take an extra nine months in handling the objection cases and revising the plan.

3.6.5 Therefore, if the health centre moves from the present site to Site C, E or F, the period of delay will vary from 23 months to 32 months. If it is moved to Site D, the period of delay will be 18 to 27 months. The then Health and Welfare Branch considered that there were urgent
needs to provide primary medical services in the district. The project should not be delayed due to phobia without scientific ground. It would at its most make concessions to shift the location of the health centre southward 25 metres. However, as the residents subsequently made protests and obstructed to the building of the project, the project originally scheduled to complete in 1997 was delayed to April 1999. This showed that if the problem of resistance from the community was not properly handled, DH would still be unable to provide services on time.

3.7 Conclusion

This chapter pointed out that the building of the KBHC and the Nursing Home was based on the concept of the Report of the Working Party on Primary Health Care. It developed from the original small clinic into the present integrated treatment facilities, including the treatment service for AIDS in which there were no specific guidelines for planning. In 1983, the Planning Department designated the present site as the G/IC site in the OZP. As the OZP was a rough plan at the time, and RG had not completed yet, the residents were unable to raise objection. Subsequently, the site was allocated to DH to build a clinic, and the then Health and Welfare Branch was responsible for the detailed planning and preparation. Although the then Health and Welfare Branch had consulted the District Board on the planning of the health centre, medical terms were used for the treatment service for AIDS so as to handle the issue in a low profile manner. Besides, similar to consultation made by other Government departments, the representatives of DH did not prepare different siting proposals to the District Board. In fact, meaningful consultation have to be made at an early stage of the planning process, otherwise, relocation would prolong the project. To quote this case as an example, the relocation suggested by the residents would result in a delay of 18 to 27 months. It would be an unnecessary delay from the perspective of the Government. But the residents might think that consultation in this stage would become meaningless if relocation was impossible due to fear of delay.
This chapter explores the reasons why the residents of RG strongly resisted the treatment service for AIDS. Firstly, we will discuss how "AIDS" is "socially constructed" as a "label" in the society to create an effect of stigmatization to the patients. Then we will discuss why NIMBY Syndrome develops quickly in the community such as RG.

4.1 In open occasions, the residents mainly complained the Government of lack of consultation. But it was understood from the protesting banners and slogans put up by the residents and from private talks that the residents were mainly dissatisfied with the provision of integrated treatment services for venereal diseases, AIDS, and skin diseases in the health centre. In the Users' Opinions Survey - Kowloon Bay Health Centre & Nursing Home conducted by the Department of Sociology of the CUHK in June 1999, it was found that the respondents who were more worried about the provision of treatment for venereal diseases and AIDS in the health centre, the more negative their attitude towards the establishment of the centre. Therefore, at the later stage of the protest movement, the Concern Group of the Centre proposed to move this part of the services away and did not fully reject to the health centre. It was obvious that the crux of the whole incident is the provision of AIDS services in the health centre. The lack of consultation by the Government only intensified the problem.

4.2 Why did the residents resist AIDS services to such a degree? In western societies, some sociologist pointed out that the AIDS patients or the AIDS treatment facilities were "stigmatized", thus it resulted in resistance from the community. "Stigmatization" refers to a process that a group or an act regarded by the community as possessing abnormal and disgusting nature and it affected the relationship with the people in the society. Some scholars pointed out that there are three main targets of stigmatization, namely (1) physical disabled; (2) those with character defects - normally drawing inference from the behaviours or known record of the targets, such as the gays, mental patients and the unemployed are considered as having unnatural passions, rigid beliefs, or weak will; (3) members of a group - such as those under the same race, nationality, and religion. The AIDS patients are stigmatized because it is related to the first and second problem.

4.3 Stigmatization is normally resulted through a "labelling" process. "Label" refers to a "stereotype" by simplifying the characteristics of a group. Label usually includes both master traits and auxiliary traits. For example, for the label "gay", the master traits refer to having sexual relationship with the same sex (it includes the inference of sodomy). The auxiliary traits will include effeminate in manner and dress, engaging in artistic work and having casual sex. Some labels (such as descriptions about certain careers) may accurately represent the main traits of a group, but many labels, like the label of gay, include inaccurate traits, particularly the auxiliary ones that distort reality and result in stigmatization. Susan Sontag's
study revealed that diseases such as tuberculosis, cancer and AIDS were overloaded with too many "metaphors" in history, that is, there is "over-interpretation" or improper association towards certain diseases in the society that prevent people from rational understanding of these illnesses.  

4.4 AIDS became a label and created a stigmatization effect to the patients is also because the society has too many negative connotations imposed on this disease. The master traits of the label "AIDS patients" is a general designation of those who are HIV-positive or full blown AIDS patients. The general public may not understand the difference between the two. Neither do they know those infected with HIV can work and live as a normal person for quite a long time under proper treatment. They consider all the so-called AIDS patients are the same as dying patients who should receive isolated treatment in the hospital. They do not expect to have contact with the patients in daily lives. It is even impossible for them to accept the patients as part of the community.

4.5 Nevertheless, the main reason for stigmatization towards people living with HIV/AIDS is related to the auxiliary traits attached to the label "AIDS patients". The public usually have four negative associations towards AIDS patients:

4.5.1 Highly dangerous - As the medical profession has not found out any ways to cure AIDS yet, the disease is considered as the "fatal illness of the century". In addition, many people still worry that they will be infected during normal social life. According to the survey conducted to the outpatients of the KBHC by the Department of Sociology of CUHK on June 9 to 11, 1999, of the 112 patients, 26.8% "worried" or "slightly worried" that the health of the residents nearby would be endangered if the centre provided venereal diseases and AIDS treatment. Some of them expressed that they did not have sufficient knowledge on AIDS. They worried that the "carrier" would move around and the virus would spread in the air. Some thought that most of the AIDS patients had their skin fester. Their wounds were unpleasant to look at. It brought negative effects to the health and environment and the disease would infect others. Some also worried that the patients were drug addicts. They would affect the residents' health if they discarded the syringes anywhere. Some worried that the residents' safety would be endangered if the patients had mental problems due to their fatal illness. These respondents were those who were willing to go to the centre's general out patient clinic (over 40% of them came from RG) for treatment and were expected to be more open towards the issue of AIDS. It turned out, however, that more than a quarter of them were still worried. People living with HIV/AIDS were considered as highly dangerous because the Government adopted the threatening promotional strategies in the prevention of AIDS in earlier years. Moreover, the media and the society often compared AIDS to death and fatal illness and it increased the fear of the people. Because of the fear, they isolated or even rejected the patients.
4.5.2 They have only themselves to blame - During our conversation with the residents, many of them responded that they considered most of the AIDS patients are gays, drug addicts, prostitutes, clients for prostitutes or people who have casual sex. They thought that these people have a high degree of personal culpability, i.e., they should be responsible for their own acts. In the West, the religious people and apologists considered AIDS as "punishment from God" to the gays, or "judgment by the God to the society for not following His rules", "revenge by nature", "results of moral corruption", etc. In fact, from the end of the 15th century to early 20th century, people all along published similar theories about "syphilis". Therefore, there were preceding examples of moral blame towards venereal diseases before the spread of AIDS. Among people living with HIV/AIDS in Hong Kong, most of them are heterosexuals, including women infected by their husbands. There are also babies infected in mothers' womb (perinatal), and patients transfused with infected blood/blood products. But due to insufficient media coverage of these groups, the image of people living with HIV/AIDS as being personally responsible for their own suffering has not been changed. This image makes the public believe that AIDS patients are deviants and outsiders in the society. It makes the public have less understanding, concern and sympathy towards the patients, but provides a moral ground for the public to reject the patients.

4.5.3 Unfavourable effects towards the youngsters - Some studies showed that after the AIDS facilities are built in the community, the parents inevitably need to talk about the issue of sex when they explain to their children about AIDS. Some parents find that there are no advantages for their children to know about sex too early. Moreover, as AIDS is associated with the problems of gay, drug abuse and prostitution, and the society stigmatizes these groups of people, the residents are highly concerned that the setting up of the health centre will attract a group of "immoral" patients to loiter in the community. The community will become "complicated" and the youngsters' moral standard will be affected.

4.5.4 Social burden - the scholars who study stigmatization pointed out that when a group is considered as unproductive, it does not only make no contribution to the society, but it also becomes a burden to the society. It can easily lead to discrimination. As many of the people living with HIV/AIDS in the USA are the black people and drug addicts, it increases this kind of "social burden" image. Particularly, AIDS treatment is very expensive. The taxpayers of the middle class have queried whether it is worth spending a huge amount of public money for such purpose. There is no apparent race problem in Hong Kong and the people living with HIV/AIDS have not been labelled as social burden for the time being, but it does not mean that this kind of association will not happen in the future.

4.6 AIDS is stigmatized because the public has much misunderstanding or improper association/metaphors of this label. The result of stigmatization is the resistance and discrimination of the public towards the people living with HIV/AIDS, leading to the patients' low self-esteem and
social isolation. According to the findings of the Centre for Clinical Trials and Epidemiological Research at CUHK in January to April 2000, the major problem concerned by the people living with HIV/AIDS is that, apart from the health problems (37.3%), they find that they are discriminated (24.4%). They are strongly dissatisfied with the level of social acceptance towards the patients (85.4%) and the description of the patients by the media (63.4%). Quite a number of patients feel that they are discriminated to a certain degree by their families (44.6%). Some 80% of the respondents worry that other people will know that they are people living with HIV/AIDS. Many of them do not reveal to their close relatives that they have contracted HIV/AIDS. Only 9.4% of the patients tell their whole families the truth of their infection. Some 16.1% do not tell anybody and very few of them tell their colleagues. Only 34.3% tell their friends and one quarter of the patients who are married do not even tell their spouses. Some 70% of the patients do not tell their cohabited partners. Compared with other people in the community, the patients do not have any difference in terms of the frequency of social life (such as the number of chances to meet their friends etc.), but they are far inferior in terms of the quality of social life (such as open their hearts to others, make close friends, find friends to solve their problems and console them, share feelings etc.). The findings of a survey on the people living with HIV/AIDS conducted in June 1999 by the Department of Sociology in CUHK showed that many of the patients surveyed consider that the attitude of the general public towards AIDS patients is "fear" (63.6%), and "discrimination" (45.5%). Only 3% of the respondents choose "care and sympathy". It shows how little these patients feel the support from the society.

4.7 During an interview with a leader of the residents of RG, he pointed out that the residents are mostly concerned with the spread of AIDS virus. The next thing they worry is the community may become "complicated". Public order and moral standards will be affected. It is obvious that the label of AIDS takes effect. Therefore, when the Government builds facilities for AIDS treatment near residential areas, it will naturally lead to a "Not In My Back Yard" ("NIMBY") syndrome and result in resistance from the community.

4.8 The so-called "NIMBY" syndrome refers to a strong mood of resistance when the residents find that unpopular facilities (ie. LULU or Locally Unwanted Land Uses) are built near their homes. In particular, facilities such as AIDS sanatorium, prison, shelter for the homeless, and drug treatment facilities are resisted strongly. This syndrome swept across America in the 1980s. The reasons are America was experiencing economic downturn, the spread of AIDS and the use of community integrated strategies in medical and social services. Some sociologists pointed out that the emergence of the syndrome cannot only attribute to the selfishness of the residents, but should also focus on how the society has stigmatized such facilities and their users, as discussed in paragraph 4.6 of this chapter. The incident of KBHC is a result of integration of the medical services with the community when the society has not removed stigmatization towards AIDS.
4.9 Many women joined the protest against the health centre, as they wanted to protect their families. They dared to adopt radical protest actions to bring their children a healthy, safe, peaceful, and virtuous environment. To many people, they do not object to the idea that the society should provide services for the AIDS patients. However, they will object when the provision of service may endanger their own community. According to a public opinion poll conducted in Kowloon Bay by San Po Yan, a publication of the Department of Journalism, School of Communication, the Hong Kong Baptist University in December 1996, over 70% of the respondents agreed that the Government could build an AIDS clinic, but 60% of the residents objected to the building of the clinic within their community. According to a survey conducted by the University of Hong Kong commissioned by the Commercial Radio, only 20% of the respondents supported the Government to build an AIDS clinic near their homes. Nearly half of the respondents (47%) objected and the others were "neither for or against", "no comment" or "it does not matter". We can see that the health centre will be objected even if it is built in the other communities.

4.10 Nevertheless, sociologist Jane Balin found in a case study that the NIMBY syndrome is most serious among people in marginal middle class, i.e., the lower middle class. These small merchants, general white-collar workers and technical personnel often confirm their class status by the type of community they live in rather than their professions. This class of people do not have much chance to continue to climb up the social ladder, and thus are unable to move to a better community to live in. Therefore, they are very much worried that the AIDS facilities may bring in the poor (in the USA, they are the black people as well) and the bad people to the community. Not only will it have detrimental effects on the morality of the youngsters, some middle class family may also move out of it because the community has become more "complicated". When the price of the properties falls, the community will become a lower class community. On the contrary, those who support the AIDS clinic are usually the professionals such as social workers and medical officers. They are the middle class defined by their profession. They spend more time on their work rather than on the community affairs. They have higher education and are more open-minded.

4.11 The findings of Balin are different from that of the other NIMBY syndrome studies. According to the findings of a national study in the USA by the Daniel Yankelovich Group in 1989, those who are most involved in the NIMBY movement are high income, males, educated, professionals, married, property owners, living in large cities or suburban areas. Among them, the most important factor is high income. The findings of Balin is different because Balin adopted a different research methodology and focused on the resistance to AIDS service facilities. Dear and Taylor think that the essence of the problem is rather the degree of homogeneity of the community. In down town areas, there are a mix of commercial and industrial buildings and residential areas. People come from different classes and groups - the tenants, owners, those living alone and those living with their families - are more acceptable towards the "difference" and they are less sensitive towards the addition of social service facilities in the community.

4.12 As it may differ between the social and cultural background of each country, western studies may not apply directly to the situation in Hong Kong. However, it coincides with the study of
Balin, Dear and Taylor that the protest movement formed by housewives and small merchants in RG, a pure residential community between the middle and lower class, can reflect the apprehension from the marginal middle class which tries defend the economic and moral boundary of their community. The women who joined the protest movement have revealed to the researchers that they are unable to move out, they just hope that their children some day can purchase properties in other districts and free from the effects of AIDS. To these families, they can flee the poor conditions of public housing or urban slum and become the owners of home ownership housing after many years of efforts, RG will become their permanent homes. They will naturally resist any threats to the community's economic and moral status.

4.13 Being threatened but unable to resist, many of the women who joined the protest movement felt angry, frightened, powerless and depressed. In a conversation between the researcher and some women, the researcher found that the women had strong feeling of injustice (they were blamed by the media). They were mentally disturbed and physically wearied. Out of distrust and fear in the community, there was a rumour that a methadone centre would be included in the health centre. It reflected that the residents were worried about the intrusion of drug addicts into the community. The notice board near the command podium of the protest movement was posted with the news concerning damage caused by the spread of AIDS and venereal diseases abroad, it further increased the fear of the residents. To let off these strong emotions, the residents angrily stared at and cursed the staff and users of the centre at the entrance, and even obstructed them to enter the community with their bodies. In a condition close to panic, the residents desperately needed an authoritative leader to give them direction. As a result, the more radical leader replaced the mild one.

4.14 Conclusion

This chapter mainly points out that the NIMBY syndrome cannot only attribute to the selfishness of the residents in individual community, rather, it should also focus on how AIDS is first stigmatized by the society, and result in resistance from the community. One will associate AIDS with dying patients, highly dangerous, they have only themselves to blame, social burden and complicated and etc. In order to protect the economic and social status of the community, the lower-middle class took radical actions to protect their homes. If the Government is deterred by the NIMBY syndrome, and moves the unpopular facilities to the places far away from people (like sending mental patients to Castle Peak and lepers to Hei Ling Chau) or in old and worn out commercial areas (such as Yau Ma Tei), it is actually reinforcing the stigmatization to AIDS (by moving away from the people, it intensifies the association that AIDS is highly dangerous; or it reinforces the association that people living with HIV/AIDS are more complicated in background as it is close to the Temple Street). It is not a way to resolve the issue completely. To break the NIMBY syndrome, the western society mainly resorts to the legal means and community relation strategies. They will be discussed in detail in the following two chapters.
Chapter 5 - Related Legal Issues

This chapter will discuss the legal issues related to the KBHC incident and the ways the Government deal with the NIMBY syndrome through legal means.

5.1 As the town planning process in the USA emphasizes community participation, many communities have successfully delayed or rejected the establishment of the AIDS facilities by challenging the conformity of the facilities to the original requirement of land uses. In order to deal with the zoning problems, some states in the USA and cities in Canada have formulated policies to support the establishment of these facilities. The Court has also ruled that the planning of land cannot violate these policies. Moreover, the service providers will apply some ordinances related to the rights of the citizens (such as Americans with Disabilities Act, Fair Housing Amendments Act) to deal with the discrimination and resistance from the community. The service providers will not only take legal actions against the protest movement in the community, but it will also sue the Government for not providing enough facilities for the needy. At the same time, the laws in the USA provides that every community should have a "fair share" of the facilities unpopular among the communities to avoid those unpopular facilities being too concentrated in certain communities and resulted in unfair share.

5.2 As discussed in Chapter 2 of this report on the location issue, the Hong Kong people just play a limited role in the process of town planning. If they do not raise objection when the OZP is published, they will find it difficult to object to any plans in the subsequent process of planning as there is no statutory procedure to do so. The District Board can also play a limited consultation role only. As the OZP can be a very rough plan, the residents sometimes cannot raise objections in that stage. The G/IC land can include extensive purposes of use. It perfectly conforms to the Planning Ordinance even if the original plan of community centre is changed to an AIDS clinic. It has avoided the residents from challenging the AIDS facilities as not conforming to the zoning codes during the planning process if there is a clear specification of land uses like the American case. Unless the Government amends the Town Planning Ordinance in the future to increase the participation of the community or the District Board during the planning process, at this stage there is no need to formulate specific policies or laws, or take litigation actions to remove legal obstacles during the planning of AIDS facilities in Hong Kong.

5.3 In the KBHC incident, the legal issue is whether the residents' protest actions are lawful. In particular, after the health centre has completed, the residents started to follow the centre staff and users, make verbal harassment or insults, and stop them or even prohibit them from walking past or cutting across RG. It involves the rights of access from the centre to the communities nearby and the transport facilities in RG. It also involves the issue of whether the existing statutory power of the EOC is sufficient in handling the discrimination of AIDS patients. Lastly, under what circumstances the Government can take legal actions against the NIMBY syndrome.
Dispute on the Right of Way

5.4 A Highlight of RG Walkways

- RG is located in Wang Chiu Road near Kai Yip Estate. It is a Private Sector Participation Scheme housing sold and occupied in 1985.
- During the protest by the residents, the most disputable walkway is the section of road from Kai Yan Street to Wang Chiu Road which passes RG and reaches the bus station in Kai Yip Estate. The walkway is around 60 metres long. It is not the only pavement from Kai Yan Street to the bus station, but it is the most direct and convenient route. (Please refer to Appendix 5).
- The Lands Department and EOC have different understandings of the centre staff and users' right of use of the walkway.

5.5 The Deed of Mutual Covenant of RG

5.5.1 The CLG sent a letter to the management office of RG in November 2, 1999 to ask the right of use of the public places in RG. The question is: as far as our group understands, is it correct to say that as the Deed of Mutual Covenant of RG allows the users of commercial complex, car park, market, taxi station and minibus station to use the public places in RG, your company will not stop any individual person from entry or exit to RG or any user who walk passed its footpaths, lanes and other public places, and ask their purposes of entry or exit to RG?

5.5.2 Shui On Properties Management Limited replied on November 6, 1999: according to the Deed of Mutual Covenant of RG, the public places in the estate is only provided for the owners of the estate (including their maids, agents, and other authorized persons) and other users of the estate's facilities (such as the users of commercial complex, car park, market, taxi-station or minibus station). As a management company of RG, our company will perform our duty according to the provisions of the Deeds of Mutual Covenant.

5.6 The Lands' Perspective

5.6.1 According to the records of the Lands Department, the walkway of RG belongs to a private land. The walkway is a public place in RG. In accordance with the provisions for the grant of lands, the Government has no power to permit the public to use the public place of a private estate. The owners hold an equal undivided share of the walkway. Strictly speaking, the residents have the right to build a gate at the entrance and exit of the walkway to prohibit all unauthorized persons (such as the public) from entry, like the gate of every building. Moreover, the provisions of the deeds of RG do not state that the public can enter the public places in RG.

5.6.2 The management office may prohibit outsiders from intruding RG according to the instructions of the owners. Besides, the owners can all vote for withdrawal of the public's right of use of the road, even the Government cannot intervene.
5.6.3 The legal representative of the Lands Department also pointed out that the party concerned can tacitly agree the public (including the centre staff and users) to enter RG (like the common practice, to allow them to use the commercial facilities built in the land, including the minibus station, commercial complex, restaurants and taxi-station). But the special permission is only applicable when
1) approval from the owners has been gained. The special permission can be cancelled at any time; and
2) a special purpose is achieved.

5.6.4 Therefore, according to the understanding of the Lands Department, if the public loiters at the RG for other unauthorized purposes but not the special permission as tacitly agreed, the public become the intruders.

5.7 The Properties Management's Right of Enforcement

5.7.1 From the Lands Department's view, we can assure that the residents have a right to legally prohibit the public to use the walkway of RG.

5.7.2 However, individual residents are definitely not the lawful representatives to execute the power. It is only the management office of RG - Shui On Properties Management Limited - is the lawful representative to take full power to manage the facilities and public places in RG.

5.7.3 In order to clarify whether the management office of RG has authorized any person (including the Owners' Committee of RG, individual owners and those who claim themselves as the owners of RG) to represent it to execute the management work in the public places of the estate, the CLG of the KBHC and the Nursing Home sent a letter to the management office on November 2, 1999. It replied that it had not authorized any person to represent the company to execute the management work in the public places of the estate.

5.7.4 On the other hand, the Owners' Committee of RG made a statement to the residents of RG in September 24, 1999 to clarify that it was not the members of the committee that obstructed the pedestrians and the action had not obtained the authorization or permission from the committee.

5.7.5 As from all the evidence, the residents of RG who obstructed the centre staff and users were not legally authorized representatives to execute the management rights of the estate. They were just a group of residents who take actions by themselves without receiving the authorization from other residents or owners. They did not represent the wills of the residents as a whole.

5.7.6 As understood by the EOC, if the residents insisted on exercising the execution rights, they might have violated the implied terms of the deeds (though they might not have legal liability). They might have breached the law by their ways of exercising the right of enforcement, such as common assaults, harassment, discrimination and vilification. They should bear legal liabilities by themselves.
5.8 The EOC's Perspective

5.8.1 Understanding on the Land Sale clauses - the understanding of the EOC on the right to use the walkways was completely different from the opinions of the Lands Department. The EOC considered that the Land Sale clauses of RG clearly showed that the public had the implied permission (later it was extended as implied invitation) to use facilities such as minibus station, shops, restaurants and taxi-station in RG. The residents could not reject the right of public use so obviously. The EOC considered that it was incorrect to say that the centre staff and the users were trespassing private places. The Department of Justice later pointed out that even the public entered the RG with no specific purposes, the person would not be charged with the offence of "loitering".

5.8.2 Invoking the Disability Discrimination Ordinance (Chapter 487)

5.8.2.1 As the EOC understood that the public or part of the public had the right to enter RG in the Deeds of Mutual Covenant, and they had implied invitation, the EOC considered that the implied invitation could only be cancelled or revised only when the owners had held an owners' meeting and voted through the Owners' Committee. However, the owners or the Owners' Committee had never voted on such issues. Under these circumstances, the EOC considered that the public still had the right to use the walkway of RG.

5.8.2.2 If the owners' meeting or the Owners' Committee cancelled or revised the implied invitation, only or mainly directed against people related to the health centre, it might cause discrimination that violated the law. According to the Disability Discrimination Ordinance and a pamphlet published by the EOC, the simple definition of direct discrimination is, the disabled will have less favourable treatment than the non-disabled under similar circumstances.

5.8.2.3 Section 6 of the Disability Discrimination Ordinance (Chapter 487) stated about the discrimination of the disabled that:

A person discriminates against another person in any circumstances relevant for the purposes of any provision of this Ordinance if -
(a) on the ground of that other person's disability he treats him less favourably than he treats or would treat a person without a disability;
(b) (Omitted as not related with the case);
(c) on the ground of the disability of an associate of that person he treats him less favourably than he treats or would treat a person without such a disability.13

5.8.2.4 In the interpretation of the clause, the associate included the carer of the person. In the incident, the health centre staff could be included in such kind of people. Therefore, the residents might have contravened the Disability Discrimination Ordinance if they prohibited the centre staff from using the walkway.
5.8.3 The Right of Use of the Walkway was confusing - although the two sides of the walkway had fences on which notices of "no trespassers" and "private places" were posted on, the route had all along been opened to the public since the completion of RG with no disputes. It was also because the taxi-station and commercial complex was on the sides of the road which had street nameplates. It seemed that the street nameplates were of no difference to that of the Government's. The EOC considered that in the light of the setting, it made the public feel that they had the right of way to the walkway. The arrangement of the road signs was unclear and it would easily confuse the public.

5.9 Overall Legal Perspective

5.9.1 The EOC pointed out that one ought to be certain that he would not violate the other legislation when he complied with a certain legislation. When handling the right of way, one must not consider from the perspective of lands only, but should also consider from the overall legal perspective, including the perspective of anti-discrimination.

5.9.2 The EOC had urged the Department of Justice for balancing the opinions between the Lands Department and the EOC and provided comprehensive legal opinions. Unfortunately, the Department of Justice did not make any public reply to the EOC's request.

5.9.3 As the discussion on the right of way of the walkway was mainly made in the case conferences of the LC, whether the LC in the year 2001-02 would start a case conference with the incident was still unknown. It had not been decided whether the right of way of the walkway would be clarified. It might end up with nothing definite. (Although the EOC had urged the Department of Justice to make clarification, the urge was not legal binding. The EOC might not receive any reply from the Department of Justice.) However, the EOC and the Lands Department's legal views on RG were contradictory. Should there be any further disputes arising from the right of way of the walkway and required a solution, the EOC might resort to legal procedures to clarify the problem.

5.10 The Importance of handling the Right of Way

To handle the right of way of the walkway, apart from defining whether the residents' acts are lawful, it has brought about two topics: resumption of land and opening new walkways.

5.10.1 Resumption of Land

• If the reply of the Department of Justice is that the land belongs to a private place and the residents have the right to refuse the public to use the place, the Government can resume the private road to cope with the actual needs and allow the public to use the walkway. However, according to the common practice, the Government will not enforce this power easily. Resumption of land must be decided by the Chief Executive in Council. In accordance with the Lands Resumption Ordinance (Chapter 124), the Chief Executive can order resumption of land for the purpose of public service. However, the following criteria should be matched before executing the power of resumption of land:
1) the land should be resumed for the purpose of public service
2) the purpose of public service should include the interests as a whole rather than individual interests
3) the overall social interests should be directly and very much related to the resumption of land
4) one should execute the power sincerely

• As the issue of the right to use the walkway was not clarified, and the District Officer of Kwun Tong District Office pointed out in the case conference in LC that the management company of RG had not prohibited the public from using the walkway of RG, there was no further discussion in the meeting on the feasibility of resumption of land and on whether it was in line with public interests.

5.10.2 Opening New Walkway
Another possibility was to open a new walkway for the public (including the centre staff and users) to use. The parties had not reached a consensus on this suggestion.

5.10.2.1 One party considered that the residents of RG's act of harassment might not stop necessarily with the opening of the new road, this concessive gesture might even lead to an effect that the Government allowed others to conduct activities of discrimination. The residents had apparently executed their entitlement selectively when they rejected the centre staff and users to go to the health centre through RG. Provided that the residents of RG unanimously agreed that they would reject all outsiders to access RG in the future, and iron fence was constructed, otherwise, by opening new roads would make the centre staff and users feel that they were obviously discriminated.

5.10.2.2 Another party considered that the residents' interests could be protected by opening a new road. The centre staff and users could access the centre through an indisputable public path. It could reduce the chances of conflict and promote peace in the community.

5.10.2.3 Subsequently, the acts of harassment by the residents of RG ceased and the related departments reflected that it was not feasible in the existing plan to open a new road. The site near the centre surrounding Kai Yan Street, Kai Lai Road and Wan Chiu Road had been reserved for building two primary schools and one secondary school. As the sizes of the proposed three schools were less than the standard size, there was no extra space to build another pedestrian path as suggested. The suggestion to build a new road has been shelved at the mean time.

5.11 Improper Planning by the Planning Department

With the unclear right of way to the path, it highlighted improper planning by the department concerned in the Government. When building the centre, no land had been reserved for the walkway. It seemed that the Department assumed that the walkway of RG could be used by the public. However, it had not clarified the right to use the walkway during the planning process and it caused the trouble of disputes.
The Power of the EOC

5.12 When the health centre started its construction, the residents of RG had put up slogans and banners near the health centre to protest the Government against building the centre. When the centre was about to complete, the residents started to put up discriminatory and vilifying slogans and banners, such as "the elderly are weak and the school children are young, and AIDS and venereal diseases [treatment facilities] must move away", "AIDS, venereal diseases and the skin diseases will affect the elderly and the children". The related Government departments all along had not removed these discriminatory slogans. It was only until June 23, 1999 that the removal action was taken.

5.13 The EOC all along wanted to remove the discriminatory slogan, but it had no power to do so because there was no complaint received from the "aggrieved persons". Even if the EOC decided that the slogans were discriminatory, it was not empowered to enforce or compel the other Government departments in assisting the enforcement of removal actions.

5.14 It was only when the discriminatory slogans had been put up for a long time, the protest movement of the residents escalated, and the problem became serious that the EOC started to have meetings with the Police Department, DH and the Kwun Tong District Board on May 28, 1999 and June 2, 1999. They discussed the actions to be adopted against those who violated the Disability Discrimination Ordinance. During the meeting, the departments agreed to remove the vilifying slogans first, but the removal action might involve a number of departments. There was no convenient short cut and they could not decide to take the action right away.

5.15 The Chairman of the EOC sent a letter to the Director of Urban Services on June 4, 1999 to request the Department to give priority treatment to remove the slogans. The EOC had all along kept contacts with related Government departments on the removal of slogans and the enforcement against those who violated the Disability Discrimination Ordinance. It was until June 23 that the removal action began.

5.16 Even the EOC has defined certain acts as discriminatory, there is no statutory power for the EOC's definition under the current law. It is not binding to the other Government departments. The EOC cannot ask the other departments to assist it to stop or delay the discriminatory acts with their own definition. It can only urge the Government to deal with it according to the power vested with by the other laws. Even if the discriminatory acts exist, if the acts have not violated other laws, the acts will not be terminated. This loophole apparently makes the EOC difficult to attain its objective of eliminating discrimination.

5.17 The Government may consider revising the legislation to allow a direct link between EOC and the court to empower the EOC to announce certain objects or acts vilifying or discriminatory even when no one lodge complaints. The announcement will have legal effect and can compel other related Government departments to assist in prohibiting the acts. Only when related disputes are judged by the judicial arm and a clear standard is differentiated, then it can control discriminatory acts effectively and allows the public to know clearly that what acts are in breach of the laws.
5.18 No Power to Initiate a Prosecution

5.18.1 Under the existing legislation, when a person (could be the aggrieved person or the representatives authorized by the aggrieved person) formally makes a complaint to the EOC, and claim that a certain person has discriminatory acts which violate the law, the EOC can execute the power vested with by the Disability Discrimination Ordinance and collect related information from the complainants and start investigation. When there is no complainants, the EOC cannot initiate a prosecution.

5.18.2 As the EOC has no power to initiate prosecution in such a case, it encounters many problems in performing its work. When the health centre just started, due to certain reasons, some aggrieved persons (such as the centre staff and users) were not willing to make complaints (they just made enquiries). As no formal complaint had been received, the EOC could not apply the power of law. The ECO was not given power to ask the people who were suspected of doing acts in breach of the law to show their identity cards and provide personal information. It was hard to start any meaningful investigation to the incident.

5.18.3 In most cases (same as the KBHC incident), the people discriminated are normally the minority group of the society. It is not as easy as imagined to ask them to stand out and make complaints to the people who discriminate (or ask the other representatives to make the complaints). They are afraid to be labelled or afraid that the public will recognize them after lodging complaints or prosecutions and lead to discrimination against them personally due to their illness (at present there is no legal provision to protect the complainants from being reported in the media). This is the case of the AIDS patients and that is why they are discouraged from making complaints. Even if the acts are clearly discriminatory, the EOC cannot help with it if there are no complainants. Therefore, the public should discuss the EOC’s power to initiate a prosecution so as to explore the possibility of expanding the power of the EOC.

5.19 Whether the EOC should take legal actions against the protesters of RG?

5.20 It was reported in December 2, 2000 that the EOC would decide in the end of the month whether the residents of RG who were suspected of making harassment to the health centre's patients and staff would be prosecuted according to the Disability Discrimination Ordinance. As the EOC had failed to settle between the complainants and the people who received complaints, the chance of prosecution was rather large.

5.21 Those who supported prosecution considered that this legal action could make the public understand the definition of the act of discrimination and its legal consequence. Those who were against considered that the case of KBHC had subsided. It would only stir up tension by making prosecution and the relationship between the health centre and the community could not be maintained. To the EOC's mission, the former apparently is more important.
5.22 In the West, there were occasions when it ended up in courts for controversies over unpopular facilities to be built in communities\textsuperscript{14}. As legal costs were huge, time-consuming, and caused damages to community relations, it should be avoided\textsuperscript{15}. In fact, the threat of prosecution sometimes can exert similar effect of prosecution. Concerning this particular case, the CLG of the health centre should use this opportunity to get involved and make settlement. It could on the one hand ask the residents not to do any discriminatory acts in the future, and on the other hand, asked the EOC to make settlement with efforts on the grounds that the protest movement of the residents had subsided and the health centre was trying to repair the relationships.

5.23 \textit{Conclusion}

This chapter points out that the rights of the residents to participate in the planning process are less in Hong Kong than in the USA. The planning problems encountered by the Hong Kong Government is fewer, therefore, there is no need to formulate special policies or law like the USA to solve the problem of planning the AIDS facilities. The legal issues concerned in the case of KBHC is whether it is lawful for some of the residents to put up banners and slogans, make verbal harassment and obstruct the others. When the banners and slogans are removed, there is no dispute in the legal perspective as to whether the contents are vilifying. On the contrary, there are discrepancies in the legal perspective on the problem of access in RG. The only thing to be certain is that the residents are not lawfully authorized to obstruct the others. This incident has started off the discussion of insufficient power of the EOC. In particular, the power to request the court to prohibit some discriminatory acts and objects and to initiate a prosecution when complaints are not available. However, as the legal actions are costly, time-consuming and will affect the peace of the community, this report suggests that legal actions should be avoided. In the West, apart from the legal means which can break the NIMBY syndrome, there is also "community strategies" which will be discussed in the next chapter.
By referring to the experience in the West to apply community strategies in tackling NIMBY syndrome, this chapter reviews the roles played by DH, the District Board, the CLG of the KBHC, and the District Office in building the health centre. In order to achieve community integration, community approach emphasizes that from planning to the completion for use of AIDS facilities, the provider needs to promote the acceptance of the facilities through consultation, communication, education and cooperation.

Community Approach

6.1 Be More Sensitive when Planning the Facilities

6.1.1 As the more open western society is still troubled by the NIMBY syndrome regarding the AIDS service facilities, we should be more sensitive when we plan to build similar facilities in Hong Kong, particularly, the views of the society to the AIDS patients.

6.1.2 We should not impose the facilities on a community in the name of public interests or take it for granted that the residents will naturally in favour of the facilities that provide services to the local residents. On the contrary, we should adopt a more lenient approach to persuade the community to accept the facilities to co-exist with the community.

6.1.3 Even if it is decided that the facilities will be built in a certain community, the location of the facilities will also affect the psychological reactions of the local people. The closer the facilities are built near residential areas, the easier the residents will be dissatisfied with them. The planner should study the selection of site carefully. Some studies find that in the case of the USA, if the "unpopular facilities" are built two to six blocks away from the residential areas, the residents will slowly lose interest about the facilities issue. In Hong Kong, lands are few and people are many, people have adapted to the high density of living environment. It is expected that a distance of one to two blocks away is sufficient. While planning, the planners should not only consider from the medical perspective, they should also concern the social and psychological reactions of the residents. In particular, when stigmatization exists in the society towards AIDS, to ask the community accept the facilities, it is practical and respectful to keep the facilities a proper distance from the community.

6.1.4 The characteristics of the building should be considered in detail, such as its appearance, size, name, opening hours and facilities management. It will be easily accepted by the community if the facilities are small in size, they have nice appearance, the style of architecture matches with the nearby community, short opening hours, the noises, cleaning and security of the facilities are properly managed and they bring few nuisance to the community.
6.1.5 Understand the characteristics of the community. For example, whether the existing facilities of the community and the background of the residents are too homogenous; and how much can they tolerate differences. This is relevant information when designing promotional strategies.

6.1.6 Understand the worries of the community to the facilities: whether they are worried about the decrease in the price of their properties, the threat of personal security, the deterioration of public order in the community environment, and/or the competition of resources such as social service facilities in the community. We should respond strategically their worries.

6.2 Democratic Absorption, Cooperate with Local People

6.2.1 Objective: to prevent strong and radical protests from the community through negotiation and settlement with the local people. The democratic procedure that encourages participation will slow down the pace of decision-making, but it can minimize objection from the local people towards the plan which will lead to delay and loss in money.

6.2.2 To pre-empt any opposition movement to emerge, an open and continuing community consultation body should be set up before the details of the facilities and the location are confirmed. Local leaders are invited to participate in discussion or even in decision-making. The planning department should provide complete information to this body to allow the residents to have thorough understandings of the operation of the facilities and respond in time the residents' opinions on planning.

6.2.3 Absorb local leaders: apart from increasing the legitimacy of the consultation body, it can make use of their local network to develop their influence, to send information, to promote community acceptance of the facilities and to enhance trust between the service provider and the community.

6.2.4 The consultation body can develop into the management committee of the facilities after the construction is completed so as to monitor the operation of the facilities and its impact on the community.

6.3 Direct Communication with the Community and Education Work

6.3.1 Apart from having indirect communication with the community through the community consultation body, it is also essential to have direct communication with the community. By meeting the public directly in occasions such as the residents' meeting, it can ensure effective flow of information to allow the community to know the progress of the facilities and minimize the suspicion of the public to the facilities. However, this type of residents' meeting can only be held after careful planning. A confusing residents' meeting may make the community lose confidence in the management of the treatment facilities in the future. It is desirable for DH to communicate directly with the residents only with the assistance of the local government departments and the resident groups.
6.3.2 Apart from the general TV and radio promotion, DH can educate the community through different means, such as distributing leaflets to introduce the services, holding seminars, promotional exhibition and creating webpages. These can increase the community's public awareness and their understanding and sympathy towards the services.

6.4 **Manage the Facilities with Care and Maintain good Relationship with the Community**

6.4.1 Even when the local people accept the building of the facilities, the authority concerned should not treat it lightly and considers it hold good for all times. It is only the first step to gain their permission to build the facilities. Continued efforts need to be made for the community to accept the facilities and the users of the facilities.

6.4.2 For the management of the facilities, there should be detailed planning and careful enforcement with no excuse left for the local people to take chances to launch an opposition.

6.4.3 The authority concerned should minimize the negative effects of the facilities brought to the community with all its efforts. Concerted services and facilities are needed such as the addition of parking spaces or public means of transport.

6.4.4 The authority concerned should try its best to promote the well-being of the community. For example, it can create job opportunities for the local residents by employing them in the facilities, procurement at local stores, or even open part of the facilities (such as the conference room, the gallery) for the community to use. It can also hold open days, carnivals at the facilities to enhance contact with the community or even provide services for them in order to promote their acceptance of the facilities.

From the perspective of community strategies above, there are a lot of issues to be reviewed during the process of planning and construction of the health centre.

6.5 **The Department of Health**

6.5.1 From the ways the Health and Welfare Branch (the name used on or before 1997) and DH adopted on community relationship during the planning of the health centre, we can see that the Department possibly wanted to introduce the AIDS service in the community in a low profile manner. It hoped that when the residents discovered that such service was offered, they could easily accept it because the service was running smoothly. It was also the practice of Yau Ma Tei Government Clinic. From the perspective of the medical officers, the AIDS patients are of no difference to the other patients. They should receive equal treatment and respect like others. There is no reason to make high profile consultation specifically for such service, otherwise it may implicitly lead to discrimination. The other possibility is that the department concerned underestimated the extent of social resistance due to lack of sensitivity.
6.5.2 The fact was that the way the authorities handled the planning of KBHC was of no difference to that of other general clinics. DH brought a two-page paper entitled "INFORMATION PAPER - Planned Medical Services for Kwun Tong District by Department of Health" to the meeting of Social Service Committee under the Kwun Tong District Board on September 3, 1995. The information paper just briefly introduced the services provided in the clinic (Appendix 6). It did not mention the details of the clinic such as the height, size, and exact location. Regarding the more controversial AIDS treatment services, the representatives of DH did not remind the Members that "Human Immunodeficiency Virus" or HIV means AIDS virus. It seemed that the purpose was to avoid disputes. Nevertheless, this paper was later criticized by the DB members and the RG residents as not having a status of a formal consultation paper. The Office of the Ombudsman also held a similar opinion.

6.5.3 No matter if the authorities are purposely in low profile or they lack sensitivity, in a political system which is getting more open and involves more democratic participation in Hong Kong, it is not only difficult to avoid participation by the community during the planning process, but it will also create more suspicions after the residents know the truth through other means ("if it is not highly dangerous, why is the consultation in such low profile?") and they will lose confidence with the Government. Related departments should understand that in the past when an AIDS clinic was built in a commercial/residential area that drew very little attention from the people, it does not necessarily mean that it will have the same effect when similar facilities are built in a residential area.

6.5.4 Based on their medical expertise, the officers of the then Health and Welfare Branch refused relocation because they considered the community resistance to the clinic, due to the worry of the spread of AIDS, as unscientific. They did not pay sufficient attention to the psychological and social reactions of the residents. Looking back, if the health centre was located one to two blocks away from the residents' homes, their resentment would have been reduced. Of course, as mentioned in Chapter 3 of this report, the health authorities were under tremendous constraints concerning the issue of relocation. It would cause substantial delay as relocation required going through a great number of tedious planning procedures. Nevertheless, even the request of relocation was turned down, the construction of the KBHC was eventually delayed by the residents' protest actions. It showed that the progress of the plan would also be slowed down if the community factor was not sufficiently considered.

6.5.5 DH relied too much on the District Office to act as a bridge between the government and the public. It has not thought of educating the residents directly to promote acceptance of the people living with HIV/AIDS. DH should set up the CLG of the health centre earlier to allow the residents' opinions to be aired. However, as there is no precedence in building the AIDS treatment facilities near residential areas, it is excusable for DH to have committed these errors. Moreover, it is worth praising that the fine-looking health centre (with similar colour with the exterior of RG) and remarkable facilities (such as in-door waiting hall) and services provided to the residents in the out-patient clinic, have helped the centre leaving good impression to the community.

6.6 The District Board

6.6.1 When DH "consulted" the District Board Members on the plan of the health centre in 1995, there was no objection raised from the Members in the meeting. It showed that the Members did not get
enough response from the community or they did not quite understand "human immunodeficiency virus" stated in the paper means AIDS virus. For either the former or the latter reason, it reflected that the Member's qualities were doubtful. It was too optimistic to assume that the community had accepted the plan after the District Board was consulted.

6.6.2 In district administration, the District Board is just a consultative body. It is not mandated as a decision-making organization. Although the Government can implement a plan by force under the objection from the District Board, the price will be the DB Members' refusal to cooperate. Without the Members' assistance in persuading the residents, government policies may face resistance from the community. Therefore, for political considerations, the Government should consult the District Board at the earliest stage. Based on medical consideration, DH should insist on building the AIDS treatment facilities in the community. However, the other issues such as the specific location, size and facilities should all be negotiable. It will only make final decision after it has tried to have the understanding of the District Board or particular DB Members of the community.

6.6.3 District Board Members usually object to the building of AIDS treatment facilities in the community because they wish to appease the voters in their constituencies. Apart from making an effort to gain support from these Members (like inviting the District Board Members to join the activities held by the AIDS groups at ordinary times) DH can communicate with the Members' political parties directly. As it is quite unlikely for a political party to object to the building of AIDS treatment facilities in their political platform, the standpoint of the political party may somehow constrain the DB Members. In addition, DH should make use of the media properly. Public opinion is another essential means of affecting the standpoint of the Members.

6.7 The District Office

6.7.1 The District Office was responsible for liaison in this case. It reflected the residents' concerns to the Government and tried to resolve related problems through negotiation and cooperation between departments.

6.7.2 During the construction of the health centre, the residents requested an establishment of the interdepartmental joint meeting. It could allow the residents to express their views to relevant departments and understand the progress of the construction. The meetings were arranged and chaired by the residents. The Kwun Tong District Office assisted in the liaison of different departments, keeping records of minutes and the follow up of related items. However, according to the doctors, officers of DH and representatives from the health centre's service units in the meeting, the joint meetings were not successful. Although more than 20 meetings had been held, the residents did not change their negative attitude towards the project, but had worsened indeed. There were no agenda for the meeting, and there were no strategic arrangements to resolve the problem. Representatives from Government departments expected that the officers of the District Office would take a strong lead, but the fact was representatives of the residents take full control of the meeting. The meetings became the forums for residents giving vent for their dissatisfactions. Representatives from different departments attending the meeting were their targets of blame. The representatives were insulted and scared, so the departments resorted by sending different people to attend the meeting, thus affecting the continuity of the discussions. In the end, the meetings have lost the specific purpose of improving communications.
6.7.3 Based on an outdated and inaccurate counselling theory, the representatives of the District Office believe that if the residents have a chance to give vent to their resentment, their resistance to the health centre will reduce. This report has interviewed an expert, Dr. CHIU Chi-yue, Head of Department of Psychology HKU who studied discrimination and group conflicts. He gave his views for this particular problem. Dr. CHIU considered that people usually believe that by allowing a depressed person to vent his emotions, the problem can be soothed. However, they have neglected the point that if it is done in a "group", the problem may become more serious due to some "social processes". 

6.7.3.1 Firstly, the residents' personal opinions are reinforced through "group validation" - when the residents are separate individuals, they think that it is only their personal opinions towards AIDS. However, when other residents give the same opinions in the joint meetings, the individuals can confirm that their personal views are not isolated and bias.

6.7.3.2 Secondly, the "diversity of arguments" can strengthen the original belief in a group. Individual residents may only have one or two reasons in raising objection to the treatment service for the AIDS, but when the residents continue to air their views in the joint meeting, the number of reason for objection will increase. Opposition from the residents will become more intense and the situation will become polarized.

6.7.3.3 Thirdly, an "illusion of unanimity" occurs in the group. Even if there are residents who are in favour of the establishment of the health centre, their arguments cannot be accumulated because of the lack of communication as they perceive themselves as in minority and do not dare to express their views. The more dominated the views of the radical residents in the joint meetings, the less the minorities wish to express their views. This silence will create an illusion in the community that the residents unanimously object to the building of the health centre.

6.7.3.4 Fourthly, it is easy to create an "overshadowing effect" when the residents express their views in a group. When an individual expresses his views in public, the argument must be phrased in luminous, precise and very often extreme manner in order to solicit support from the audience. The residents may not hold a strong opinion before expressing their views, but they will have a clear "cognitive representation" of the event after openly addressing the issue in a strong manner. They will apply this representation later in responding to the incident.

6.7.4 As mentioned in the chapter on community approach in this chapter, if the meetings with the residents are held without sufficient preparation, it may not lead to the purpose of facilitating communication. How to prevent the above "social processes" from worsening the situation? Dr. CHIU has the following suggestions:

---

ody to the audience. The residents may not hold a strong opinion before expressing their views, but they will have a clear "cognitive representation" of the event after openly addressing the issue in a strong manner. They will apply this representation later in responding to the incident.

6.7.4 As mentioned in the chapter on community approach in this chapter, if the meetings with the residents are held without sufficient preparation, it may not lead to the purpose of facilitating communication. How to prevent the above "social processes" from worsening the situation? Dr. CHIU has the following suggestions:

---

ody to the audience. The residents may not hold a strong opinion before expressing their views, but they will have a clear "cognitive representation" of the event after openly addressing the issue in a strong manner. They will apply this representation later in responding to the incident.

6.7.4 As mentioned in the chapter on community approach in this chapter, if the meetings with the residents are held without sufficient preparation, it may not lead to the purpose of facilitating communication. How to prevent the above "social processes" from worsening the situation? Dr. CHIU has the following suggestions:
6.7.4.1 Firstly, to avoid the opinions in the group from going into extreme, the authorities should give different views in the community a chance to be expressed in the meeting. This exposes the residents to more balanced viewpoints and avoid the group from being dominated by a single voice. To achieve the above effect, it is important that the people who express different opinions from the mainstream ideas are members of the community. The residents cannot accuse them of not understanding or not concerning with the situation or well being of the community. Therefore, the organizers of the meetings should identify and encourage these kinds of people to attend the meetings and express their views openly. If such kind of people cannot be found among the residents, or they do not wish to speak up due to social pressure, the remedial measures will be to find unofficial members who hold neutral stand to express their opinions in the meetings. In any case, if we rely on the representatives from the Government departments to talk to the residents, no matter if they possess professional knowledge or not, their status has greatly reduced their credibility in the residents’ mind.

6.7.4.2 Secondly, an agenda should be included in the meeting to discuss specific issues rather than making it a mere vent of emotions. When specific issues are discussed in the meeting, how the Chairman conducts the meeting will affect the feelings and attitude of the residents. The Chairman of the meeting should be calm and rational. When the residents put forward an opinion, such as the AIDS clinic will harm the health of the residents nearby, the Chairman should ask calmly these residents to give evidence for their arguments in order to urge them to handle problems in a rational manner. In addition, if the meetings are open (for example, the media can attend), or the minutes of the meetings are open to the public, the residents will be more cautious and calm and will be less likely to go into extreme when expressing their opinions.

6.7.5 To conclude, the residents' meetings which mainly vent off their feelings not only fail to pacify their feelings, but it may strengthen their original ground of opposition, or even going to the extreme. The officers of the District Office should find, encourage and arrange the residents who have alternative ideas to express their views in the meetings. They should also have professional skills to chair the meeting and handle complaints from the residents. Otherwise, DH should build up a mechanism for communication with the residents by itself, like forming the CLG of the KBHC and Nursing Home in this case.

6.8 The CLG of the KBHC and Nursing Home

6.8.1 The CLG of the KBHC and Nursing Home was formed in April 1999. The members of the group include a pastor, district leaders, service providers, lawyer, scholar, District Board Members and etc. They work on voluntary basis with a term of two years.
6.8.2 In terms of timing, it was too late to form the group one month before service was launched in the centre. Some non-local members find it difficult to have a good grasp of the development of the case and the power relations in the region within such a short time. The centre would soon provide service, but there was no time to educate the community. The residents considered that the group would have little impact on the planning of the centre at that stage, and it was only a body to promote public relations or to counter the residents' protest movements. Therefore, it made the work more difficult by forming the group in such a late timing.

6.8.3 Regarding the composition of the group, initially, the leader of the protest movements and the District Officer of Kwun Tong District Office were not invited to join the group formally. This arrangement may have caused unnecessary misunderstandings. If the former has not participated, it would be difficult for the group to communicate with the residents. If the latter has not participated, many of the issues related to the Government departments could not be informed and facilitated. DH should be aware that the work of the group would compete with that of the District Office. If it has invited the District Officer to participate in the work of the group, it can create a win-win situation as a basis of cooperation. (Although the District Office has sent its officers to sit-in the meetings, it would be different because they are not regular members.) Fortunately, the Kwun Tong District Officer and the representatives of the protest movements joined the meetings one after the other and became regular members. They started to work on the case with other members of the group even though they did not have enough mutual trust. The group also invited the representatives of the KBHC Monitoring Group, which aims at monitoring in a rational manner, to the CLG. It is worth our compliment as the group allows different voices in the community to express their views and allows the Government to have the community well in hand.

6.8.4 As the members of the liaison group come from different fields, they are more independent, broad-minded and are not involved in local interests. The group can add in new perspectives in the discussion and provide objective opinions. The group can act as a balance between the views of the residents and the Government in front of the media. When performing its work, the group is benefited from its independence. For example, the group has independently commissioned the Department of Sociology of the Chinese University to conduct the Users' Opinions Survey - Kowloon Bay Health Centre & Nursing Home (19/6/99) and a survey on the people living with HIV/AIDS (24/6/1999). As the surveys are not conducted by the Government, the media and the public will find them more reliable. With its independent status, the group has also handled complaints lodged against the centre after the service was launched. The group invited relevant professionals to assist in measuring the noise and radiation level to decide if the complaints were grounded. As these tests were done independently, the residents would not have a cause to claim that the government officials protected each other. When handling the relationships with the media, Government departments, and the Legislative Council, the CLG members' expertise in law, medicine and public relations greatly enhanced the work. After the group was formed, it has urged DH to educate the residents about AIDS and the services in the centre through direct mail and road shows. The group has sent open letters to ask the residents to express their opinions in a rational manner and has subsequently initiated a joint signature action to support the staff of the health centre to continue to provide service to the patients. It has played a significant role in diminishing the momentum of the
protest movement. Unfortunately, the group all along did not have a right chance to call for a residents’ meeting in RG. The group members had tried to sit-in the “interdepartmental joint meetings”, but they were refused. It was obvious that the grievances in the community could not be settled in a short moment.

6.8.5 The presence of the group may relieve matters of urgency but a restructuring is necessary should it continue to serve the community in the future. The non-local members in the group may leave at the expiration of the term because these professionals are likely to have other engagements. As discussed in the community approach in this report, the Government should not treat the matter lightly even after service is launched in the health centre. It should handle the practical problems such as noises, and waste disposal carefully and should also continue to find chances to repair the relationship with the community, such as by organizing open days and free health seminars. The work should be participated and promoted by people in the district, while DH should also deploy manpower to enforce the work. Therefore, DH should consider forming a management committee of the health centre and nursing home composed mainly of people in the district.

6.8.6 As the scope of service of the health centre and nursing home covers the whole East Kowloon, the suggested committee should at least include the following people: representatives from DH, representatives from the integrated treatment centre of the health centre, representatives of the nursing home, District Board Member of RG, District Board Member of Kai Yip Estate, representatives from the Concern Group of the health centre, representatives from the Monitoring Group of the health centre, representatives from the AIDS service organizations in eastern Kowloon, representatives from the Union Hospital, representatives of schools near the health centre, representatives of the District Office and people outside the district who are concerned with the issue of AIDS.
This chapter discusses the participation of non-governmental organizations (NGOs) in the incident and the impact of the media's reports and comments on the incident. For the former, related work of the organizations is introduced and the views on how to handle the case are listened to. For the latter, if we want to know the impact of the mass media and put forward proper public relations strategies, we need to have thorough study on the operation of the mass media. It cannot be done in this study. In this chapter, reports and comments from three major newspapers on the incident will be analysed and some suggestions will be made.

7.1 Participation of Non-governmental Organizations

7.1.1 Rainbow of Hong Kong and Anti-discrimination Alliance

7.1.1.1 Rainbow of Hong Kong considers that the AIDS patients are always in a weak position in an environment where there is much inequality in power. The executive admitted that the starting point of participating in the incident was to highlight that the people living with HIV/AIDS were treated unequally. They also admitted that the organization used strategies that were provocative, but their aim was to stimulate discussion in the society.

7.1.1.2 Before the launch of the integrated treatment centre of the KBHC, the Rainbow of Hong Kong and Anti-discrimination Alliance put up banners in RG on June 20, 1999 and distributed educational leaflets about AIDS. They were stopped by over 100 RG residents. Both parties refused to give way and eventually the police came to the scene to settle the case.

7.1.1.3 The objective of the action was to let the public notice the discriminatory acts of the residents of RG through the media's report on the incident. It was to educate the public on anti-discrimination, and by giving pressure to the residents through the media, they hoped that the residents might restrain themselves in making harassment to the people in the centre.

7.1.1.4 The residents who participated in the obstruction considered that the actions of the two organizations were strongly provocative and blamed them for not making applications before distributing leaflets in private places, which meant they did not respect the residents. The residents considered that the actions done by the two organizations were just trying to draw media exposure and were totally unrelated to AIDS education. In particular, when two members of Democratic Party participated in the incident, they were considered as paving their way for their election and the action obviously had political motive. (See reports from U-Beat Magazine, March 2000)
7.1.1.5 In any case, the incident had extensive media coverage. The reports highlighted the residents' resistance to AIDS services, but did not blame that the actions of the two organizations as provocative.

7.1.1.6 The Anti-discrimination Alliance and the Rainbow of Hong Kong accused that the EOC, led by Dr Fanny Cheung at the time, was bureaucratic and was too insensitive to the incident. Representatives of the Rainbow of Hong Kong pointed out that some organizations had made complaints to the EOC as early as 1996 on the residents' obstruction to the construction of the health centre. However, the EOC at that time refused to pursue the case on the grounds that there was no clear target of complaints. Besides, the residents later put up allegedly vilifying banners and erected a command podium near the health centre, but the EOC all along had made no action. Concerning the issue of pressing charge on some of the residents of RG, the Rainbow of Hong Kong considered that the case had calmed down, but it did not mean that it was over. As the problem had not been solved completely, taking legal action against discriminatory acts might draw a clear line in the society. It could avoid the people from making the same mistakes in the future.

7.1.2 Hong Kong AIDS Foundation and the Hong Kong Coalition of AIDS Service Organisations

7.1.2.1 In as early as September 1995, when the residents were objecting to the building of the health centre, the Hong Kong AIDS Foundation ("HKAF") conducted a street-corner questionnaire survey in RG. It successfully interviewed 267 residents in the district, including 193 RG residents and 74 Kai Yip Estate residents. The report was released to the public in February 6, 1996. The report revealed that the residents had basic understanding of the transmission of AIDS, but they were still unclear to some concepts. The study also found that there was a gulf between the knowledge and attitude of the public. It meant that even people have knowledge in AIDS, it did not mean that they would accept AIDS patients. The HKAF then launched a public educational programme on AIDS in RG in 1996. Later, the residents' actions against the building of the health centre escalated. However, the blame was put to the Government's change in land uses and insufficient consultation but not on AIDS. It was difficult for the HKAF to intervene.

7.1.2.2 Since then, the HKAF did not participate in the incident in the name of the HKAF, but was substituted by the Hong Kong Coalition of AIDS Service Organisations ("HKCASO") (The HKAF is one of the member organizations to the HKCASO). In 1999, the HKCASO sent three groups of people to inspect the surroundings of the health centre. They were well prepared to take action and made complaints to the EOC if they were harassed. However, the staff had not come across such kind of situation.
7.1.2.3 The HKCASO kept on urging the EOC to intervene the case. It asked for the removal of discriminatory banners as soon as possible and stopped the residents from making harassment. However, it was only after the press report was made extensively on the case, the EOC started to intervene. Therefore, representatives from the HKCASO commented that the then EOC was too insensitive and too slow in action. It had not effectively taken preventive measures.

7.1.2.4 The HKCASO subsequently introduced the case to the Legislative Council. The LC formed a case conference on "complaints against misadministration of the Government in the discrimination case in the KBHC incident". It sought coordinated efforts from various government departments to solve the problem including specific problems such as the access rights of RG. However, until the end of that term of the Legislative Council, the Government was unwilling to put forward its legal opinions on the right of access in the meeting. As the conflicts around the health centre subsided, the HKCASO would have to withdraw from the incident due to disappointing response from the government and the lack of resources.

7.1.2.5 The Organisation considered that the resistance from the residents had not been stopped since 1995. During the construction of the centre from 1996 to 1999, the Government had all along been evading the problem. It had not made careful preparation for problems that might arise after the launch of the centre. For example, the Government had not promoted AIDS education in the community. The government departments took no initiatives in the removal of discriminatory banners. It was disappointing that these departments made excuses and evaded responsibilities. Moreover, although the Government had been successful in educating the public on AIDS through the means of deterrence, it had intensified the society's discrimination to people living with HIV/AIDS, and labelled them as having no regard for themselves and having casual sex. Therefore, the Government should revise its strategies on AIDS education. In addition, the Government's support to AIDS patients in the incident was highly insufficient. Many of the AIDS patients were very frightened when they were arranged to go to the KBHC for consultation. They were afraid that they would be scolded after the residents recognized them as AIDS patients. The discriminatory banners and slogans near the centre had brought much psychological threat to the patients. However, DH had not paid much attention to these problems. As a result, many patients asked for help from AIDS service organizations. The HKAF provided counselling service to these patients and accompanied them during their medical consultation in the centre.

7.1.2.6 During the course of participation, these service organizations were greatly limited by their lack of resources and power. They did not have a proper status to participate in the incident as well. To take this incident as an example, as the organizations' resources and manpower were limited, they could not participate for a long time. Besides, as voluntary organizations, they did not have the statutory power to ask the public bodies or Government departments to take relevant actions. They could just put pressure on them. As the residents did not recognize their role, they could only participate to a limited extent. For example, the HKAF could not enter RG to
promote AIDS education in 1999, it could just do that at the nearby community like Telford Gardens.

7.1.3 The Hong Kong Council of Social Service (HKCSS)

In view of the fact that some of the staff of the Nursing Home of the Centre resigned during the protest movements in the community in October 1999, the CLG initiated a signature campaign to support the staff of the Health Centre and the Nursing Home to continue to provide services to the patients. At last, it received signatures from over 4,000 individuals and over 100 groups. The success of the action lied on the efforts of the HKCSS to contact each service organizations. Moreover, City Telecom also provided free website services to allow the public to sign on the web. Apart from as a move to encourage the centre staff, it also sent a strong signal to the residents that many groups and citizens were asking them to have respect for the patients and staff. All protest movements must be reasonable.

7.2 Media Reports and Comments

7.2.1 Social Movement and the Media - the scholars who study social movement generally believe that to achieve the objective of the movement, the first thing to do is to get the attention of the media so that the objective can become part of public agenda. As the public's attention to social issues is limited, it is essential to keep incessant reports and comments from the media. Moreover, in order to gain public support, the social movement should provide a "frame" of interpretation to the incident so that the public will know the meaning of the movement. If the frame is close to the core value of the society, it can win public support easily. On the other hand, if the frame is rather different from the core value, the social movement should put more effort in public education. It can by no means be fruitful within a short time. Therefore, the movement against the building of AIDS facilities should construct a frame acceptable to the society and skillfully make it known to the public through the media.

7.2.2 The Change of the Frame of Protest - As people in Hong Kong society increasingly asks for democratic participation and transparency in government policy, during the initial period of the incident (1995-96), the residents mainly used the "protest against the Government's lack of consultation" as the frame of the action. It was generally accepted by the media. In particular, the frame of the action was further legitimised when the Office of the Ombudsman confirmed that the residents' complaints were justified. Although the residents adopted radical actions, or even conflicts involving violence, the blame was put to the authoritarian nature of the Government. Most of the media did not accuse the actions of being too radical. Under the pressure from public opinions and the District Board, the Government reconciled by moving the location of the health centre 25 metres away, but insisted on the construction project. When the centre completed in 1999, there was an obvious change in the frame of the protest movement. It changed from the emphasis of insufficient consultation to the detrimental effect of the centre to the health of the residents nearby. The target of the protest actions became the staff and the patients. This frame might coincide with the fear and dissatisfaction of the residents, but it did no good to mobilize residents' "open" support and sympathy from other people in the society. As a result, the protest movement was criticized by the media.
7.2.3 The Reason for the Change of Frame - there are several possibilities: (1) the strategy of accusing the Government of insufficient consultation failed to compel the Government to withdraw the AIDS clinic. The residents could only resort to the strategy of directly targeting on AIDS; (2) as the Government insisted on building the centre, many residents had no more interest in joining the protest movement and they withdrew. The remaining core members wanted to use new strategies to remind the residents to join the movement again; (3) the number of supporters of the movement had decreased gradually. In a condition of great disappointment and pessimism, the subsequent actions were not strategic actions but were mere vent of their emotions. As the number of core member decreased, the decision making process became simple and easier to adopt radical actions; (4) as the incident gained the sympathy of the media in 1995, the residents were not careful in the approach of passing messages to the media. However, after several years, the public only had scanty impression on the incident. Due to the change of personnel in the media, which was a common feature in Hong Kong media, the reporters or editors in the media who had sympathy on the protest movement might have resigned. The protest movement should not continue by assuming that it could secure sympathy from the media as they did in the past. On the contrary, if the Government or the health centre could manage the relationship with the media, there was a possibility that the public opinions would be totally different from that in several years ago.

7.2.4 The Change of the Frame of Report - even when the press did not make any comments through their editorials, the headline and style of their reports would also affect the attitude of the public on the incident. Below were some of the reports on the incident from three major local newspapers, namely, the Apple Daily, the Oriental Daily News and Ming Pao. It clearly demonstrated a change of stand of the reporters and editors of the press:

7.2.4.1 The Apple Daily

• 3/10/95 The headline was "DB agreed that the RG residents' objection is justified, the AIDS clinic should be shelved"

• 30/4/96 When the conflicts between the residents and the police was reported, the media did not blame the residents of using violence in the protest. On the contrary, it reported that the residents blamed the Government for not making consultation.

• 29/7/96 The headline was "800 RG residents go for a demonstration to object the building of primary health care centre"

• 23/9/96 The headline was "300 RG residents go for demonstration and petitions, bringing with them cynical cartoons and slogans"

• 15/9/99 The headline was "The RG residents frightened the patients passing by". It began to report the protest in a negative tone.
7.2.4.2 The Oriental Daily News

- 11/8/95 The headline was "The AIDS clinic is disgusting to the public; the Government and DB members evade responsibilities"

- 5/2/96 The headline was "Protest from the RG residents may escalate to object to the building of the integrated clinic in the district"

- 27/4/96 The headline was "If the Government is so obstinate as to refuse moving the clinic, the RG residents will go on a prolonged hunger strike"

- 30/5/96 The headline was "The RG residents go to the Government Headquarter for a petition in day time and march for a demonstration under the rain at night time to protest against the Government’s obstinate act."

- 10/10/96 The headline was "The RG residents block the cement truck from entering the construction site and resulted in seven injuries"

- 12/5/99 The headline was "The residents blame the government for neglecting public opinions after their three years of fruitless protests. The KBHC will soon open." The Oriental Daily News still sympathized with the residents in the report.

- 15/9/99 The headline was "RG residents' driving out the passers by may have breached the deed of mutual covenant. The EOC needs to investigate the matter for 8 weeks. Transportation is arranged to pick up the staff. "The residents block the way but the police fail to protect the passers by. The head of the nursing home sigh that it is difficult to walk passed and go to take the transport." The report said the residents claimed that the Government neglected public opinions, but they targeted against the innocent patients and staff.

- 16/9/99 The headline was "Government removes the command podium of RG as unauthorized structure. It is disgusting to drive out the passers by". The report clearly showed little sympathy to the protest movement.

7.2.4.3 The Ming Pao

As distinct from the above press, Ming Pao’s report has all along been critical to the protest movement. It is particularly obvious just before and after the launch of the centre.
• 28/5/96 The headline was "The RG incident has turned to an anti-discrimination dispute".

• 7/5/99 The headline was "The health centre in RG will soon open, its staff are being blasphemed". It was the earliest report of the harassment suffered by the centre staff before the launch of the centre. The most special about the report was that three residents were filmed outside the centre to "admonish" the staff. The report pointed out that to intimidate other is a criminal offence. This report has drawn the other media's attention to the incident.

• 4/6/99 The headline was "The protest movement escalates and the staff of the health centre are encircled. The parent of a District Board Member is harassed by the residents of RG"

• 17/6/99 The headline was "The discriminatory banners are not removed. The Government departments evade responsibilities. The concern group for AIDS blamed the Government for incompetence."

7.2.5 The Difference in Reports Before and After - During the years 1995-96, the focuses of the report were: the Government changed the land uses; the health centre was situated too close to the residential areas that might affect the health and nearby environment of the residents; detailed report of the residents' accusation of the Government being too imperious. The reports described in detail the intense protest actions of the residents but they were descriptive in nature and seldom passed any judgement on whether the actions were discriminatory. The focus of the reports after 1999 switched from the policy level to some concrete problems, especially the nuisance caused by the residents to the centre staff and patients. It seemed that the issue of Government's misadministration and lack of consultation were over. Only a few newspapers that were sympathetic to the residents, like the Oriental Daily News, still mentioned these arguments. Other press might consider that they were of little news value, or they were not reported because the journalists were not clear about the genesis of the event. The residents' acts of nuisance were filmed. The discriminatory banners and slogans were all over the street. With our emphasis on images more than words in the media today, these images created a very negative impression of the residents' actions on the minds of the public. When the press reported on the protest movements, they used the wording "discrimination" frequently. When the reports mentioned the Government, the focus of the reports changed from criticizing the government of being indifference to public opinions in the past to not adopting effective measures (such as removal of the banners and command podium) against the discriminatory acts of the residents. To confirm this observation, we could examine the editorials of these newspapers to see how the media disliked the protest movement in its later stage.

7.2.6 Accusation from the Editorials and Public Opinions

7.2.6.1 Apple Daily - In the editorial in June 26, 1999 on "Discrimination is more frightening than AIDS", it pointed out that AIDS like the other diseases, was not associated with immorality. In fact, there was nothing fearful for those patients who received treatment. In the report, it pointed out that the patients were miserable enough but discrimination against misfortunate people was even more frightening.
7.2.6.2 Oriental Daily News - there were two editorials. The first was "It takes three years to remove the 'command podium'" on September 29, 1999. The article accused the Government of incompetence and democracy was abused through the incident. It considered that it was mainly because the Government was not decisive enough that the protest command podium could stay for three years before it was removed. The editorial stated that after Hong Kong's return to China, "democracy lost control". In a society where democracy was immature, democracy "intensified grievances and conflicts from the people and resulted in populism." It considered that the Government should adopt a brave approach to "rebuild the power of the Government" and suggested that legal action should be taken against the residents who made troubles. The second editorial was "civil affairs cannot be solved and the conflicts have increased grievances from the people" printed on November 26, 1999. It criticized that the Government departments were "powerless" after re-unification. It also pointed out that the Government departments evaded responsibilities in removing the banners. It also directly accused the Home Affairs Department of "having no ways out in handling the civil conflicts happened in the society. Not only were they unable to offer solution, they were also incapable in making mediation".

7.2.6.3 Ming Pao - two editorials were published. The first was "Discriminatory resistance contradicts the spirit of equality" published on May 28, 1996. It was the first editorial that blamed the protest movement as discriminatory acts. It considered that both "the ideas and acts of discrimination should be condemned by the public". It urged the residents to end the protest actions. The article stated that it was understandable that the residents were taking their self-interests into consideration, but it was "a small principle". The medical need for the 500,000 residents in Kwun Tong District was the "big principle". "Small principle should yield to the big principle". The article commented that the residents' dissatisfaction towards the Government was just part of the reasons of their protest. The more important reason was their worries towards the provision of AIDS service in the clinic. The editorial encouraged the residents to pay high regard to the basic rights of the people living with HIV/AIDS. It considered that the incident was intensified mainly because the Government "fails in its promotion in AIDS education" and it urged the Government to "change the worrying trend of discriminating minority group in the society". The second editorial was "Avoid the spread of the bacteria 'discrimination'" published on May 8, 1999. It was the first editorial published just before the launch of the centre. The article pointed out that the residents strongly objected to the building of the centre three years ago because of discrimination. However, three years later, some of the residents still held their discriminatory attitude. If the discrimination "bacteria" spread, it would have extremely serious consequences in the society. The editorial urged the EOC and the law enforcement authorities to adopt decisive actions to prohibit the residents' discriminatory acts.
7.2.7 The immediate cause for the media condemning the protest movement at the later stage

7.2.7.1 The role of the CLG of the health centre - A "media and professional group" was set up under the CLG responsible for media contacts, newsletter publication, communication with the residents and handling all medical and legal matters. The responsibilities were taken up by the scholars, lawyers and doctors in the liaison group. The professional group found that the residents began to make harassment to the staff outside the centre before the service launch of the centre. It was estimated that there would be a new round of protest actions when the service was launched officially. The professional group had contacted some AIDS service organizations and prepared to publish articles in the readers’ comments section of the press when the protest began. It was hoped that these articles might bring discussion in the society. When the group contacted Ming Pao Forum, it talked to the editors on the residents' nuisance problem. Then the press made the first report on the incident. Although the sales of Ming Pao are less than Apple Daily and Oriental Daily News, the readers are from higher education background and may have much effects on the "opinion leaders" who are influential in the society. However, the professional group did not make such arrangements on purpose for Ming Pao's report, the group mainly prepared information of news value within their plans (such as to investigate the patients and AIDS patients). The group could hold press conference at any time to gain sympathy from the public (for example, the group held a press conference to announce the survey results of the AIDS patients the day after the residents resisted the removal of the banners.) Besides, the group sent representatives to attend interviews in phone-in radio programmes and debated with the residents in the air. It was very important to gain the public's support. The presenters of the phone-in programmes had strongly accused the residents of making harassment to the centre staff and users at least several times. However, the media had their own rules when they chose their stands. The more important question was whether the frame of protest movement matched with the core social value. The professional group tried to provide the media with information in favour of the health centre and hoped that it would gain the attention from the society to minimize the radical acts of the residents. If the incident was completely handled by the Government, some officials' arrogant attitude in front of the media might soon dissipate the public's sympathy to the centre.

7.2.7.2 The poor public relations strategies of the protest movement - the number of participants of the protest movement at the final stage dropped drastically. It was led by a group of middle-aged housewives and it lacked the core members who had communications with the media. When Ming Pao first reported the residents' acts of harassment and subsequently published an editorial condemning the residents for discrimination, the residents were then suspicious or even hostile towards the press. The residents had never held press conference to explain their requests and arguments in detail. They did not make detailed planning every time they had contacts
with the media. They were filmed on occasions such as when they "admonished" the staff outside the centre; they stopped the users of the centre from gaining access to Kai Yip Estate through RG; they scolded the officials in the interdepartmental meetings; they blocked the removal of the banners by the government departments. It created an image of "a small group of irrational residents who discriminated against the AIDS patients". As the media made negative reports, the residents started to scold the reporters (especially the cameramen) or even wanted to remove the film from the reporters' cameras. The media could experience the irrational acts of the residents and it was hard for them to sympathize on the protest movement. Certainly, according to paragraphs 7.2.2 and 7.2.3, the crux of the question was that the frame of the movement changed from "protesting the undemocratic government" to "the clinic affects the health of nearby residents". The public believed that the fear was ungrounded (especially when the CLG had conducted a series of tests) and it was just the minority interests of the RG residents. Even if the residents of RG agreed with this new frame, it was difficult for them to direct against AIDS service openly in the name of minority interests. In 1995, the old frame united a large number of residents and District Board members. Even if their actions were radical, they could still gain sympathy from the society. The new frame not only failed in uniting the residents, it also led to the accusation of the District Board Member of Kai Yip Estate to the protest movement. With the lack of support from the masses, the movement naturally lost support from the public opinion when it pushed further for more radical actions by making harassment to the staff and the patients.

7.2.7.3 The role of other bodies - led by a new chairperson, Ms Anna Wu, the EOC adopted a much stronger stand toward the incident by pointing out clearly that some of the protest actions might have breached the Discrimination Ordinance. This head-on approach had certain impact on the formulation of public opinions. Composed of the residents of RG, the emergence of the "Health Centre Monitoring Group" which emphasized rational approach, also highlighted that the mainstream protest movement in RG is irrational. At least, the radical residents could no longer claim themselves as representatives of the entire RG. According to a producer of one of the radio phone-in programme, the core members of the protest movement were too emotional during their conversation that the producer found it difficult to let these members to be guest speakers in the programme. On the contrary, as the representative from the Monitoring Group could sensibly express his views, he was invited to attend the programme. Moreover, the AIDS education promoted by the Rainbow of Hong Kong and the Anti-discrimination Alliance though were provocative, but they had successfully highlighted the residents as irrational and discriminatory in front of the media.
7.2.7.4 The rules of the media - to attract reports from the media, apart from keeping good relations with the media through frequent contacts, it was more important to provide valuable information or dramatic scenes for the media. Before and after the service launch of the centre, the residents were involved in a series of dramatic scenes in the media, however, they did not simultaneously provide persuasive arguments or valuable data to influence the media to deal with these intense images positively. Representatives from the Government, the health centre, and CLG just needed to give an image of being humble, restraint, rational or even as a victim, it would create a stark contrast with the image of the residents of being radical, irrational and threatening. In addition, the liaison group could provide testing and research data to the media, it helped gain sympathy from the public. Judging from the reports and editorial, Ming Pao, with readers of high educational level, had clear stands to support the rights of the people living with HIV/AIDS. The sales volume of Apple Daily and Oriental Daily News were the highest, they had the greatest impact to the general public. From the analysis of Apple Daily’s editorials, the newspaper expressed sympathy and support towards the people living with HIV/AIDS. However, Oriental Daily mainly blamed the Government for being weak and incompetent towards populism. Its stand towards AIDS was rather ambiguous.

7.2.8 The function of media reports - the frequent reports made and condemnation from the editorials would create an obvious effect as follows:

7.2.8.1 The condemnation from the public would impair the movement from development. Some residents were also afraid that their radical acts would be filmed, so they became more restrained. On the contrary, if it gained the support from the public opinions, the residents would not be afraid of launching radical actions.

7.2.8.2 The stand of the EOC was ambiguous at the initial stage of the incident. The extensive coverage of the press had also compelled the EOC to adopt a more pro-active approach towards the incident. Similarly, under the public pressure, the District Office had to coordinate with other government departments to remove the discriminatory banners and illegal command podium as soon as possible. If there was no support from the public, the removal action would be difficult to implement.

7.3 Conclusion and Recommendations

7.3.1 If non-governmental organizations are duly coordinated, their participation will have positive impact on promoting the society to accept AIDS service facilities. However, as there is a shortage of resources, most of the AIDS service organizations cannot carry on community education for a long time. The role of DH in this respect cannot be replaced. Moreover, some of the antagonistic strategies adopted by non-governmental organizations may intensify the residents’ emotions of resistance. If there is a way to ease the residents’ dissatisfaction through communication and persuasion, the CLG (much better than through DH) should maintain tacit agreement with these non-governmental organizations, to avoid taking the “anti-
discrimination action" too early. However, if communication turns out to be a failure, these organizations' anti-discrimination actions may gain the media's support on the AIDS facilities. Lastly, the CLG can also contact the non-governmental organizations concerned with AIDS to publish articles in the press, to organize signature campaign, and to organize activities in the health centre to support AIDS service.

7.3.2 The media's report and editorial has great impact on the protest movement. DH should pay attention to the following if it wants to win public support for the AIDS service: (1) it should always maintain good relationship with the media; (2) during the protest from the residents, the officials should maintain a humble, restraint, rational or even a victim image in front of the media and avoid an arrogant attitude; (3) it is better for the CLG which has neutral stand to speak for the health centre to increase credibility; (4) in order to hold press conference at any time to respond to the protest movement, the authorities or CLG should conduct research as soon as possible so that the press has figures to report to. They include public opinion poll, safety test, similar experiences from overseas and etc. (5) some press have firm stands on anti-discrimination. DH should communicate with the reporters and editors of these newspapers and provide them with detailed information. It is hoped that it can influence the editorials and the approach of reports, or at least assist the press to make special reports on the topic.
8.1 Selection of Sites

8.1.1 To minimize resistance from the community nearby, the Government may consider building AIDS treatment facilities in public housing areas or more diversified communities. Although there are discrepancies between the findings of the study on which class of people has stronger NIMBY syndrome, it is obvious that the communities comprised of lower class people have less chance of resistance from building these facilities. The problem is that if these facilities are located in lower-class slum areas, it may lead to a stigmatisation effect on these facilities. People may believe that those who use the facilities are poor or people with complicated backgrounds. It will intensify the discrimination towards AIDS. Fortunately, compared to the public housing in the West, many of the public housing in Hong Kong have rather decent environment that may minimize the stigmatisation effect. If this suggestion is considered as unfair to certain class of people, the Government can locate the AIDS treatment facilities in commercial/residential areas or in areas with many existing social/governmental facilities to make the residents less sensitive to the facilities. In the present case, the KBHC is built near a middle-lower class residential area. The other planned government and community facilities have not been built, it can easily arouse resistance from the residents.

8.1.2 When the public has not fully accepted AIDS, the treatment facilities should keep a reasonable distance from the residential areas. This study recommends one or two blocks away. Of course DH should insist that the location of AIDS facilities should be close to the community where the patients live, but it should also take into consideration the psychological response of the nearby residents. Therefore, the Health and Welfare Bureau should communicate with the Planning Department as soon as possible and consider the distance factor when selecting the location of similar facilities in the future.

8.2 Facilities

AIDS facilities that are of small size, attractive exterior and being harmonious with the exterior of residential buildings, and could spare space for community activities will be more easily integrated into the nearby communities. However, the concept of primary integrated treatment is implemented in Hong Kong now. Apart from providing AIDS treatment service in the health centre, other services like the out patient service will also be provided. Because of this concept, it has enlarged the health centre, and has apparently increased the difficulties for it to integrate into the community. Notwithstanding these difficulties, the provision of different services will also lead to an effect that the AIDS treatment service will not be singled out. In sum, the concept of integrated treatment is worth our support, as the residents will have less resistance to the centre if they need to go to other departments for treatment.
8.3 Consultation

8.3.1 As the society demands transparency in Government decisions, the methods adopted by DH in the past to make consultation in a low profile manner may not meet the present needs. The Government should communicate with the District Board openly during the conceptual stage of the health centre, but not until the funding stage when the District Board was consulted. If the authorities refuse to revise the plan on the ground of avoiding delay, it will lose the real meaning of consultation. Hong Kong is becoming more democratic, the Government should prepare for the public’s demand for more participation in the planning process. The DH should set down guidelines for the process of consultation on the planning of sensitive facilities.

8.3.2 The DH should establish "management committee" for similar health centre as soon as possible to ensure direct communication with local leaders and residents. In the initial period when the management committee is established, the non-local people can participate. However, in the long run, it should mainly compose of people in the district. The management committee should have the right to understand the details of the planning of the centre. Apart from minimizing suspicions and resistance from the community, it can also offer constructive opinions. The committee can also assist the DH in educating the residents and make direct communication with them such as holding residents’ meetings and the centre's open day. The committee can assist in soliciting opinions and handling complaints from the residents.

8.3.3 It is in an advantageous position if meetings can be held to allow direct conversation with the residents to clarify misunderstandings and improve communication. However, this type of meetings should be planned carefully. Apart from the procedures and agendas, which the residents may not follow, it is most important to find more moderate and rational residents to join the meeting and give a proper chance for them to speak. The Chairman of the meeting should also be calm and rational. He should be able to exercise appropriate authority to ask the attndants to provide evidence when they express their opinions. This can avoid the meeting from turning into an occasion for merely releasing grievances. If the meeting is open to the media, the residents will tend to be more cautious when they speak. Do not believe that the protest will be minimized if the residents are allowed to vent out their grievances. If the officers from the District Office have the same understanding and capability in organizing the meetings, they will be the best choice. Otherwise, the DH should hold the meeting through its own management committee.
8.4 **Education**

8.4.1 In the areas of education and promotion, DH is faced with a dilemma of prevention and acceptance. If it reminded the public of the danger of AIDS, it can prevent the disease from spreading, but the public will tend to reject the people living with HIV/AIDS, as they are regarded as highly dangerous people. Hong Kong has been quite successful in the control of AIDS, but it is still very important to strengthen preventive education, as AIDS has gradually spread in the Mainland, and contacts between the two places are very frequent. In order to solve this dilemma, this report recommended that the authority concerned should promote "message differentiation" to different target audience. The AIDS service organization should focus promotion of the prevention of disease among "highly dangerous groups" (such as the travellers, sex workers and etc) but it should focus on promotion of acceptance in the community near the AIDS treatment facilities. Certainly, Hong Kong is a densely populated society, the two messages may have interference with each other. To achieve the effect of message differentiation, the authorities should intensify the tailor-made message among the target audience.

8.4.2 In order to promote acceptance, the authorities should end the stigmatization towards AIDS through promotion and education. Firstly, it should break the label of AIDS as it distorted the reality. In regard to the master traits of the label which positions the people living with HIV/AIDS as the dying patients, the promotional programmes should convey a message to the public that many people living with HIV/AIDS can work and live like normal people if they are under proper treatment. They should not be rejected or deprived of their rights to integrate into the community. Words and languages affect our mind set (try to consider how from "idiot" to "mentally challenged" and from "a hooker" to "a sex worker" may have affected the public perception of those groups). How "people living with HIV/AIDS" is translated in Chinese by free translation is important.

8.4.3 Regarding the three auxiliary traits in the label of AIDS, this report has the following recommendations:

8.4.3.1 "Highly dangerous" - to promote education on the transmission of AIDS and to emphasize that the virus will not spread under normal social contacts (including in restaurants, schools and communities)

8.4.3.2 "They have only themselves to blame" - firstly, let the public understand the background of people living with HIV/AIDS in Hong Kong and their reasons for contracting the disease. The cases of housewives infected by their husbands and children infected within their mothers' womb can effectively break the stereotype of AIDS patients. Secondly, educate the public to accept homosexuality as an alternative life style that will not lead to moral and health problems. Thirdly, even if some people infect the disease because of their personal behaviour such as casual sex and taking drugs, it should educate the people to have more understanding and...
sympathy on these people. Fourthly, the religious leader should educate the believers that the disease may not be punishment from God.

8.4.3.3 "Having negative impact on youngsters' moral standard" - on the one hand, the authorities should inform the public that the drug addicts are only tiny minorities among the people living with HIV/AIDS in Hong Kong. On the other hand, it should tell positively the experience of the people living with HIV/AIDS to struggle against the disease through reports or artistic creation. Let the parents be aware that some courageous people living with HIV/AIDS can be a role model of the youngsters. The AIDS service organization should actively promote the care for AIDS among the youngsters to make their parents less negative towards AIDS.

8.5 Legal Aspect

8.5.1 The Government should consider amending the present laws to initiate a mechanism to provide direct link between the EOC and the court. The EOC should be empowered to process the case even if no one makes complaints. It should also be given a power to request the court to announce that certain objects or acts are vilifying or discriminatory. The announcement should carry legal effect and should be compulsory for relevant Government departments to assist in prohibiting the acts.

8.5.2 As many of the people living with HIV/AIDS are afraid of revealing their identity, they are not willing to make complaints. The Government should consider giving power to the EOC to initiate prosecution even if no complainants step forward.

8.6 Relations between the non-governmen organizations and the media

8.6.1 Liaise with the non-government organizations of AIDS services as soon as possible. It will be favourable to the promotion of education in the community and to the provision of services. During the protest movement, these groups can publish articles or statements in the media or even adopt anti-discrimination activities. However, the above work should be better coordinated to give full effect.

8.6.2 The media reports and comments are decisive in solving the problem of resistance from the community. When facing community resistance, the officials should be humble, restraint, rational or even as a victim in front of the media, and avoid arrogant manners. It is best to have the people of neutral stand to speak in the meeting to increase credibility. Conduct relevant studies to allow the news media to have data to make reports. As some newspapers have firm stands on anti-discrimination, the authorities should maintain good communication with the reporters and editors in these newspapers.
8.7 Establishment and Arrangement of Manpower

8.7.1 Manpower should be deployed to implement the consultation, liaison and education as mentioned above. The establishment in the DH should make necessary arrangements.
In November 2001, The Equal Opportunities Commission commenced legal proceedings against three defendants on behalf of five plaintiffs, on ground of discrimination. In the following months, Mr Hau Shui-pui, BBS chairman of Kwun Tong District Council and I worked closely to negotiate an out-of-court settlement. Written apologies were received from two defendants in January 2002. A month later, the plaintiffs decided not to proceed further against the remaining defendant, as harmonious community relations had already been restored.

Looking back, the dispute had lasted for over six years. It's gratifying to see that eventually many people, agencies and the society at large have learned from the incident. The respect for human dignity is a lesson for all. This has not been possible without the courageous acts of the complainants and the defendants. The complaints had been lodged not to increase conflicts in the community or to seek personal remedies but to bring out important principle - the principle that persons with HIV/AIDS should be able to live in our community harmoniously and free of fear, pressure or discrimination. By making the apologies, the two defendants fortified the same principles and their belief of a harmonious community, where there is mutual support and respect for everyone. Their courage in shouldering social responsibilities reminded us of the true meaning of equal opportunities, and how humble we all are as inhabitants in the human society.

Rev Chu Yiu Ming
April 2002
### Appendix 1 - Chronology of Events in the KBHC

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>The Planning Department designated the present site as G/IC. (ASDC 1 Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>1985</td>
<td>The RG units were sold.</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>The Planning Department devised the first statutory Outline Zoning Plan in East Kowloon. The present site of KBHC was designated as the site for G/IC. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>1987-88</td>
<td>Kwun Tong District Board was informed that the present site of KBHC would jointly develop a neighbourhood community centre and a general clinic. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>03-1990</td>
<td>The Social Services and Welfare Committee of Kwun Tong District Board received a paper on the revision of the land uses of the present site in KBHC. It stated that the project on the Kowloon Bay clinic had been designated as an independent project at that stage. The project was monitored by the Social Services and Welfare Committee of Kwun Tong District Board. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>The Government had considered expanding the Kowloon Bay clinic. It intended that the clinic project would be merged with the nursing home project. The concept of primary health care centre and nursing home in Kowloon Bay took shape and was accepted by the then Health and Welfare Branch. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>The primary health care centre and nursing home project in Kowloon Bay was approved by the Finance Committee. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>03-95</td>
<td>The Government consulted the Social Services and Welfare Committee of Kwun Tong District Board on the primary health care centre and nursing home project in Kowloon Bay. The Members agreed unanimously. (ASDC Discussion Paper, Oriental Daily News 14-08-95)</td>
<td></td>
</tr>
<tr>
<td>07-95</td>
<td>The primary health care centre and nursing home project in Kowloon Bay was approved by the Finance Committee of LC, and it was upgraded as Category A project. (ASDC Discussion Paper, Apple Daily 11-08-95)</td>
<td>The residents of RG came to know the KBHC project when discussing issues in the district with a LC candidate. They started to express their objection to the project. They were worried about the spread of the AIDS virus and the impact of the centre’s development on the environment. (ASDC Discussion Paper)</td>
</tr>
<tr>
<td>18-07-95</td>
<td>The clinic project was upgraded to Category A project of the Public Works Programme. The Government decided to build the primary health care centre and nursing home project in Kowloon Bay near Block 21 and 22 of RG. (The Investigation Report of the EOC’s Report on Case Study of Kowloon Bay Health Centre)</td>
<td></td>
</tr>
<tr>
<td>08-95</td>
<td>Some 11,970 residents of RG signed and objected that the Government built an integrated health clinic near Block 22 (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>10-08-95</td>
<td>The owners of RG held residents' meetings. They strongly objected to the building of the primary health care centre and nursing home project in Kowloon Bay near the residential areas. The Legislative Councillor Mrs. Elsie Tu had attended the meeting and promised the residents to send letters to the Planning Department the next day to object to the above project. (Apple Daily 11-08-95)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>20-08-95</td>
<td>The spokesman of the DH said that the integrated health clinic was built according to the population growth and the demand from the community. The plan had been studied in detail and it fully matched with the population in the district and the needs of social development. It was believed that the residents objected because of insufficient knowledge of venereal diseases and AIDS, therefore the plan should not be withdrawn, nor part of the clinic's service should be cut (Tien Tien Daily 21-08-95)</td>
<td></td>
</tr>
<tr>
<td>25-08-95</td>
<td>The residents of RG petitioned to the Governor and objected to the Government from building a clinic including an AIDS treatment centre too close to the residential area (Oriental Daily News 28-08-95)</td>
<td></td>
</tr>
<tr>
<td>02-10-95</td>
<td>The District Board passed a motion to urge the Government to stop building the health care centre at the present site, and substitute it with a site for leisure opposite to the Kowloon Bay Sports Ground. Miss Helen Tang, the Assistant Secretary for the then Health and Welfare Branch said, the Planning Department needed to conduct feasibility studies for relocation, and re-introduced the plan to the Finance Committee of LC for approval. It was estimated that the project would be delayed for at least two years. The residents of RG petitioned to the Kwun Tong District Board to protest against the Government for building a clinic including the AIDS treatment centre near residential areas without consultation of the public. (Major press 03-10-95)</td>
<td></td>
</tr>
<tr>
<td>18-10-95</td>
<td>The Government decided to build a primary health care centre at the site near Block 22 of RG (Major press 19-10-95)</td>
<td></td>
</tr>
<tr>
<td>12-95</td>
<td>The Government announced that the health centre would move 25 metres southward slightly away from RG. The Lands Department was aware that banners were put up on the crown land. It held several meetings with Kwun Tong District Board for discussion.</td>
<td></td>
</tr>
<tr>
<td>04-12-95</td>
<td>The District Board asked the Government to re-locate the centre for the second time.</td>
<td></td>
</tr>
<tr>
<td>01-96</td>
<td>The unauthorized command podium was erected in Kai Yan Street near the entrance of RG (The Investigation Report of the EOC’s Report on Case Study of Kowloon Bay Health Centre)</td>
<td></td>
</tr>
<tr>
<td>05-02-96</td>
<td>The District Board asked the Government to re-locate the centre for the third time.</td>
<td></td>
</tr>
<tr>
<td>04-02-96</td>
<td>The residents of RG made a demonstration around the estate. They were dissatisfied with the Government to build an integrated clinic at the site of the schools and community centre (Oriental Daily News 05-02-96)</td>
<td></td>
</tr>
<tr>
<td>12-03-96</td>
<td>The residents of RG made a sit-in all night protest outside the Central Government Office against the building of the clinic. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>04-96</td>
<td>The land of the present site of the KBHC was transferred to the contractor for construction. The project was expected to complete in 1997. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>17-04-96</td>
<td>The residents of RG protested in the Planning Department and the Housing Department against the building of a health centre including the AIDS treatment centre near the home ownership estates. (Oriental Daily News 17-04-96)</td>
<td></td>
</tr>
<tr>
<td>29-04-96</td>
<td>The residents of RG protested at the site of the clinic project and objected that the Government built a clinic including an AIDS treatment centre near residential areas. They had conflicts with the police and some people were injured. The police opened the way for the contractors with four squad cars of special duty unit for the workers to enter the site. (Major Press 30-04-96)</td>
<td></td>
</tr>
<tr>
<td>08-96</td>
<td>The Owners Committee of RG set up a &quot;Kowloon Bay Clinic Concern Group&quot; composed of RG residents, to concern the negative impacts of the clinic to the residential areas nearby. The convenor of the group was Mr. POON Chun Yuen, a RG resident.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>10-96</td>
<td>A resident of RG complained to the Office of the Ombudsman on behalf of the Concern Group, claiming that the then Health and Welfare Branch had not fully consulted the residents. The Ombudsman published findings of its investigation. It considered that the complaint was founded. (The investigation report of EOC)</td>
<td></td>
</tr>
<tr>
<td>14-10-96</td>
<td>The construction work began eventually. The residents had tried to stop the project. They protested against the abuse of force by the police. The protest movement was held in the Home Affairs Department, the Architecture Department, the Police Headquarter and the Central Government Office.</td>
<td></td>
</tr>
<tr>
<td>19-01-97</td>
<td>The residents of RG demonstrated outside the Legislative Council in Central, and asked for addressing the concerns of the residents on building the integrated clinic. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>18-02-97</td>
<td>The residents of RG petitioned to Princess Alexandra to object the Government from building a clinic including AIDS treatment centre near residential areas. (ASDC Discussion Paper)</td>
<td></td>
</tr>
<tr>
<td>01-98</td>
<td>The residents of RG made a strike outside the Legislative Council Building.</td>
<td></td>
</tr>
<tr>
<td>03-98</td>
<td>The residents of RG established a mechanism for communication &quot;the interdepartmental joint meeting for the clinic project&quot;. The Architectural Services Department, the Environmental Protection Department, the Police, the Urban Services Department and DH started to hold regular meetings with the residents (In an open letter to the residents of RG on April 10, Mr Poon Chun Yuen, the convenor of the KBHC Concern Group claimed that the mechanism was set up after they had sent letters to the Chief Executive. It was not mentioned in the letter that who would be the coordinator of the mechanism.)</td>
<td></td>
</tr>
<tr>
<td>04-99</td>
<td>The residents obstructed the staff of the Architectural Services Department from erecting signage on the centre. The Government tried to remove the banners, but the residents put up the banners again after the building was transferred to the DH.</td>
<td></td>
</tr>
<tr>
<td>10-04-99</td>
<td>Mr Poon Chun Yuen, the convenor of the KBHC Concern Group issued an open letter to the residents of RG, and restated that they had always been striving for the reasonable interests of the residents.</td>
<td></td>
</tr>
<tr>
<td>05-99</td>
<td>The Secretariat of the CLG applied to the management office of the RG several times to hold exhibitions at public area in RG to introduce the service of the centre and promote AIDS education. However, the management office all along rejected the applications of the group on the grounds that approval had not been obtained from the Owners Committee.</td>
<td></td>
</tr>
<tr>
<td>04-05-99</td>
<td>To understand the worries of the residents and to build up communication with them, DH set up the CLG of KBHC and Nursing Home.</td>
<td></td>
</tr>
<tr>
<td>07-05-99</td>
<td>The EOC was concerned with the KBHC staff being vilified.</td>
<td></td>
</tr>
<tr>
<td>19-05-99</td>
<td>The CLG and the Owners Committee of the RG met Mr. Poon Chun Yuen and invited him to join the liaison group. Mr. Poon reflected the dissatisfaction and worries of the residents of RG in the meeting, but had not clearly stated if he would like to join the group. Subsequently, on May 28, he said that he did not mind attending the meeting of the liaison group.</td>
<td></td>
</tr>
<tr>
<td>25-05-99</td>
<td>The EOC sent staff to the nursing home of KBHC to understand the situation. The EOC staff explained to the nursing home's staff the protection covered in the Disability Discrimination Ordinance and encouraged them to complain to the EOC when they had any grievance. (Minutes of the first case conference of the LC)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>26-05-99</td>
<td>The general out patient clinic of the KBHC launched its service. The response of the residents was not as intense as expected. They just sat down outside the centre alternatively and talked about the matter. Some residents were dissatisfied with those who went to consult doctors. (Apple Daily). The out patient unit staff were obstructed by the residents after they went off duty and walked passed RG. (Major press)</td>
<td></td>
</tr>
<tr>
<td>27-05-99</td>
<td>Led by the Chairman of the Owners' Committee, a group of residents of RG rushed into the Nursing Home, claiming that they would inspect the hygienic condition of the nursing home. (Investigation Report of the EOC) The EOC went to the general out patient clinic of the KBHC for inspection. The EOC staff learnt from the staff of the clinic the harassment they encountered, explained to them the Disability Discrimination Ordinance, and encouraged them to complain if they had grievances. (Minutes of the first case conference of the LC)</td>
<td></td>
</tr>
<tr>
<td>28-05-99</td>
<td>The EOC held meetings with the Police Department, the DH, Kwun Tong District Office and CLG of the health centre to discuss the actions taken against those who might have breached the above Ordinance, and agreed that the vilifying banners should be first removed. (Minutes of the first case conference of the LC)</td>
<td></td>
</tr>
<tr>
<td>01-06-99</td>
<td>A group of the elderly living in Kai Yip Estate went for a visit in the out patient clinic. They were obstructed when they left and walked passed RG. (Ming Pao)</td>
<td></td>
</tr>
<tr>
<td>02-06-99</td>
<td>The CLG held the second meeting. To understand the worries of the some of the residents on the safety of the living environment. Mrs TSO WONG Man-yin, Director of Radioisotope Unit, the University of Hong Kong (HKU) was invited by the group to conduct independent radiation testing in KBHC. Dr. LO Wing Lok, the vice-chairman of the Medical Association of Hong Kong also promised to conduct an independent testing for the control of communicable diseases for the KBHC (Minutes of the second meeting of the CLG) Mrs. TSO WONG Man-yin, Director of Radioisotope Unit, HKU went to the KBHC to conduct the first measurement of radiation. Grace AU's DB Members Office was posted with notices stating that the residents and patients complained about the harassment by the RG residents and requested them to handle the KBHC incident rationally.</td>
<td></td>
</tr>
<tr>
<td>03-06-99</td>
<td>The EOC contacted Mr. POON Chun Yuen, Chairman of the Owners’ Committee of RG and explained to him that although the residents had the right to object to certain policies of the Government, the action must be lawful. It should not interrupt the services provided for the disabilities or disturb the disabled or those who provided services to them. The EOC asked Mr. POON for assistance to allow the EOC to organize educational activities for the residents of RG. However, Mr. Poon had not made positive reply. (Minutes of the first case conference of the LC)</td>
<td></td>
</tr>
<tr>
<td>04-06-99</td>
<td>The EOC dispatched promotional pamphlets to the users of the health centre to explain to them the application of the Disability Discrimination Ordinance, and it urged those who had been discriminated to ask for help from the EOC. The EOC sent letters to the Director of Urban Services Department and asked the Department the first issue to handle was to remove vilifying banners.</td>
<td></td>
</tr>
<tr>
<td>06-06-99</td>
<td>Dr. Fanny Cheung, the Chairman of EOC warned the residents of RG that they should not disturb the operation of the KBHC.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>07-06-99</td>
<td>The KBHC Concern Group made a serious statement that it was dissatisfied with the Government because the Government built the health centre near residential areas. It also strongly condemned a DB Member in the district for defaming the residents of RG. The EOC sent letters to the management office of RG for the first time to confirm that they had not stopped the staff and users of the health centre from walking pass RG, and advised them if they knowingly allowed the condition of discrimination to continue in regard to the use of the walkway, the management office might need to bear legal responsibilities according to the provisions of the Disability Discrimination Ordinance.</td>
<td></td>
</tr>
<tr>
<td>08-06-99</td>
<td>The CLG sent an open letter to the neighbours in East Kowloon to explain the background in setting up the group and respond to the worries of the residents and urged the residents to care the patients. The Advisory Council on AIDS and the Hong Kong Coalition of AIDS Service Organizations (&quot;HKCASO&quot;) had an informal meeting to reflect their views on the KBHC incident.</td>
<td></td>
</tr>
<tr>
<td>11-06-99</td>
<td>The Legislative Councillors originally intended to go for a visit in the KBHC, however, the visit was cancelled because of emergency matters. It was postponed to July 13.</td>
<td></td>
</tr>
<tr>
<td>13-06-99</td>
<td>The EOC organized seminars and exhibitions about the Disability Discrimination Ordinance and introduced the work of the EOC. On the day, the residents of RG and Kai Yip Estate had attended.</td>
<td></td>
</tr>
<tr>
<td>14-06-99</td>
<td>The CLG held the third meeting. To assess the impact of the RG incident on the users of the centre. Dr. Chan Kin-man reported to the group that, as per the group's request, the CUHK had conducted two surveys. The targets were general users of the health centre and the HIV/AIDS patients who were receiving DH's treatment service. Service launch of the Student Health Centre.</td>
<td></td>
</tr>
<tr>
<td>16-06-99</td>
<td>The EOC sent letters to the management office of RG for the second time to confirm that they had not stopped the staff and users of the health centre from walking pass RG. It advised them if they knew the condition of discrimination regarding the use of the walkway and allowed that to continue, the management office might need to bear legal responsibilities according to the provisions of the Disability Discrimination Ordinance. The EOC announced in the press conference that the EOC decided that a temporary office would be set up in the health centre to hold exhibition and assist the people who had grievances. The HKCASO petitioned to the First Lady and asked to treat the people living with HIV/AIDS equally. The EOC asked the Urban Services Department to remove the banners of the KBHC.</td>
<td></td>
</tr>
<tr>
<td>17-06-99</td>
<td>Mrs. TSO WONG Man-yin, Director of Radioisotope Unit, HKU conducted radiation measurement in KBHC for the second time. Dr. LO Wing Lok, the vice-chairman of the Medical Council of Hong Kong visited KBHC. Mrs. Chan, a resident of RG requested that, after the radiation diagnosis unit launched services, the centre should send people to conduct radiation measurement annually. The EOC sent an open letter to the public about the residents of RG making harassment to the KBHC staff. It pointed out that the acts of some of the residents of RG may have violated the Disability Discrimination Ordinance and urged the residents to stop all the acts of discrimination towards the centre staff.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>20-06-99</td>
<td>The Anti-discrimination Alliance and the Rainbow of Hong Kong sent more than 10 representatives to RG to put up exhibition boards and dispatched promotional leaflets about AIDS. More than a hundred residents tried to stop it. Both parties did not give way. Eventually, the police came to make settlement. The EOC received complaints about the banners put up outside the centre's door. The wordings of the banner were suspected of vilifying the disabled. Ming Pao reported that the CLG of the KBHC and Nursing Home commissioned the Department of Sociology, CUHK to conduct a Users' Opinions Survey - Kowloon Bay Health Centre &amp; Nursing Home. The findings showed that 75% of the respondents said that they objected to the harassment the residents of RG brought to the patients. Moreover, in a survey conducted by HKU on discrimination, half of the respondents agreed the EOC to prosecute discriminatory acts. However, nearly half of the respondents also objected to set up a health centre with AIDS and venereal diseases treatment services near their homes. (Ming Pao) The HKCASO formed an anti-discrimination group and distributed leaflets to promote anti-discrimination consciousness in the society.</td>
<td></td>
</tr>
<tr>
<td>21-06-99</td>
<td>The EOC set up a temporary office in the general out-patient clinic at the ground floor of KBHC to receive complaints about discrimination.</td>
<td></td>
</tr>
<tr>
<td>22-06-99</td>
<td>The Government decided to remove the discriminatory banners outside the door of the KBHC. The representatives of the Concern Group of KBHC protested outside the door of the Central Government Office, and submitted a petition to the Chief Executive. They asked the Government to open new access, to improve noise pollution, hygiene, and to give effect to the promises to build communal facilities and restated that they had not discriminated against the AIDS patients and asked for apology from authorities.</td>
<td></td>
</tr>
<tr>
<td>23-06-99</td>
<td>The staff of the Urban Services Department intended to remove the discriminatory banners outside the KBHC before official launch of service of the treatment centre for AIDS and venereal disease. However, they were stopped by the residents of RG and conflicts started between them. Eventually, such banners were removed.</td>
<td></td>
</tr>
<tr>
<td>24-06-99</td>
<td>The KBHC Concern Group called for the fifteenth regular meetings with the representatives of Government departments. In a press conference about the protest from residents of RG against the service launch of the KBHC, the CUHK released the Users' Opinions Survey - Kowloon Bay Health Centre &amp; Nursing Home. The report showed that 20% of the AIDS patients did not dare to go to the centre for outpatient service. (Major Press) The residents of RG complained that the garbage in KBHC was not properly managed.</td>
<td></td>
</tr>
<tr>
<td>25-06-99</td>
<td>With the launch of the integrated treatment centre on venereal diseases, AIDS and skin diseases, some opponents continued to stay outside the centre. Several of them had once tried to &quot;visit&quot; the clinic, and fortunately no conflicts had occurred. (Apple Daily) The CLG made applications to the Owners' Committee on July 4 to use the public area in the estate to promote the knowledge of AIDS and the concept on how to treat the AIDS patients. The Owners' Committee rejected the application after the meeting. The Police Department, DH and the EOC reached agreement to arrange a CID to station the health centre to maintain order. (Minutes of the first case conference in the LC)</td>
<td></td>
</tr>
<tr>
<td>26-06-99</td>
<td>A group of residents of RG who were dissatisfied with the radical way of making protest formed the Monitoring Group of the KBHC. It emphasized that it should handle the case of the KBHC in a mild and rational manner. Mr. William Liu Lung Fu was the convenor of this group. The HKCASO petitioned to seven Legislative Council Members.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>27-06-99</td>
<td>The HIV/AIDS patients drafted an open letter to express regrets to the protests from the residents of RG against the establishment of the clinic. They also requested the Government to investigate into the case of RG and to learn from the RG incident.</td>
<td></td>
</tr>
<tr>
<td>29-06-99</td>
<td>Service launch in the X-ray diagnosis centre. Some 15 Kwan Tong District Board Members visited the KBHC. The members of the Monitoring Group of the KBHC protested outside the doorway.</td>
<td></td>
</tr>
<tr>
<td>06-07-99</td>
<td>The CLG held the fourth meeting. In the meeting, the group members decided to send letters to the Director of Planning Department to ask the Government to open up a pedestrian path for the users and centre staff to go to the Kai Yip Estate bus station. However, the Planning Department rejected on the grounds of insufficient land. The group members decided to invite Mr. William LIU Lung Fu the convenor of the Monitoring Group of KBHC to sit in the liaison group meetings. Mr. POON Chun Yuen, the Chairman of the Owners' Committee of RG said through the secretary of the CLG that he would accept DH's invitation to join the liaison group. The Monitoring Group of KBHC sent letters to the CLG to ask for communication with its group members to reflect the residents' opinions on KBHC.</td>
<td></td>
</tr>
<tr>
<td>07-07-99</td>
<td>Mrs. TSO WONG Man-yin, Director of Radioisotope Unit, HKU published the X-ray diagnosis centre radiation monitoring report for KBHC, it showed that radiation in the X-ray diagnosis centre and the rooms nearby conformed to ICRP radiation protection standard under normal circumstances.</td>
<td></td>
</tr>
<tr>
<td>08-07-99</td>
<td>In a temporary office set up by the EOC in the health centre, a total of 29 enquiries and a complaint about vilifying slogans were received. The EOC investigated into the complaint.</td>
<td></td>
</tr>
<tr>
<td>09-07-99 and 12-07-99</td>
<td>The Environmental Protection Department carried out noise testing at Block 22 of RG, which was the closest block to the centre.</td>
<td></td>
</tr>
<tr>
<td>13-07-99</td>
<td>The LC held the first case conference on the &quot;RG incident&quot;. In the meeting, the Members discussed on the discriminatory banners put up by the residents before and after the service launch of the KBHC and the residents' obstruction to the centre users and staff who walked passed RG and discussed on the contingency procedures. The CLG held the fifth meeting. In the meeting, some members felt that the current incidents of harassment had got the attention from the society. Several bodies felt that the medical staff worked hard day and night. The incident would affect the staff's morale, so they initiated the signature campaign to express concern to the incident.</td>
<td></td>
</tr>
<tr>
<td>15-07-99</td>
<td>Rev CHU Yiu-ming, the Chairman of CLG sent letters to the officers of the Planning Department to ask for opening up a new path for the staff and users of the KBHC.</td>
<td></td>
</tr>
<tr>
<td>23-07-99</td>
<td>The CLG held the fifth meeting. The group was aware of the results of noise testing conducted by the Environmental Protection Department and said that the decibel from the noises of the centre had not exceeded the standards.</td>
<td></td>
</tr>
<tr>
<td>26-07-99</td>
<td>The Planning officers made a reply to Rev CHU Yiu-ming, Chairman of the CLG that it would affect the overall development of the schools nearby in the future if new roads were built. It had consulted related departments on the proposal.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>05-08-99 to 06-08-99</td>
<td>DH held a &quot;Know more about AIDS&quot; exhibition held in the Choi Hung MTR station.</td>
<td></td>
</tr>
<tr>
<td>21-08-99</td>
<td>The KBHC organized an open day, hoping that the public could increase their acceptance towards the centre through more contacts.</td>
<td></td>
</tr>
<tr>
<td>02-09-99</td>
<td>The CLG held the sixth meeting. 4 residents of RG intruded in the conference room and asked for sit-in. They did not only shout in foul languages, but also refused to leave. The police were called to the scene and the residents left after warning. (Investigation Report of the EOC) The meeting was forced to change to September 28 at a new venue of the DH office in the Hospital Authority building</td>
<td></td>
</tr>
<tr>
<td>03-09-99 to 06-09-99</td>
<td>Some staff from the health centre was stopped by the residents of RG and the security guards to enter the area of RG on the grounds that they trespassed in private property. Subsequently, the police came to the scene and made investigation. A RG resident complained that she was attacked when she stopped a reporter from taking photos. Police from Ngau Tau Kok station investigated into this incident and the reporter was asked to give testimony on Oct. 4.</td>
<td></td>
</tr>
<tr>
<td>06-09-99</td>
<td>At 10 pm, a female staff from the EOC secretly accompanied 11 female staff of the nursing home who went off duty at this time to leave the centre. When these female staff went close to the command podium, the people gathered in the podium stood up immediately and tried to stop them from entering. A small group of people then surrounded these ladies and shouted to them in foul language. When the ladies walked on, they were stopped and surrounded again at the taxi station near the RG. At this moment, there was an incident happened about a reporter and a cameraman. This group of ladies then withdrew to the entrance and they dispersed. When the police came to the scene, they brought the reporters, cameraman and the EOC staff to the Ngau Tau Kok police station. (Investigation Report of the EOC)</td>
<td></td>
</tr>
<tr>
<td>07-09-99</td>
<td>The police and the staff from the health centre held a meeting. (Minutes of the second case meeting in the LC) Grace AU of the Provisional Urban Council sent letters to Mr. Y K Au, SSP of the Sau Mau Ping District Commander. She complained that the staff of the KBHC was harassed but the police had not followed the case closely as they wished to settle the issue peacefully.</td>
<td></td>
</tr>
<tr>
<td>08-09-99</td>
<td>The staff of the health centre said that the resident of RG had used some intimidating wordings when they were asked to leave after they had intruded in the venue of the conference on September 2. The Ngau Tau Kok Police Station investigated into the allegation and consulted the Secretary for Justice. The Police Department met the manager of the RG property management office to explain and restate the legislation and rule of law in Hong Kong.</td>
<td></td>
</tr>
<tr>
<td>09-09-99</td>
<td>The Planning officer replied Rev CHU Yu-ming on the access problem. As the size of the schools built near the KBHC was smaller than the standard, it was therefore impossible to allocate land to build a new path for the staff and users of the KBHC to use.</td>
<td></td>
</tr>
<tr>
<td>13-09-99</td>
<td>The CLG sent a second open letter to the residents in RG and the neighbours in East Kowloon to report the current work of the group and the findings of different environmental testing. When a lady left the health centre with her daughter, they intended to walk back home through RG, but they were intercepted and scolded by the residents and security guards. The two were unsuccessful in asking for help from the police, so they could only go by a roundabout route. (Oriental Daily News)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>14-09-99</td>
<td>Regarding the KBHC incident, the EOC published a press release to announce a series of actions to handle the deadlock. (The EOC's press release) The police held meetings with the representatives of the residents of RG (Minutes of the second case conference in the LC) Rev CHU Yiu-ming, the Chairman of CLG sent letters to the Planning officer again to understand why the Government built schools that do not conform to the standard. Mr. Y K Au, SSP, the Sau Mau Ping District Commander replied Grace AU, Member of the Provisional Urban Council that it had increased manpower in Kowloon Bay for patrolling. It would also maintain close contacts with the centre and provide suitable assistance.</td>
<td></td>
</tr>
<tr>
<td>mid September</td>
<td>The EOC started a case study on the KBHC incident.</td>
<td></td>
</tr>
<tr>
<td>17-09-99</td>
<td>Grace AU sent letters to the Mr. HUI Kei On, Commissioner of Police to express that they were dissatisfied and suspicious of the ways and attitudes in which the Sau Mau Ping police station handled the incident concerning the residents of RG making harassment to the centre staff and users.</td>
<td></td>
</tr>
<tr>
<td>18-09-99</td>
<td>The Lands Department posted notice outside the KBHC at midnight and asked the residents of RG to remove the unauthorized structures within one week. The notice disappeared the next day. (Major Press)</td>
<td></td>
</tr>
<tr>
<td>20-09-99</td>
<td>In the press conference, more than 10 Kwun Tong Provisional District Board members condemned that the problem of harassment had not been solved since the incident of KBHC had developed and it tended to get worse. It considered that the departments concerned had not tried their best to handle the case. After the meeting, the District Board members went to visit the health centre and were scolded by the residents of RG. (The Sun) Some 17 Kwun Tong Provisional District Board members signed a joint statement condemning the authorities for not handling the KBHC incident properly. (Sing Tao) Rev CHU Yiu-ming, the chairman of CLG sent a letter to Ms Anna Wu, the Chairman of the EOC and asked for help regarding unfair treatment of the staff and users of the KBHC. He asked the EOC to form a joint meeting immediately and invited relevant Government departments to discuss the possible ways to settle the case. Rev CHU Yiu-ming of the CLG sent a letter to HUI Kei On, Commissioner of Police and asked for assistance about the unequal treatment to staff and users of KBHC.</td>
<td></td>
</tr>
<tr>
<td>22-09-99</td>
<td>Kwun Tong Fight Crime Committee (&quot;FCC&quot;) members criticized that the police were too lenient towards the demonstrators of the KBHC incident. Kwun Tong FCC and provisional District Board members Grace AU and Francis TANG proposed a motion, asking for a discussion on &quot;how the police handle the interference the residents brought to the KBHC&quot;. (The Sun)</td>
<td></td>
</tr>
<tr>
<td>26-09-99</td>
<td>Ms Anna WU, the new EOC Chairperson, said the EOC would consider helping the complainants to prosecute against the residents of RG. The Concern Group of the KBHC published an open letter to the residents of RG complaining that the media had distorted the protest movement. The letter also gave its own account of the incident which was widely covered in the media recently. The Owners' Committee made a statement and apparently distinguished itself from the small group of RG residents who took radical actions in the protest. (Investigation Report of the EOC)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>28-09-99</td>
<td>The CLG called for the sixth meeting. It reported in the meeting that the Planning Department had replied on the building of the walkway that there would be no space in building a path near the centre. The staff from several Government departments removed the command podium, but the residents of RG continued to erect the protest banners in the same location. (Records of meeting)</td>
<td></td>
</tr>
<tr>
<td>30-09-99</td>
<td>The EOC sent a letter to the Director of the Home Affairs Bureau, asking the Government to consider in priority the amendment of legislation. This would enable the EOC to ask the court to announce injunction.</td>
<td></td>
</tr>
<tr>
<td>04-10-99</td>
<td>The LC held the second case conference regarding the &quot;RG incident&quot;. In the meeting, relevant departments reported the progress of their work and discussed the ways to handle the complaints of the residents of RG on the nuisance made by the health centre. The EOC proposed that the Government should amend the legislation to allow the EOC to initiate prosecution against suspected discrimination even when no one made complaints. This was to resolve the problem of those people who gave up their rights to complain even if they were treated unequally because they did not want to reveal their identity. (Ming Pao)</td>
<td></td>
</tr>
<tr>
<td>08-10-99</td>
<td>Ms Anna Wu, the Chairperson of the EOC, replied to Rev CHU Yiu-ming, the Chairman of the CLG to inform him of the progress of how the KBHC incident was handled. She also mentioned that the EOC would fully support the work of the CLG.</td>
<td></td>
</tr>
<tr>
<td>09-10-99</td>
<td>The CLG also obtained support from the social service organizations such as the HKCSS to launch a signature campaign to show support to the centre.</td>
<td></td>
</tr>
<tr>
<td>08-10-99</td>
<td>The CLG made a statement in Ming Pao and the Oriental Daily News on the &quot;RG incident&quot;. It initiated a signature campaign to express their concern and support to the centre staff, and urged the Government to solve the worries of the residents.</td>
<td></td>
</tr>
<tr>
<td>11-10-99</td>
<td>The Director of Planning Department replied to Rev CHU Yiu-ming, the Chairman of CLG that the possibility of providing an additional path for the users of the KBHC facilities was low because the resources were limited.</td>
<td></td>
</tr>
<tr>
<td>14-10-99</td>
<td>The EOC stated in a press release that it would actively investigate into the complaint on the &quot;RG incident&quot; and would take legal actions if necessary.</td>
<td></td>
</tr>
<tr>
<td>27-10-99</td>
<td>Rev CHU Yiu-ming, the Chairman of the CLG sent a letter to the Secretariat of the Department of Justice for a legal advice on the issue of access to the RG. Rev CHU Yiu-ming, the Chairman of the CLG sent a letter to Mrs. Fanny Law, the Director of Education to ask for assistance to provide a path linking Wang Chiu Road and the KBHC.</td>
<td></td>
</tr>
<tr>
<td>28-10-99</td>
<td>The EOC sent a letter to the Home Affairs Bureau again to explain in detail why it asked the Government to amend the legislation.</td>
<td></td>
</tr>
<tr>
<td>07-11-99</td>
<td>The Transport Department placed a scheduled minibus station outside the KBHC. The KMB also agreed to re-arrange three routes to Mongkok, Tsz Wan Shan and Tsim Sha Tsui so that the buses would go pass the health centre. However, it required the approval from the Transport Department and the District Board. (Oriental Daily News, Investigation Report of the EOC)</td>
<td></td>
</tr>
<tr>
<td>09-11-99</td>
<td>The CLG held the 7th meeting. Many signatures had been collected from various channels since the signature campaign started. The group were considering if a statement of joint signature would be published in a press later.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>15-11-99</td>
<td>The LC held the third case conference on the &quot;RG incident&quot;. In the meeting, the issue of access to the public places in RG was discussed. Some of the residents of RG had refused the staff and patients of the KBHC from using the walkway and facilities of the estate. But the EOC had sought legal advice, it was implied that the public facilities in the estate could be used by the public. If some residents prohibited only the centre staff or patients to use these facilities, it was a discriminatory act. It had been suspected of violating the Discrimination Ordinance. (Oriental Daily News)</td>
<td></td>
</tr>
<tr>
<td>17-11-99</td>
<td>The minibus company placed a station outside the health centre.</td>
<td></td>
</tr>
<tr>
<td>25-11-99</td>
<td>The EOC published a study report on the case of the KBHC after nine weeks' study. It had interviewed over 200 centre staff and users. The report criticized the Kwun Tong District Office and several Government departments including the Health and Welfare Bureau, the Planning Department and DH.</td>
<td></td>
</tr>
<tr>
<td>29-11-99</td>
<td>The CLG published a joint-signature statement in Ming Pao. More than four thousand people and over 100 organizations had signed to support the statement.</td>
<td></td>
</tr>
<tr>
<td>17-12-99</td>
<td>The CLG held the 8th meeting.</td>
<td></td>
</tr>
<tr>
<td>30-12-99</td>
<td>The LC held the 4th case conference on the &quot;RG incident&quot;. In the meeting, the legislators and related departments discussed the access problem of the KBHC.</td>
<td></td>
</tr>
<tr>
<td>25-01-00</td>
<td>The CLG held the 9th meeting.</td>
<td></td>
</tr>
<tr>
<td>22-02-00</td>
<td>Rev CHU Yiu-ming, the Chairman of the CLG sent a letter to the Honourable Szeto Wah, the Legislative Council member again, asking for a meeting with him and the members of the ad hoc group. Rev CHUYiu-ming, the Chairman of the CLG sent a letter to the Director of Home Affairs, asking for a meeting with him to reflect the opinions of the residents of RG on the KBHC and discuss further actions.</td>
<td></td>
</tr>
<tr>
<td>29-02-00</td>
<td>The CLG held the 10th meeting.</td>
<td></td>
</tr>
<tr>
<td>02-03-00</td>
<td>The acting Director of Home Affairs sent a reply letter to Rev CHU Yiu-ming and stated that arrangement had been made for the meeting.</td>
<td></td>
</tr>
<tr>
<td>18-04-00</td>
<td>The CLG held the 11th meeting.</td>
<td></td>
</tr>
<tr>
<td>17-05-00</td>
<td>The LC held the 5th case conference on the &quot;RG incident&quot;. In the meeting, the legislators and relevant departments continued to have discussion on the access problem of the KBHC.</td>
<td></td>
</tr>
<tr>
<td>01-06-00</td>
<td>The CLG held the 12th meeting</td>
<td></td>
</tr>
<tr>
<td>08-06-00</td>
<td>The LC held the 6th case conference on the &quot;RG incident&quot;.</td>
<td></td>
</tr>
<tr>
<td>13-07-00</td>
<td>The CLG held the 13th meeting.</td>
<td></td>
</tr>
<tr>
<td>18-09-00</td>
<td>The CLG held the 14th meeting. It visited the Red Ribbon Centre before the meeting and discussed with representatives of the major AIDS service organizations on the AIDS issue in Hong Kong.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2 - The Map in the Prospectus of the Richard Gardens

1) Swimming pool
2) Tennis court
3) Shopping Centre of the Richland Gardens
4) Intended Site for Secondary School
5) Intended Site for Community Centre
6) Intended Site for Primary School (A)
7) Intended Site for Secondary School (B)
8) Kindergarten/childcare centre/commercial mall
9) Playground
10) Kai Yip Estate
11) Kai Tai Court
12) The new minibus station
13) The new route
14) Taxi station
15) Wang Kwong Road
16) Wang Chiu Road
Appendix 3 - A List of Members of the CLG of the KBHC and the Nursing Home:

Rev. CHU Yiu-ming (Pastor of Chaiwan Baptist Church)
Prof. CHAN Kin-man (Associate Professor, Department of Sociology, CUHK)
Mr. Herman TANG Wai-chung (Solicitor)
Dr. Stephen NG Kam-cheung (Doctor and the Chairman of Hong Kong Human Rights Monitor)
Mr. CHAN Wing-kai Voluntary Secretary of Hong Kong Asthma Society
Mr. KO Chun-wa Social Work Supervisor, Caritas Community Centre
Ms. AU Yuk-har Kwun Tong District Board member
Mr. Poon Chun-yuen Kwun Tong District Board member and the Chairman of Kowloon Bay Health Centre Concern Group
Mr. William LIU Lung Fu The representative of the Monitoring Group of the health centre
Mr. NGAN Shek-chuen Richland Gardens resident
Ms. LI Po-moon Superintendent Alice HO Mui Ling Nethersole Nursing Home
Representatives of Kwun Tong District Board
Representatives of DH

Correspondence address: DH Kowloon Regional Office, 1/F Hospital Authority Building, 147B, Argyle Street, Kowloon.

Fax: 2311 7537 Tel: 2199 9111
Appendix 4 - New Location of the Proposed Kowloon Bay Health Centre

A = Original site
C = New Site proposed by KTDS
B = Kowloon Bay Police

Kowloon Bay Park
Kai Tak Recreation Ground
Kai Yip Estate
Kwun Tong Road
Kai Tak Road

Main Train Railway,
Comprehensive Developing Area

Kowloon Bay
Kai Lok Street
Kung Yip Road
Kai Tak Road

Polyclinic & nursing home
Kowloon Bay Recreation Ground

Original site
Neat Site proposed by KTDS

71
Appendix 5 - The Roads from the Kowloon Bay Health Centre to the nearby Community
The Medical Services Intended by the Department of Health for Kwun Tong District

1. Kowloon Bay Clinic

According to the initial plan, the Kowloon Bay Clinic was a general out-patient clinic. However, with a change in the community's needs, the development of the primary health care centre and the improvement of the elderly service, the scope of the plan had extended to a polyclinic and nursing home for the elderly. The Department had arranged for the plan to be upgraded to a Category A project in 1995. The expected date of completion was the end of 1997.

The Provision of Services

(A) General out-patient clinic
Primary health services are offered to the residents of Kwun Tong District, including the primary medical service and health education.

(B) The Student Health Services Centre
The student health services centre (Phase II) will be extended to services for the secondary students. It is one of the centres designed for Phase II student health services centre. The student health services include regular physical check for secondary and primary students in order to know the health problem at the earliest time. In addition, it also provides health counselling and health education services. This service will keep full health record for the students in order to provide a continuous nursing service.

(C) Day-time Treatment Centre for Skin Diseases and Chronic Diseases through sexual contacts (including the human immunodeficiency virus infection)
The Centre provides integrated clinic services for the patients, including health education, counselling, treatment and support services. The patients may receive all kinds of services in the centre. They do not need to go to different places.

(D) The Integrated X-ray Centre
The Centre provides X-ray services to the patient of general out-patient clinic, specialist clinic and other organizations under DH.

(E) Nursing Home for the Elderly
The nursing home for the elderly has a total of 200 bedspaces. It provides nursing services for the elderly in the district. It also provides accommodation services for those elderly who have not been fully taken care of in the elderly home because of their health conditions while they do not need intensive medical and nursing services. It is part of the nursing home plan in the Governor's Policy Address in October, 1993.
II. Reservation of Sites

In addition, three sites have been reserved for the development of a clinic if necessary.

Department of Health
March 1995
The Study Project In Charge:

Dr. CHAN Kin Man

Associate Professor, Department of Sociology,
The Chinese University of Hong Kong
Shatin, N.T., Hong Kong

Tel: 2609-6610

E-mail: kmchan@cuhk.edu.hk

The English version of this report is translated by Ms Melissa LEE Kit Ying