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WP4 (Taiwan) Civil Society Engagement Report

Focus Group Interview with frontline health professionals, November 30, 2024

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Civil Society Engagement Report: Focus Group Interview with frontline health professionals, November 30, 2024

As part of our Civil Society Engagement, the WP4 Taiwan team conducted three focus groups that aimed to understand the three social groups who had been disproportionately affected by the pandemic governance in Taiwan: frontline health professionals, pilots, and quarantined people. Our first focus group interview - with frontline health professionals who were involved in decision-making at various institutions - was held on November 30, 2024, in Taipei.

The participants were a former chief of a municipal public health center, a doctor from the department of infectious disease at a medium-sized regional hospital, a former medical staff at Taiwan Centers for Disease Control (CDC), and a health and welfare officer at a medical college. Although they were from different institutions, they shared common concerns about pandemic prevention measures, revealing the problems of pandemic policy-making and government bureaucracy.

Pandemic measures lacking accommodations for special needs

Participants elaborated on many examples of how strict COVID measures that generally lacked accommodations for people who had special needs caused hardship and suffering. Except for emergencies, all surgeries were postponed, even during times when there were no community transmissions. For example, a patient broke his leg and needed surgery. Because he tested positive, he was isolated with his broken leg hanging in a sling. No surgeries could be scheduled until his test turned negative. At the early stage of the pandemic, no family members were permitted to accompany infected individuals and close contacts. Children who tested positive, even at a very young age, were mandated to be isolated without company when receiving medical treatment. Even though the measures were later eased to permit one caregiver to accompany children tested positive, parents were often also quarantined separately and unable to take care of their children. To prevent transmission, pregnant women contracting COVID-19 were subjected to cesarean section regardless of medical necessity, and mothers were separated from their newborns immediately after delivery. In general, the psychological trauma and stress suffered by quarantined persons were largely overlooked by the policy makers when “zero-COVID” was the top priority.

Transition chaos compromised access to medical care

Bureaucratic inertia, poor communications and slowness in responding to changing circumstances can contribute to tragedies. In the spring of 2022, community transmissions grew rapidly, making it impossible to maintain the resource-intensive policies that were only feasible when there was no large-scale community transmission. People with symptoms were still told to first report to local public health centers through their physicians and wait to be sent to a hospital via dispatched ambulances or quarantine taxis. However, such measures were no longer sustainable with the uptick in cases. Despite having had 2 years to prepare for the transition from zero-COVID to widespread community transmission, the Central Epidemic Command Center (CECC) did not promptly adjust relevant measures, nor did it adapt or lift the penalties for violations. For example, people with symptoms would be fined if using other means of transportation to visit the hospital, when in reality the ambulances and quarantine taxis capacity were maxed out. The loss of a two-year-old boy was illustrative of this disarray. When the boy developed life-threatening symptoms, as 119 lines for calling ambulances were all occupied, his mother had sought help by calling 1922, the “Communicable Disease Reporting and Consultation Hotline.” Although the CECC had constantly advertised 1922 as a communication channel, it failed to clarify that the hotline lacked any authority to lodge a complaint or to dispatch ambulances. All these contributed to a delay of medical assistance and the boy passed away in the hospital after 6 days. It wasn’t until after this case that the CECC relaxed the rules and permitted patients in need of medical assistance to go to hospitals on their own.

Frontline struggles under disorganized command system

In the focus group, it was noted that the CECC did not have a well-functioning command system, especially at the early stage of the pandemic. Far from using the experiences learned from prior disaster management, the CECC did not establish a centralized office to facilitate coordination between different government agencies. The policy-making process lacked regular meetings and was often conducted through private messaging apps, and there was no consolidated procedure to speed up the issuance of official documents. Instead, policies were announced through infographics in the CECC daily press conference, often bypassing the procedural requirement for the issuance of legally

binding regulations and orders that affect private rights. The CECC's daily press conference had been seen as an example of Taiwan's effective communication during COVID-19. However, the ad hoc decision-making process and the disorganized command system often put front-line health workers in a difficult situation: they learned about new measures at the same time as the general public and were unable to respond to the vast amount of requests that arrived soon after an announcement was made in the press conference.

Police involvement in COVID measures caused privacy and accountability concerns

The manpower was insufficient to fulfill the need for the exhaustive measures including contact tracing and quarantine enforcement. During this period, both municipal staff and the police were tasked with contact tracing and distributing quarantine notices because the CECC continued to require detailed contact tracing at the community transmission stage. Especially problematic for public health workers is that contact tracing work is largely based on trust and persuasion. Under the zero-COVID policy (from January 2020 to October 2022), contract tracing has become akin to crime investigation, making people feel that they were treated as criminal suspects. Police could access CCTV, driving records of taxis, and later, cellphone-based venue check-in records (1922 SMS check-ins), raising concerns about privacy and social stigmatization. As contact tracing results might lead to mandatory quarantines or fines, the involvement of both municipal staff and the police force also created ambiguity in accountability. When individuals sought legal remedies, they often had difficulties identifying which authority issued administrative dispositions that restricted their freedoms.

Frontline burnout and the sense of futility

During the pandemic, the Taiwanese government had constantly made claims both internationally and domestically that it was well prepared and often ahead of the game. Nevertheless, from the perspectives of frontline health workers, the actual pandemic response was more chaos than the claimed preparedness. Committed to protecting people's health and battling against the pandemic, frontline public health workers were generally willing to carry out the daunting tasks the government's COVID responses imposed on them. However,

many of them ultimately burned out, with the feeling that their sacrifice was not worthwhile - i.e. the government failed to make good use of the time hard-earned by frontline health workers and the cooperation of citizens to prepare for the inevitable transition from zero-COVID to widespread community transmission. The turnover rate of nurses rose sharply to 12.61% in 2023, while the vacancy rate nearly doubled to 9.05%, marking the most severe wave of resignations in the past three decades (The Reporter, 2024/12/18).