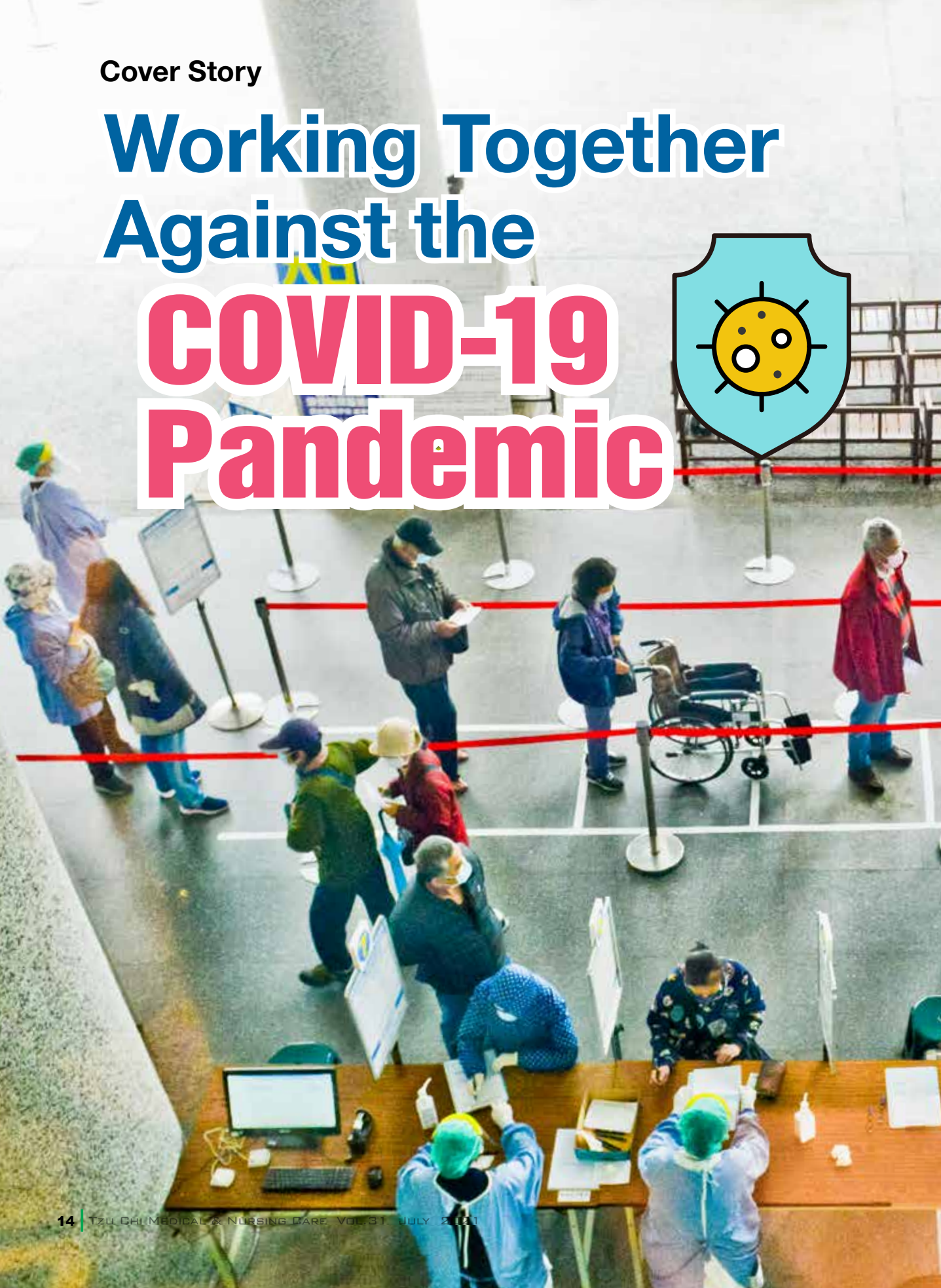
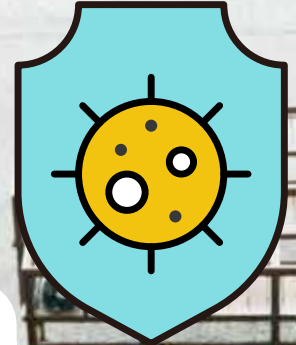


Cover Story

# Working Together Against the COVID-19 Pandemic





# An Account of the Coronavirus Response at Taipei Tzu Chi Hospital Since 2020



**By Liao Wei-Ching**

**Approved by Taipei Tzu Chi Hospital Coronavirus Response Center**

At the start of February 2020, an old man was hospitalized at Taipei Tzu Chi Hospital after presenting to the emergency Room with fever due to right lower lobe pneumonia. Due to his advanced age and comorbid diabetes, hypertension, and chronic kidney disease, he spent most of his time on bedrest. During his admission, the medical team continued treatment with antibiotics and other medicines, but his condition did not improve, and the pneumonia spread through his whole lung after a week, leading to emergency intubation and transfer to the intensive care unit. The medical team continued to investigate with bronchoscopy and look for tuberculosis and other diseases, as well as personal hygiene care at the bedside and physiotherapy with his hands and feet during periods where he was more stable. However, the pneumonia of unknown etiology caused his condition to be highly unstable and critical, and he was transferred to a negative ventilation isolation room due to the suspicion of tuberculosis.

### **Facing the Coronavirus Disease Front On**

At that time, the Coronavirus disease (COVID-19) had just been discovered in Taiwan, and we

couldn't help but be more cautious as we watched the disease spread rapidly in other countries. The Central Epidemic Command Center was preventing the spread of the virus in hospitals and in the community, with heightened surveillance measures in the community, and hence respiratory physician Yang Mei-Chen decided to conduct a test for the old man. Two days later the test results came back positive for COVID-19. At 7pm on the 22nd of February, an emergency meeting was called by Chao You-Chen, the superintendent of Taipei Tzu Chi Hospital. The team from the infection control center immediately screened and imposed the isolation of 70 health professionals, and the bed number in the intensive care unit for internal medicine was reduced from 45 to 30. An atmosphere of fear condensed in the intensive care unit; the formidable wave of the virus had collided with the health professionals on the frontline

Looking back, health professionals and cleaners worked together to achieve sanitization. The director of internal medicine intensive care Dept. Dr. Su Wen-Lin remarked, "This is a battle requiring mental and physical endurance, with senior staff leading junior staff into the patient's room and after treating the patient, immediately cleaning the surrounding environment."

# Taipei Tzu Chi Hospital COVID-19 Response Center

**Chief Commander:**  
Superintendent Chao You-Chen

**Second-in-command:**  
Deputy Superintendent Shyu Rong-Yuan



## Human Resources Team

Team Leader: Deputy Superintendent Shyu Rong-Yuan

## Bed Management Team

Team Leader:  
Infection Control Center Deputy Director Wu Ping-Sheng

## Human Resources Team

Team Leader: Deputy Superintendent Shyu Rong-Yuan  
Deputy Team Leader:  
Deputy Superintendent Chang Heng-Chia

## Logistics Support Team

Team Leader: General Affairs Office Director Chiang Ying-Jen

## Staff Support Team

Team Leader: Head Secretary Chiao Li-Hua  
Deputy Team Leader:  
Humanities Office Director Cheng Hsiang-Wen

## Information Communications Team

Team Leader:  
Public Communications Office Director Pan Wei-Han

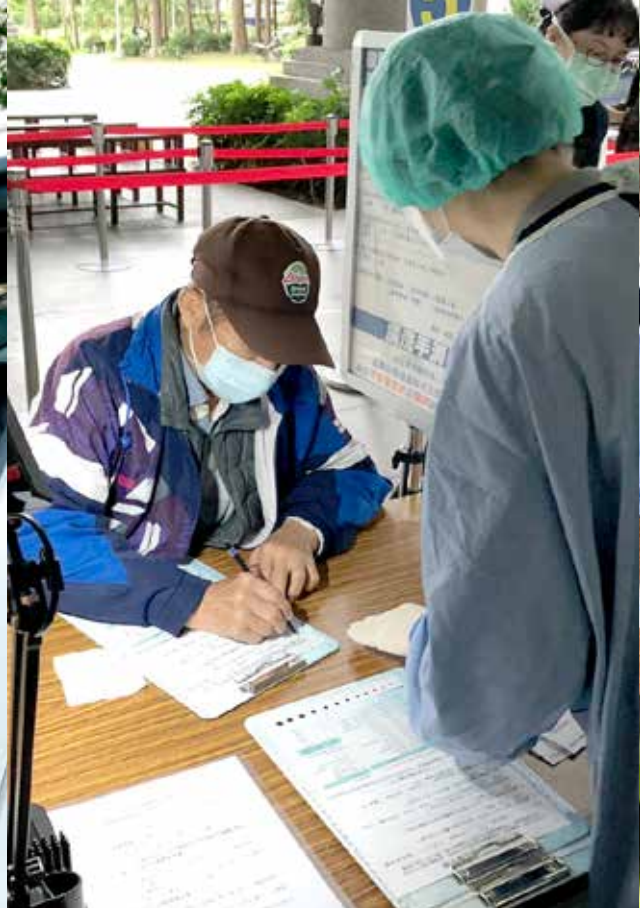


From January 22nd 2020, Taipei Tzu Chi Hospital held daily pandemic response meetings





**Taipei Tzu Chi Hospital established control of traffic flow with self-assessment forms**



Director Su Wen-Lin was in charge of mopping the floor, Nursing Dept. Supervisor Chen Yi-Xuan cleaned the equipment, and Head Nurse Huang Ru-Jie cleaned around the bedside. As the old man's wife and children were being isolated in other rooms, they accompanied him in this way. During the admission, the old man developed septic shock and multi-organ failure due to bacterial infection, and Superintendent Chao You-Chen held team meetings to more rapidly decide management, with Director Hung Szu-Chun leading the nephrology team to conduct two treatments of "blood washing" to try and eliminate the toxins in the old man's blood and improve health outcomes. Nursing Dept. Director Wu Chiu-Feng and

the IT department installed a tablet and video camera device so that the family members in isolation could still participate in their dad's recovery. Unfortunately, a month later, the old man suffered sepsis again and his condition worsened, ultimately leading to his passing.

The old man's wife was isolated in another ward room due to having COVID-19 as well as respiratory symptoms. She was unskilled in the use of electronic devices but didn't want to bother the nurses as she saw that they had to change in and out of personal protective equipment whenever they entered and left her room. Her compassion for the nursing staff caused them to worry for her, and so they used the phone in the



nursing station to telephone her after their shifts, and had conversations with her about all things, from shopping for groceries, cooking, doing the laundry, the weather, their mood etc., speaking to her like granddaughters. The day her husband passed away, Unit Head Nurse Chang Chun-Yu recalls, “On that day I asked her attending nurse at that shift to turn on the video camera for her, so that she could be with him in his last moments. Even though it was almost half an hour, our nurse were by her side the whole time.”

The attending nurse that stayed by the old man’s wife told Chang Chun-Yu that she couldn’t leave her to deal with the loss of her husband by herself, and so she stayed at her side as she expressed her apologies, her gratitude,

her love, and her goodbyes to her husband. Through understanding her emotions, it helped her a better caregiver. Before and after his body was cleaned, the old woman said to her husband, “Rest in peace, our son and the doctors and nurses at Taipei Tzu Chi Hospital will take good care of me ...”

### **Dynamic Management to Proactively Respond to Changes in the Pandemic**

From December 2019, cases of pneumonia with unknown etiology began appearing associated around the Huanan Seafood Market in Wuhan, China. The disease pathogen was unlike previous human coronaviruses, and after expert investigation, was declared by the World Health Organization as the “Novel Coronavirus (COVID-19)” with “limited human-to-human transmission” (more likely in close proximity over longer periods of time). Infection control center nurse Cao Ya-Cing explains that at this point the hospital had heeded the government announcement, and some doctors on higher alert also defined all patients with a travel history as “viral pneumonia of unknown cause”, but all test results returned negative. Even so, the infection control center at Taipei Tzu



Chi Hospital did not rest easy, following in the footsteps of the Taiwan Centers for Disease Control (CDC) under the Ministry for Health and Welfare which declared this disease as a “Fifth-Category Notifiable Communicable Disease” on January 15, 2020.

On January 20th, the CDC formed the “Central Epidemic Command Center” (CECC). On the 21st, Taiwan had its first confirmed case of COVID-19 from overseas, and its first local case on the 28th. In the span of a few months the disease spread rapidly, with the CECC data reporting that global cases already exceeded 4 million by May across 187 countries, with the majority of cases in Europe and America.

To keep ahold of the newest

information on the pandemic and discuss responding strategies, Superintendent Chao You-Chen brought the medical team, nursing team, medical technology team, and administrative team together for daily meetings. Superintendent Chao stated, “Our frontline colleagues need the best care and protection, and we cannot have any cases of disease transmission within the hospital. Hence, to respond to such a sudden event, especially to collaborate across disciplines, we need to work in ways above our usual team structure. We need to take stock of our current resources, re-organize our hospital beds, adjust our staff rosters, and manage our treating teams in a dynamic way. Also, the crucial reason for this meeting is to generate an





With the support of volunteers, construction of the testing station began on February 19, 2020, and was successfully completed in three days, opening for operation on February 22.







**Doctors conducting tests at the outdoor testing station (left), radiographers taking X-rays (right).**

appropriate outreach response, up to date communication distributions, and physical and mental support for staff, so that no fear or uncertainty exists.” Infection control center deputy director Wu Ping-Sheng also lead teams at emergency fever clinics to conduct screening, and oversaw set up and equipment, as well as the subsequent directing for confirmed cases.

Deputy Director Wu Ping-Sheng explained, infection control during the pandemic period had three steps. Firstly, controlling for admitted patients with risk factors, where Taipei Tzu Chi Hospital followed government policies, such as restricting access, limited visitor numbers, restricting clinic appointments, asking the “TOCC” questions about “travel history, occupation history, contact history, and cluster history”, taking body temperatures, wearing masks, promoting handwashing etc. Secondly, working together with the General Affairs Office, to increase the cleaning of facilities, and to increase the quantity of personal protective equipment.

Thirdly, achieving protection at a personal level, through the education of health professionals in the correct donning and doffing of personal protective equipment, and the promotion of habitual hand hygiene.

Director of Emergency Medicine Yiang Giou-Teng described how, at the start of the pandemic, the emergency department received some patients from clinics due to uncertainties, causing the situation to be more disorganized. However, the emergency department team quickly circulated protocols and emphasized education for testing in high risk patients, as well as the use of personal protective equipment. The resident doctor would be on the frontline doing tests and taking histories, and the consultant doctor would perform the final confirmation. The strategy of segregating tasks in the roster reduced the number of colleagues exposed to at risk patients, and hence reduced the chance of transmission. The intensive care unit separated critical patients, closing off the first

area in the intensive care unit to form an independent isolation area. The original nine beds were reduced to seven after ceasing use of two beds in open areas, and apart from two standard negative pressure rooms, the leftover five rooms were also converted to negative pressure rooms. The isolation area operated independently, with dedicated staff that did not work across areas. This strategy also preserved staff resources, as in the case of a transmission the whole team can be replaced. New equipment was also purchased, such as video assisted intubation devices and intubation safety shields to ensure patient and staff safety.

In addition, Head Secretary Chiao Li-Hua and Humanities Office Director Cheng Hsiang-Wen investigated colleagues' plans for overseas travel and health condition, and assisted the General Affairs Team in understanding the health condition of every outsourced vendor. To keep the general public up to date on hospital pandemic measures, Public Communications Office Director Pan Wei-Han led the team to produce and distribute various infection prevention posters and statements to be released on the hospital website and social media. In response to the rumor circulating online at the start of the pandemic that "Taipei Tzu Chi Hospital is stockpiling

vast quantities of masks", the public communications team discussed strategies with the hospital, and acted decisively to report the matter to the law enforcement agency. The matter was able to be clarified, alleviating the general public's anxiety, and the police were also able to identify the rumor spreader and handle according to law.

### **Building Outdoor Testing Stations to Increase Testing Ability**

January 24th to 29th was the Lunar New Year, bringing the first wave of returning travelers. Faced with big quantities of patients traveling from Mainland China, the infection control center had to consider how to organize an efficient and safe workflow for infection prevention. The emergency department already had a fever testing station, and at the start of the pandemic, patients with a travel history would go into the negative pressure room in the fever testing station, and after investigation, be transported by wheelchair to hospital rooms via a dedicated elevator. However, as there were only two negative pressure rooms, and health professionals had to do tests, take X rays, and clean the environment after each patient, space was limited and it was time consuming.

To improve the pandemic response, the engineering affairs office



set up portable houses and tents as temporary waiting areas. However, as it was February and not yet warm, so many patients felt cold in the temporary waiting areas. Eventually, the infection control center, emergency department, engineering affairs office, and Tzu Chi volunteers worked together and launched the construction of the “24-hour outdoor testing station”, to provide patients and health professionals a safer working environment and reduce risk of transmission within the hospital. Construction of the testing station began on February 19th, and was completed in 3 days, opening for use on the 22nd. Through the design principles of “different flow in different areas”, “no crossing over of workflow”, and “maintaining air flow as well as privacy”, the building allowed patients and health professionals to enter and leave in different areas, reducing transmission risk and achieving its goal of combating the pandemic.

### **Dedicated Hospital Rooms with Separate Workflow; Dedicated Staff for Isolation Rooms**

Along with the fever testing station, dedicated hospital wards also formed. Head Nurse Ho Pei-Jou stated, “There were not enough negative pressure rooms, and we were also the first to operate hospital wards after the New

Year festivities, so we had already mentally prepared to admit and treat patients with COVID-19. From the four beds first planned, to eventually eight beds, patient numbers increased day by day. In the end, the hospital decided to make the whole ward a dedicated ward for confirmed as well as suspected cases.”

As explained by Deputy Director Wu Ping-Sheng, COVID-19 is a novel infectious disease, and at the start of the pandemic the route of transmission was not yet certain. “Contact” and “respiratory droplets” were confirmed, but whether “airborne” was a route of transmission was up to debate. Under these circumstances, the hospital has to use the strictest precautions when handling and isolating patients, following the CECC recommendations for using negative pressure rooms. However, the negative pressure rooms at Taipei Tzu Chi Hospital are located in various areas of the hospital, but if patients are not treated in a centralized manner, and not every treating staff is able to be familiar with the regulations and correct wearing of personal protective equipment, there is a very high risk of transmission occurring within the hospital. Hence, when the CECC determined the disease to be transmissible through “close proximity coughing, suctioning, nebulizers or other aerosol-generating procedures in



Chang Shan-Chwen (center) and experts from the CECC inspecting the hospital.

a closed environment”, the hospital’s planning was able to allow for the patients to be collectively managed in a dedicated ward with individual isolation rooms, separate workflow, and dedicated staff.

With a comprehensive workflow and hospital ward planning, Chang Shan-Chwen from the CECC and eight experts came to inspect the hospital on February 29th, giving great recognition. Throughout the pandemic, the planning committee took stock of the hospital ward, respirators, and other pandemic resources and communicated findings to the Ministry for Health, allowing the government to oversee Taiwan’s medical capacity.

### **The Joy of No Hospital Transmissions After the 14-day Quarantine of 70 Colleagues**

On the evening of February 22nd, an alarming phone call was made. “One of the patients in the intensive care unit has a high likelihood of testing positive, associated staff need to be assessed and collated...” A short message, but life at Taipei Tzu Chi Hospital started to be different.

To collate a list, individual risk during treatment was assessed, relating to whether protective equipment was worn appropriately, how long treatment duration was, etc. Low risk staff could





Health professionals wearing protective equipment before entering to treat patients. Image from Da Ai TV.

return to work once negative test results were returned, whereas high risk staff needed initial testing, 14 days of quarantine at home, and follow-up testing, requiring two negative results. During the quarantine period, any respiratory symptoms would require notification as well as testing.

“What do we do? This patient has already been in hospital for nearly two weeks, 24 hours a day, they have been to the emergency department, hospital ward, and intensive care unit. Suction, intubation, nebulizers, and even bronchoscopy has been done; the risk of exposure is too high...”

“If we get one step wrong in this

process, we will become the first hospital in Taiwan to have in-hospital transmission...”

Anxiety, stress, and pressure mounted in everyone’s heart, and “what ifs” were on the minds of many colleagues after hearing the news. That evening, Superintendent Chao You-Chen held an emergency meeting, gathering anyone that had cared for this patient – doctors, nurses, respiratory therapists, examination room staff...

The next day, all staff from the infection control center, working with the CECC, collated a list of 138 people, including 38 doctors, 62 nurses,

4 specialist nurses, 9 respiratory therapists, 10 radiographers, and 15 people from other areas. After risk assessment, 70 staff members had to be immediately quarantined.

To our joy, two weeks later as quarantine came to an end, all staff and hospital was safe, and there were no cases of transmission.

### **Hospital Staff Achieving Self-protection; Preventing Confirmed Case Patients from Deteriorating**

According to the CECC, when a patient tests positive, there needs to be 2-3 day gap before more tests are done. After a negative test, repeat tests need to be done in the subsequent three days, and the patient needs three consecutive negative tests before being discharged. To prevent cross-transmission, the dedicated hospital ward was separated into two sections. The front section of 11 rooms admitted confirmed case and cases with high risk suspected cases based on history of travel, contact, cluster etc. The end section admitted patients with community pneumonia as well as patients from general wards with no improvement after three days of antibiotic therapy.

With the aim of not involving nursing staff in the care of confirmed cases if they had not taken care of the

index case, Head Nurse Chang Chun-Yu managed the principle of separating workflow for separate areas and arranging rosters accordingly. At one point there were staff shortages due to experienced and mid-level nursing staff being quarantined, but all difficulties were able to be overcome through the team led by Head Nurse Ho Pei-Jou.

In the dedicated ward, each room only had one patient, with the front section managed by infectious disease specialist director Hung Po-Pin and staff entering and leaving in so called “rabbit suits” – full body protective clothing. The back section was managed by intensive care unit director Wu Yao-Kuang, and staff only wore masks (N95 masks with additional surgical masks), protective goggles, head coverings, gloves, and protective clothing for patient care.

Faced with the unknown, the treating team could only analyze literature, and follow CECC guidelines. Director Peng Ming-Yieh described how the team attempted using different medicines for patients. Early on protease inhibitor “Kaletra” was used, but soon found to be ineffective. “Quinine”, which has immunomodulatory effects then became the main option. “Remdesivir” remained the most effective medicine, although data from China indicated unfavorable results, whereas US data



showed significant reduction in mortality rate. Unfortunately, “Remdesivir” was only approved in Taiwan at the time for clinical trials and the application process for treatment would take too long, so the majority of patients at Taipei Tzu Chi Hospital were managed with quinine. Used to treat systemic lupus erythematosus historically, quinine can reduce the survival time of viruses, with a positive safety profile and tolerability, but variable results. During the pandemic, the treating team recommended quinine therapy for patients with pneumonia or X ray abnormalities, to try and prevent their conditions from worsening.

Director Hung Po-Pin shared that “anxiety” was the common experience of isolated patients, after all, there was no medical evidence for which medicines were most effective. The treating team would attempt to use simplified language, along with images, to try and explain the research behind each medicine, so that they would know the benefits and risks of each medicine, and therefore increase their likelihood to adhere to treatment.

Among the patients, a few had loss of smell and gastrointestinal symptoms, and some had mild pneumonia. During the treatment process, there would be daily monitoring of vital signs by the nurse and visits from the doctor. At other times, unless there was urgent

medical attention needed, the patient would use tablets or mobile phones to video call and communicate with the medical team, to avoid close contact.

### **Protecting with Love, No Heart to Refuse Treatment**

Some of the asymptomatic passengers on charter flights returning to Taiwan were placed in a quarantine center at New Taipei City by the government for centralized management, with strict single-person quarantine for 14 days. Temperatures were twice daily, and if there were signs of fever, respiratory symptoms, or other discomforts, the Department of Health would be notified. Due to the close proximity to Taipei Tzu Chi Hospital, if any individuals required medical attention, the manager at the quarantine center would contact public communications office director Pan Wei-Han to inform patient arrival time. From there, infection control center nurse Cao Ya-Cing would collect patient identify, travel history, and contact history, as well as current symptoms, and relay the information back to the infection control center and emergency department. Only after this would the patient be transferred to hospital by ambulance.

In addition, the CECC announced in March that all returning travelers



**Health professionals wearing protective equipment before entering to treat patients. Image from Da Ai TV.**

from overseas had to comply with 14-day testing at home, and if determined to be a contact of a confirmed case, would be quarantined at home for 14 days. If any individuals needed urgent medical attention during this period, then they would call the COVID-19 hotline for referral to a specific hospital either to attend clinic via video call or to attend in person via a designated pandemic taxi.

On a particular day, the infection control center at Taipei Tzu Chi hospital received a phone call from the Department of Health about a Taiwanese woman who resided in Spain long-term. She was currently 24 weeks pregnant and had returned

to Taiwan due to the pandemic. During her testing period at home, she found that her blood sugar levels were elevated, with fasting sugars close to 100mg/dL. She was worried that she had gestational diabetes, but had difficulty seeking medical attention. The Department of Health had contacted multiple hospitals, but they all refused to admit her, giving the reason of inherent infection risk due to the severity of the pandemic in Europe. As a result, Taipei Tzu Chi Hospital was contacted.

On the receiving end of the phone call, deputy director Wu Ping-Sheng considered that this was not an urgent medical situation, and medical





**Faced with patients attending from the quarantine center, the healthcare team kept vigilant. Deputy director Wu Ping-Sheng teaches donning and doffing of protective equipment at the emergency department.**

attention could certainly wait until after the 14-day at-home testing period. However, gestational diabetes has a great impact on the fetal health, and if blood sugar level is not adequately controlled, the baby could have

macrosomia, hypoglycemia at birth, hypocalcemia, polycythemia, delayed organ maturation etc. For the safety of the mother and child, he consulted with metabolic expert endocrinologist Dr. Hu Ya-Hui, whether she would see the young pregnant woman in clinic. After hearing this, Dr. Hu Ya-Hui, who had just finished clinic, determined that medical attention should not be delayed. Moreover, if insulin therapy was required, there would be a risk of hypoglycemia and the doctor needed to personally educate the patient.

Bringing related educational material to the negative pressure room at the fever testing station in the emergency department, Dr. Hu Ya-Hui was firstly taught how to correctly don and doff protective equipment by deputy director Wu Ping-Sheng. After nearly an hour of education, Dr. Hu Ya-Hui was covered in sweat in the negative pressure room. However, the compassion and dedication she demonstrated allowed the pregnant patient and baby to safely get through the at-home testing period.

### **A Strong Back Up to Calm Frontline Anxieties**

The pandemic spread quickly, and the quantity of available medical equipment like masks, face shields, protective clothing, scrub caps etc.

tested each country and health facility repeatedly. Director of the General Affairs Office Chiang Ying-Jen pointed out that right after SARS, the government required hospitals to have enough protective equipment supplies stored to last one month. In January, prior to the widespread development COVID-19 across the globe, Superintendent Chao had identified the pneumonia occurring in Mainland China, and specifically instructed us to increase the stockpile of surgical masks in preparation for future need. This year, all the mask manufacturers in Taiwan were requisitioned by the government and strictly regulated, but Taipei Tzu Chi Hospital already had enough stored, estimated to last until March.

Since February 2020, apart from government allocations, the hospital also received support from the resource management center at Taiwan Tzu Chi Medical Foundation to equally distribute resources across each Tzu Chi hospital, so that all colleagues at each hospital would have enough masks. N95 masks were reserved for those working at the bedside, with adjustments made according to needs, such as dedicated ward, dentistry, and ENT staff where there is risk of airborne transmission receiving prioritized and sufficient supplies.

Face shields became popular

during the pandemic, and faced with the sudden increase in demand, the General Affairs Office, Engineering Affairs Office, and Infection Control Center discussed with the hospital, and decided to use foam strips, elastic bands, and transparencies to make face shields. With the help of the Humanities Offices and Tzu Chi community volunteers, 1000 face shields were made within two days. Thereafter, the Kaohsiung region and northern region volunteers also began making face shields in the same way, and generously sent them to the hospital. Scrub caps were obtained through donations from government and charity organizations, there were never any shortages. The masters from the Abode of Still Thoughts also made tea tree oil alcohol sanitizers, cloth masks, and mask bags for the hospital, protecting our colleagues. Disposable protective clothing was out of stock, so second line personnel mostly used fabric products that could be washed in high temperatures as substitute. However, for frontline personnel, the quantity of resources remained a concern.

Head Nurse Ho Pei-Jou explained that the concern of colleagues was detectable through the phone. After work in the evening, she would often receive phone calls worrying that resources were insufficient. “As the care

of different patients were mostly similar, but the infectivity of COVID-19 was high, many colleagues believed that “as long as they were wearing enough, they would be fine”. In situations like this we would try and rearrange resources, so when colleagues realize they are not alone with no support, they will feel calmer.”

### **Admitting Critical COVID-19 Patients, Acting as Designated Testing Facility, and Supporting Airport Border Protection**

With the spread of the pandemic, Taipei Tzu Chi Hospital shouldered greater and greater responsibilities. At the start of April, Taipei Tzu Chi Hospital was appointed by the Centers for Disease Control as the center for critical COVID-19 patients. And at the end of April, due to pandemic needs, the hospital also became a designated testing facility. Apart from tests within the hospital, the hospital also processed tests from Shuang-Ho Hospital. Also, from February, working alongside government organizations, the hospital delegated staff to support the frontline at the airport.

Deputy Superintendent Chang Heng-Chia stated, there are 11 accredited hospitals and would-be medical centers alternating the responsibility of border infection

control. Taipei Tzu Chi Hospital was mainly responsible for Taipei Songshan Airport, Taoyuan International Airport Terminal 1 and 2, with staff on a weekly roster and swapping with another hospital on Thursday afternoons. Due to the transmission risk for testing doctors, the hospital asked for staff to come forward for the role. Director Su Wen-Lin, Director Yiang Giou-Teng, Director Hung Po-Pin, and respiratory medicine director Lan Chou-Chin all volunteered for the role, prompting the junior doctors and emergency doctors to follow in their steps.

Testing at the airport was not an easy task, with the testing doctors wearing the inconvenient “rabbit suits” for long periods of time. Drinking, eating, and going to the bathroom was all restricted, and staff often had to wait multiple hours. Once taken off, a new suit would have to be used, and infection risk would also increase. In the first team heading to the airport to conduct tests, Director Yiang Giou-Teng mentioned, “At the start, there were not many people requiring tests, but that also increased the fear because they were the most likely to be infected. In later stages, the number of people needing tests increased, but due to the restrictions in other countries, symptomatic people were recommended not to fly, relieving some of the burden.”





Community volunteers making face shields and giving the made equipment to the hospital

Sharing his most memorable moment from the airport, Director Su Wen-Lin described a three-year-old returning on a red eye flight to Taiwan. His dad accompanied him for a throat swab, but he was not scared like other children by the strange suits, and bravely complied with the whole process. “I really wanted to give him stickers like pediatricians, but the pandemic has restricted our ability for human contact.” Despite this, Dr. Su also observed moving interactions as a testament to “showing true colors in times of crisis”. Smiling, he described how, “In April, the pandemic tore devastated the globe, with many Chinese people returning from Europe and America. Once, there was a long line of travelers awaiting throat swabs. When we reached the last few in line, they all held thumbs up to encourage each other, and I felt refreshed even in

my sweaty suit.”

Up to mid-May 2020, Taipei Tzu Chi Hospital reported 123 cases of Fifth-Category Notifiable Communicable Disease COVID-19. Suspected COVID-19 cases were 353, and test numbers totaled 876. Seventeen patients were admitted, 12 of those returned travelers and five locally acquired. Taipei Tzu Chi Hospital operated nine testing centers, two telecommunication clinics were set up (dermatology and ophthalmology), and there were four phases of airport support. Under the leadership of hospital directors, the whole hospital practiced vegetarianism and raised funds. The whole hospital worked together for the pandemic and for Taiwan. Over four months, every bead of sweat was sweet water for the perfect fruit.