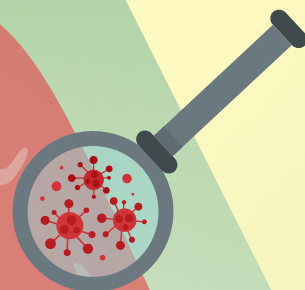


Special Report

Stepping Forward to Join the Battle against the Pandemic



By Tsao Yun-Chi

In 2020, the COVID-19 pandemic engulfed the whole world. Drawing on the lessons learned from the devastating SARS outbreak in 2003, Taiwan immediately took the following measures to successfully contain the pandemic: Establishment of the Central Epidemic Command Center, implementation of border controls, setting up of a Smart Epidemic Prevention System, adoption of a home quarantine and self-health management system, and stepped-up production of face masks and protective medical devices. In 2021, cluster infections occurred successively in Taoyuan General Hospital, Ministry of Health and Welfare, Novotel Taipei Taoyuan International Airport, Luodong (Yilan), Luzhou (New Taipei City), and Wanhua (Taipei). The number of local cases was soaring, and the epidemic seemed to spread like wildfire. The virus resembled a wild beast hibernating in a dark place with the ability to spark a blaze in an effortless manner...

Unyielding and Resolute Army of Volunteers

On January 21, 2020, the first confirmed case appeared in Taiwan. Taipei Tzu Chi Hospital established its COVID-19 Response Center at the same time. Daily epidemic prevention meetings were convened to gain a real-time grasp of the latest pandemic trends and facilitate

the discussion of response strategies. When a list of personnel assigned in support of airport quarantine operations was discussed in a meeting, Dr. Su Wen-Lin, Director of the Medical Intensive Care Unit decided to volunteer. When the SARS epidemic ravaged the whole island many years ago, he was dispatched to the frontline to provide medical care for confirmed SARS patients. He states that “I am by no means fearless, but I know that it is time for me to step forward and do my part since I have experience.”

While providing assistance in airport quarantine operations, Dr. Su only got four hours of sleep a day. When he was finally able to find a quiet moment to have dinner with his wife, he received a phone call from Superintendent You-Chen Chao who informed him that the hospital had a confirmed COVID-19 patient and all involved personnel had to be summoned for an emergency response meeting. Dr. Su recalls that “I didn’t make much of it at that time. I only thought to myself that there was no time for dinner, and I had to rush back to the hospital. It turned out that the situation was much more serious than I had expected...”

Lingering Fear Despite Restored Safety

Dr. Su Wen-Lin recounts that the first confirmed case in the hospital in 2020



was an elderly patient with numerous comorbidities. He had to be hospitalized for two weeks. Prior to his transfer to the negative pressure isolation ward, he had received mucus suction, intubation, steam inhalation treatment and had even undergone bronchoscopy in the emergency department, the ICU unit, and a normal ward. The number of contacts was therefore extremely high. Contact tracing resulted in a list of 138 identified individuals. Upon risk analysis, a total of 70 healthcare workers were quarantined. The hospital further notified the family members to immediately proceed to the hospital to get tested for COVID-19. Six individuals had been infected in this family cluster. Since part of the hospital personnel was already under quarantine, the remaining staff members had to fill these vacancies and care for the confirmed COVID patients.

During this two-week period when 70 staff members were under quarantine, there was a lot of tension and anxiety in the hospital. Dr. Su recalls that everyone was extremely nervous and agitated during this period. “A RN who had still been on duty the day before had suddenly disappeared. I was told upon inquiry that she was self-isolating due to cold symptoms. One staff member after another had to self-quarantine... Luckily, all of them tested negative. Due to the ongoing implementation of



Dr. Su Wen-Lin, Director of the Medical Intensive Care Unit, volunteered to support airport quarantine operations last year during the first wave of the epidemic in Taiwan. Dr. Su has been at the frontline combating both epidemics that have hit Taiwan (the SARS crisis 18 years ago and the lingering COVID-19 pandemic).

infection control measures, none of the 70 quarantined healthcare workers were infected and all were able to safely return to their posts.”

Dr. Su, who had to travel back and forth between Taoyuan International Airport, Songshan Airport, and the hospital often had to seamlessly transition between duties. Sometimes he had to immediately return to the hospital to provide care for the elderly COVID patient. However, he felt it was his moral duty to set a positive example for others to emulate. One day, the airway of the senior patient was obstructed by phlegm. The alarm rang throughout the whole ward. This complication was later accompanied

by malignant arrhythmia. Dr. Su ordered his colleagues to don their protective gear as fast as possible since medical staff were not allowed access to the ward unless they were fully protected. However, driven by his strong sense of mission to save lives, he was about to rush into the ward after putting on his N95 mask without his PPE when the respiratory therapist who realized what was about to happen immediately stopped him. At the same time, a RN cleared the old man's airway after rapidly putting on the required gear. Dr. Su successfully performed tube replacement for the patient with the aid of two RNs after putting on his PPE.

Neglect Is Scarier Than the Virus Itself

Due to the unfamiliarity with the virus at that time, everyone was still groping in the dark. We didn't know how ferocious this virus was or how we could combat and defeat it. A drug used for the treatment of AIDS and quinine were the two most popular medication options at that time. It was proven later that both of them were ineffective against the virus. As the patient showed no signs of improvement and the virus was still present in his body, the team was in a state of fear and helplessness, which Dr. Su describes as follows: "I didn't know how much longer we would be able to sustain the pressure. Could I guarantee

the safety of my team?" But his team was ready to go through thick and thin with him for which he was deeply grateful.

In the second half of 2020, Taiwan was seemingly in a parallel universe as the pandemic was raging across the world. Other than the outdoor mask mandate, everything seemed normal. Everyone gradually lowered their guard as the country was thriving as a bubble of normality and reveled in a sense of superiority...

The Dilemma of Saving or Letting Go

The hibernating virus seized the opportunity to sneak into the country a second time in early 2021. Cluster infections occurred all over the country and the number of confirmed local cases continued to rise. As the local outbreak was in full swing in mid-May, the nationwide COVID-19 alert was raised to Level 3. The situation was particularly critical in Taipei and New Taipei City. The vaccines which had received little attention several months earlier suddenly turned into the most valuable commodities. There was a rush to get vaccinated and COVID-19 screening stations were packed with people. This caused a severe bottleneck to healthcare services in Northern Taiwan.

A patient in his early sixties who had



been experiencing cold symptoms for almost a week when he was admitted left the deepest impression on Dr. Su. His symptoms which did not respond to treatment were later complicated by shortness of breath. Upon discussion with his family members, it was decided to conduct screening for COVID-19. Since he was afraid to infect others, he went to the hospital on foot after putting on his face mask. At that time, his oxygen saturation was below 60%, which indicates a state of extreme hypoxia (blood oxygen levels above 94% are higher). However, after arriving at the hospital, he patiently lined up and waited for his turn to get screened. After he tested positive, the medical personnel had to perform emergency first aid because his cardiopulmonary system was in a state of severe hypoxia. Even after intubation his oxygen saturation showed no signs of improvement, and his condition was extremely critical. An anesthesiologist, an otolaryngologist, and even Dr. Shen Ta-Chung, Director of the Cardiovascular Surgery Division assisted in the emergency procedures and were constantly on standby to perform ECMO. Based on past experiences in Europe and America, the patient's chance of survival after utilizing ECMO under these conditions is around 10%. As his family members were notified of his condition on the phone, they were also asked whether ECMO should be initiated.

Dr. Su recalls that "all members of this family were extremely kind-hearted. Their only concern was how to maximize the benefits of available medical resources. After talking it over for a couple of minutes, they decided that these resources should be preserved for patients in greater need." Dr. Su admits that he was choking back tears. As a doctor, his sole focus was saving lives. He was therefore taken aback when the patient's loved ones chose to preserve these limited resources that they needed most at this time for patients who had the best chance of survival. This stunning display of kindheartedness and compassion was so touching that he couldn't get it out of his mind.

He was torn between maintaining his efforts to save the patient's life or letting go... Dr. Su reveals that he has had many personal encounters with the death in the course of his long career, but it is still impossible for him to make such choices of life and death lightly since life is just too valuable.

Manifestations of Human Warmth During a Merciless Pandemic

On the following day, Dr. Su finally found some time in his hectic schedule to get vaccinated. He woke up at 3:00 am the next morning due to serious side effects. His whole body felt chilly, sore, and fatigued. At this moment, he finally



Dr. Su Wen-Lin(center) quietly enters the patient's room to show concern for the progress of his recovery. He gently holds his hand to give him strength and energy.

realized how unbearable a COVID-19 infection must be, but he was also aware that his current pain was not even remotely comparable to that experienced by critically ill patients. He again shed tears as he thought of the suffering of his patients. He woke up at 3:00 am on several consecutive days cherishing the memory of all the patients he had lost.

The epidemic situation this year is completely different from last year. The ratio of severe cases is significantly higher. As the ICU beds gradually filled up, the Medical Intensive Care Unit began to resemble the hardest hit area of a battlefield. The isolation ward

capacity could not accommodate the constant onslaught of inpatients and outpatients who required intubation. As no manufacturer was willing to undertake the expansion project, Tzu Chi Volunteers took charge of work shifts and assisted in the expansion of the ICU ward. In the face of capacity limitations, senior patients volunteered to give up their ICU beds to younger patients with severe symptoms. Young pregnant women who had tested positive told their doctor to give priority to saving their unborn child if a life-and-death decision had to be made. Dr. Su recalls numerous manifestations of human warmth during this merciless pandemic.



Team members of the Medical Intensive Care Unit cooperate in the prone positioning of a patient for ventilation treatment.



When he tried to show his appreciation for his team's efforts by treating them to drinks, they declined politely and suggested to donate the money for the purchase of breathing tube holders that prevent slipping when prone positioning is necessary.

Dr. Su still occasionally wakes up in the early morning hours, but he has been able to transform his grief and regret into gratitude. He is deeply grateful to all these unsung heroes who have exhibited a spirit of love and compassion during this devastating and merciless pandemic. He firmly believes that they deserve even more respect and attention than doctors like himself. He is also deeply thankful to his team for their willingness to step

forward and join him in the fight against the pandemic.

Great achievements require concerted efforts and cannot be accomplished alone. Compared to last year, when he had to combat this terrible foe completely unarmed, he feels much more confident due to the availability of a much higher number of therapies and treatment options following the development of new drugs and medical devices. He is firmly committed to maximizing critical care capacities by relying on these new options and by harnessing the concerted efforts of all his team members with the ultimate goal of providing better care for more patients.



Precise Backup Medical Imaging During the Pandemic

By Liao Wei-Ching

"Hello madam, I am the radiologist. I am here to take an X-ray." After putting on his bunny suit, Mr. Cheng Sheng-Han, radiologist of the Department of Medical Imaging, Taipei Tzu Chi Hospital, pushes a mobile X-ray device into the patient room and explains the purpose of his visit to the

patient with a smile. His skilled demeanor gives no clue that he is a newcomer who just graduated from university. The first local outbreak of COVID-19 challenged the healthcare capacity of the country. The Medical Imaging Department did not face the same level of urgency at



During the epidemic, staff members of the Department of Medical Imaging at Taipei Tzu Chi Hospital sometimes have to don full protective gear when they enter patient rooms with their devices to provide services for patients.



Prior to the CT examination, the whole CT device and all objects in the room must be wrapped in isolation sheets (left); A technician and a RN in full isolation gear carry out the CT examination (right).



Staff members of the Department of Medical Imaging wrap the angiography device and examine the patient.

the frontline of the epidemic as the Emergency Department, the Division of Infectious Diseases, and the Division of Thoracic Medicine, but under conditions of curtailment of healthcare services, the physicians and technicians of this unit faced unimaginable stress.

Time- and Effort-consuming Challenges

Mr. Hsu Yuan-Yu, Director of the Department of Medical Imaging, points out that under the impact of the epidemic, the total volume of in- and outpatient examinations dropped to around 50% of the normal volume. However, the same period has seen a dramatic increase in the demand for emergency X-rays for the screening of suspected COVID-cases. X-rays images have to be taken with mobile X-ray devices for up to 40-50 patients per day in the ICU and dedicated COVID wards. On top of that, the time, manpower, and material requirements for image inspection tasks are nothing short of staggering. Emergency Computerized Tomography (CT) is a perfect example. Before suspected or confirmed COVID-19 patients undergo CT, five or six members of the Medical Imaging Department have to be mobilized to clear the examination room and wrap the whole CT device and all objects in the room in isolation sheets. Personnel have to be assigned

to clear the passageway from the wards to the examination room. A technician and a RN in full isolation gear have to enter the examination room to wait for the patient and carry out the tomography. This process alone often takes 30 to 60 minutes, which does not include the time required after the examination to restore the device to its original position, perform cleaning and sterilizing operations, and the 30-minute idle time.

During the initial stage of the local outbreak, a patient with a fever and acute abdominal bleeding arrived at the Emergency Department of the hospital. Angiography had to be performed immediately to determine the location of the bleeding spots and embolism for treatment. The patient was in such critical condition that there was no time for a rapid COVID test. Director Hsu points out that under conditions of uncertainty, medical teams must prioritize saving lives. In the end, Dr. Cheng-Yi Chan wrapped the CT device in isolation sheets in an urgent fashion with the help of technicians and RNs and took charge of the tomography examination which was carried out in a meticulous manner by all team members in their bunny suits.

The Indispensable Cog

Radiologists have to take X-rays for patients in full protective gear,

while enduring temperatures of 38°C in emergency screening stations on scorching hot summer days. This requires staff to be rotated every two hours on average. Radiologists assigned to the dedicated COVID-19 wards, on the other hand, must push their mobile X-ray device as they shuttle from room to room, but there is usually only one person per shift to minimize the risk of infection.

This is Cheng Sheng-Han's first job. He had only been at the hospital for six months and was given responsibility for the mobile X-ray device while familiarizing himself with special radiography when

the epidemic struck. His supervisor considered replacing him with another staff member for duty in the dedicated COVID-19 wards, but Mr. Cheng points out that "this is the only job I'm currently qualified for until I master other examination techniques. If I don't do my job, I will mess up everyone's schedule."

Since he didn't want to cause trouble for his colleagues, he took on the X-ray imaging duties in the dedicated COVID-19 ward. Thinking back on his decision, he firmly admits being terrified. "Although I had seen educational videos and demonstrations by senior students,

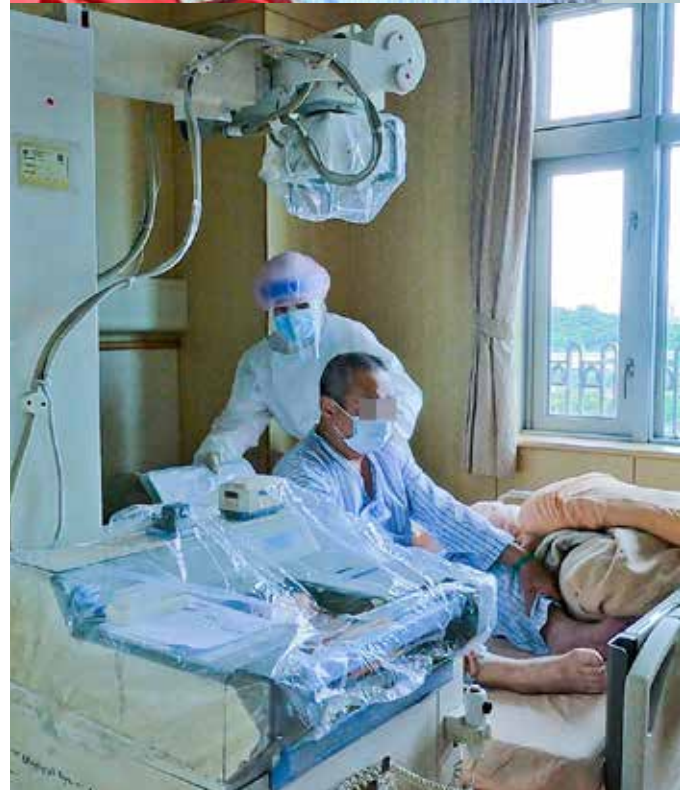


During the pandemic, Radiologist Cheng Sheng-Han pushes his mobile X-ray device as he shuttles from room to room in the wards.

I was still struggling with the SOP. Many RNs also had no prior experience. We therefore kept asking questions and had to learn the ropes together. We were lucky that our colleagues were so kind and helpful.” He also recalls that the mental stress was hard to bear. He was forced to forgo vacations and put his study plans on the back burner. Every time he reported for duty, he had to don his PPE before rushing from patient to patient in the five dedicated wards. It took him around two weeks to fully adapt to this job.

Just like humans need a protective membrane when entering these wards, so do machines. The donning of PPE and wrapping of the X-ray device alone takes at least 10 minutes. When leaving the room, the radiologist has to spray the whole device surface with alcohol and remove the membrane from the sensitive film. The wrapping process has to be repeated every time the device is pushed into a ward. In the past, the X-ray images for 10 normal patients could be created within 30 minutes. Now it takes at least 2-3 hours without any breaks. This does not include the time required to turn or comfort intubated or mentally or physically handicapped patients in cooperation with RNs.

After getting used to this job, Mr. Cheng shook off his gloomy mood and began to chat with his patients. He reveals that “patients often ask me when



Cheng Sheng-Han takes X-rays for infected patients.



they can leave the hospital. I always tell them that this depends on the results of the assessment of the X-ray images by a physician. Then I ask them why they got sick and chat with them about their daily lives. I really have to shake off my frustration or I would get really depressed donning and doffing my PPE up to a hundred times and wouldn't be able to stay concentrated on my work."

Over a period of more than one month, he got a chance to observe the vicissitudes of life. Some patients were able to safely return home after being hospitalized for a month, while others passed away totally unexpectedly. After taking off his bunny suit, the youthful doctor confided that it "gives me the greatest sense of achievement when our patients thank us with a smile."

Assistance in a Non-familiar Field

What stress factors does the epidemic cause for medical imaging specialists? Director Hsu Yuan-Yu points to material inventories and the mental state of doctors in addition to diagnosis and treatment under emergency conditions. As a department director, he has to pay attention to the following issues on a daily basis: Against the backdrop of triage and compartmentalization, are there instances of perceived uneven distribution of duties? Is the supply of PPE sufficient?



Prior to leaving the ward, the membrane has to be removed and the device has to be disinfected with alcohol.

Is the workload sustainable? He states that “we have been fortunate that our staff has been so cooperative, and their team spirit and professional competence have been so impressive. This has enabled us to provide all our patients with safe clinical services, for which I’m deeply grateful.”

On June 15, one month after the local outbreak, Taipei Tzu Chi Hospital took on the task of vaccination administration in five Jing Si Halls in New Taipei City. When he saw the letter in which the hospital requested assistance from its medical staff, he thought to himself that “although different medical departments are worlds apart, it is our moral duty as doctors to provide assistance in the administration of vaccines.” He therefore appealed to all physicians of his department to sign up for the vaccination program.

He was assigned to the Jing Si Hall in Sanchung and assisted in four vaccination sessions. One day, a diminutive old lady who was extremely nervous approached him noticing that he was a doctor. She took him aside and showed him a bunch of prescription drug bags, asking him: “Should I really get vaccinated? Look, I have hypertension, arrhythmia, and insomnia. What will happen if I get vaccinated? I’ve had a bone fracture and still have a steel pin in my left arm. I am so skinny! Will the needle penetrate the bone or the steel pin?” Her daughter who accompanied her told the medical staff

that her mother hadn’t traveled abroad since the steel pin had been inserted into her arm and that she was so scared when she learned that she had to get her shot that she couldn’t sleep the night before.

Director Hsu communicated with the mother and her daughter in a patient and professional manner and gave them a detailed answer. Finally, the old lady agreed to get her jab and returned home in a joyful mood. As he recalls the scene of the old lady chatting and joking with the administrative personnel in a relaxed mood, he points out that while giving an injection is a small matter for a doctor, it can cause the patient great anxiety or even panic. When doctors calm people’s minds by relying on their professional knowledge, they perhaps also make a little contribution to combating this epidemic.

Finding Bliss in Dark Times

Director Hsu, who hasn’t experienced any fear or anxiety since the local outbreak in May, shares with a laugh that his neighbors and friends often wonder “how can you be so brave to work at a hospital every day?” He always patiently explains that “you are perfectly safe at home, but so are we. Doctors, RNs, technicians, and administrative personnel in the hospital observe all epidemic prevention regulations and apply accurate concepts in their provision of healthcare services for



patients seeking medical care.”

This epidemic has given us a glimpse of the fragility of life, but we have also witnessed the willingness of a majority of local citizens to comply with the epidemic prevention measures of the government. Dr. Hsu firmly believes that the end of the pandemic is not far away if we all abide by the epidemic prevention guidelines, increase our vaccination coverage, play our part, and fulfill our duties at every stage. After all, the greatest bliss in this grim environment is to live well and make contributions within our limited capabilities.



Dr. Hsu Yuan-Yu, Director of the Department of Medical Imaging (right & top), volunteers to assist in the vaccine administration procedures in the five Jing Si Halls in New Taipei City.

Finding True Value Beyond Individual Missions

By Liao Wei-Ching

A total of five pregnant women were admitted to Taipei Tzu Chi Hospital during this wave of the epidemic. Four of them were confirmed cases, while the fifth had been under home quarantine. In line with epidemic prevention considerations, it was decided upon discussions between the medical team and the expectant mother

and her family members that Caesarean section should be adopted for the first two cases, while the remaining three women would give birth through vaginal delivery. Dr. Chiu Hsiao-Chen of the Obstetrics and Gynecology Department was one of the surgeons responsible for the two Caesarean Sections. Dr. Chiu, who had



During this wave of the epidemic, Dr. Chiu Hsiao-Chen of the Obstetrics and Gynecology Department participated in two Caesarean sections for two pregnant women who had tested positive for COVID-19. She not only witnessed maternal strength but also became more firmly convinced of the value of her work.



been promoted to attending physician less than one year earlier, witnessed a living example of maternal strength and became more firmly convinced of the value of her work.

Trials of a Young Physician

It is extremely important that we stand fast at our posts during this severe pandemic. Even medical professionals like us are worried. It therefore goes without saying that our confirmed positive patients must be utterly terrified. Pregnancy should be a joyful time for expectant mothers, but if they are isolated and can't see their loved ones, they experience greater tension and anxiety.

Ms. Chen, who had tested positive for COVID-19, was in her 32nd week of pregnancy when she came to Taipei Tzu Chi Hospital at the height of the local outbreak during the curtailment of medical services. At that time, her blood oxygen could only be maintained at 92% with the aid of a high-concentration oxygen mask. The medical team decided to intubate the patient after several meetings with her family members. Dr. Chang Yin-Kuang, the Director of the Obstetrics and Gynecology Department served as the operating surgeon for the Caesarean section which was performed under general anesthesia. He was assisted by Dr. Chiu Hsiao-Chen. The baby girl was successfully

delivered due to the concerted efforts of the medical team and the mother safely returned home after two weeks. This was Dr. Chiu's first challenge. The trials came in quick succession during this epidemic. In mid-June, another 32-year-old pregnant woman who had also tested positive and was in her 34th week was admitted to the hospital. After several discussions, it was again decided to deliver the baby in the positive pressure operating room which features a negative pressure anteroom, but this time Dr. Chiu would be in charge of the operation.

Dr. Chiu admits being torn between her deep commitment to treating and curing patients and her concerns about the high transmissibility of the virus. Looking back on that period, Dr. Chiu freely confesses that "Treating Patients as Family" is easier said than done and practicing empathy is more difficult than she thought. Since it was impossible for her to fully understand the feelings of her patient, she felt she had to do her best to explain the current condition to the patient and her family through daily phone calls. Dr. Chiu also confides that she was highly agitated when she called the husband for the first time to get detailed information about his current condition. After confirming that the husband had tested negative and had been released from quarantine, she asked whether he would like to be present during childbirth outside

the operating room to give his blessings to his wife and the newborn baby. These tiny efforts were a source of great comfort for the couple who were separated due to the pandemic.

Dr. Chiu admits candidly that she had mixed feelings when the pregnant woman was admitted, but she was also fully



aware of the trust placed by the patient in the whole team and the dedication and devotion of every single team member. She therefore felt she had no choice but to make an all-out effort. On June 18, she performed surgery on the intubated woman together with her colleagues of the Anesthesiology Department, the operating room, and the Neonatology Division after they had donned their bunny suits. A baby boy, weighing 2350g, was successfully delivered.

Pivotal Task of an Outpatient Physician

Even if they don't have to face confirmed positive cases at the frontline,



Top: Dr. Chiu Hsiao-Chen (center) and consultant Prof. Huang Su-Cheng (right) explain the treatment plan to the expectant mother (in her 34th week of pregnancy), her husband, and their family members.

all healthcare workers have the moral duty to treat every patient who comes to the hospital in a respectful and meticulous manner. Dr. Chiu feels she has the same moral obligation.

In the early stages of the epidemic, a large number of patients were afraid of getting infected and didn't dare to return for their follow-up appointments. Dr. Chiu had to fulfill her role as a doctor by repeatedly urging expectant mothers to proceed to a trusted and conveniently located clinic for their prenatal visits to prevent delays of prenatal checkups. As

for cancer patients who require regular tracking, the members of the Obstetrics & Gynecology Division utilize phone calls to explain the meticulous attention that is paid to epidemic prevention by the hospital staff to every patient and thereby dispel their worries and encourage them to seek medical care in the hospital.

Dr. Chiu points out based on her observations during this period that "the self-discipline and anti-epidemic awareness of the Taiwanese public deserves high praise, but I am deeply worried that the patient-doctor



After donning her bunny suit, Chiu Hsiao-Chen enters the dedicated COVID-19 ward to perform an ultrasound exam for the expectant mother.

relationship will be negatively affected by the epidemic.” She shares the story of a middle-aged woman who sought medical care for abdominal pain she experienced after the cluster infection incident in the Wanhua District. She described her professional background to Dr. Chiu and told her that she had had a fever for two days. Dr. Chiu canceled the patient’s appointment in accordance with standard procedures and asked her to report to the Emergency Department. The patient adamantly refused to do so and claimed that “I have a history of pelvic infections. I think that’s what’s causing the symptoms and I am fever-free now. I won’t go to Emergency. I know how dangerous it is there. I’ve come to see you, so you should examine me instead of stigmatizing me for certain symptoms I have.” Dr. Chiu repeatedly explained why an Emergency Department visit was necessary, but the woman wouldn’t listen, which resulted in an impasse. The woman didn’t leave until the doctor prescribed antibiotics and entered the incident in the patient’s medical record.

Occasional incidents like the one mentioned above show how people feel imperiled in a threatening environment. Lack of communication in inquiry-only outpatient settings, cloud-based remote visits, or in the face of difficulties caused by limitations in the allocation of medical resources, can lead to conflicts and

misunderstandings on the part of patients. The conveyance of disease facts through appropriate verbal communication and exposure of patients to accurate information to facilitate acceptance is therefore a pivotal task of every physician on outpatient duty.

My Efforts Are Worthwhile

In the blink of an eye, almost two months have passed since the outbreak. For many healthcare workers, this period was extremely stressful but it also rekindled their passion for life and their work. While providing assistance in the outpatient vaccination services for pregnant women, Dr. Chiu encountered a young expectant mother in her 12th week of pregnancy who was also employed in a medical institution. At that time, the Taiwan Association of Obstetrics and Gynecology and numerous experts recommended that pregnant women should not be vaccinated prior to the second trimester. Upon discussion of the risks and pros & cons and confirmation of normal fetal development and regular heartbeat through an ultrasound exam, the woman chose to get vaccinated and left after thanking the doctor. This scene is firmly imprinted in Dr. Chiu’s mind. She adds with a sigh that “many healthcare workers have quietly made their sacrifices during this pandemic...”



Despite the fact that social distancing has to be maintained in the outpatient exam room, Dr. Chiu Hsiao-Chen still patiently answers all questions to reassure the patient.

From the moment she saw how stressed and overworked her colleagues from the internal medicine and surgery divisions were when she provided assistance at the screening stations, her deepest wish has been to make a valid contribution to combating the pandemic. She has not only witnessed the successful deliveries by pregnant women with confirmed COVID-19 infections, the establishment of outpatient vaccination services for pregnant women, and release from quarantine and safe return home after delivery but also saw with her own eyes that “people can be braver than they

ever imagined when they encounter a crisis!”

When looking back on her experiences during this epidemic which has not yet abated, Dr. Chiu reveals her innermost feelings by stating that “I finally know that my efforts are worthwhile!” The same spirit is reflected in her words to the family members before she entered the positive pressure operating room in full protective gear: “I became a doctor to help people. This is the value of my profession, so I have to step forward and help no matter how dangerous it is!”

A New Generation Volunteering in the Dedicated COVID-19 Ward

By Joni Yu

“There are many patients in the negative pressure isolation ward, and they are also more severe, we need one more person, who would like to go?”

Chen Jih-Tze felt that it's time for her to volunteer in that ward. This is her third year as a resident doctor in Dalin Tzu Chi Hospital. Recently, the training was more flexible, and then she needed to prepare for the examination. She felt this was the time to help out since she had the ability and time. Thus she volunteered as a doctor in the specialized ward.

She thought since she already had the vaccine, she shouldn't have to worry about contracting the virus. But she still worried if she neglected asking the important questions that might delay the patient's treatment. She had known Dharma Master Cheng Yen since she was 3 or 4 years old in Malaysia, thus after she graduated from high school, she came to Tzu Chi medical school. “At this moment there are many people contracted COVID-19 and need our care, I should devote myself into this meaningful task.



The young doctor Chen Jih-Tze appreciates Master Cheng Yen's nurture and decided to devote himself to support the isolation ward.

This is the opportunity to realize my goal of being a doctor.”

“It is really nice here!” The male patient said after tested positive with COVID-19 a few days ago. Dr. Chen recalled two days ago, he was gasping; the blood oxygen



was low, lack of sleep and appetite. After diagnosis, patient was given cortisone and antibiotics, and intravenous fluids; he then recovered fast, with good sleep and was able to eat by himself. Dr. Chen said we should let the patients talk about their pain, satisfy their need, and sincerely support and accompany them. Dr. Chen thought, “We must help the patients and keep our words that we promised ourselves and Dharma Master Cheng Yen.”

The High Efficiency and High Speed Medical Examination Team

Since the pandemic was serious here in Taiwan, the team from our pathological department was working very efficiently to review medical reports so we could apply data to map out strategy to prevent the spread of the pandemic.

Mr. Hsieh Yi-Hsaun, a clinical pathologist from virology molecular biological laboratory, applied to Taiwan Centers of Disease Control (Taiwan CDC) as “Responsible hospital for seemingly COVID-19 cases” in February 2020. So if any case that might be COVID-19, Dalin Tzu Chi Hospital can test it on the spot without sending specimen to the specified hospitals by CDC. It saves a lot of time in case verification. Sending to another hospital might take more than 24 hours. It reduces the time of testing to less than 4 hours (some urgent cases were done

within an hour). This year, more people are coming for testing; therefore, the pathology laboratory is busier than ever.

Director Lee Chi-Chung of clinical pathologist department pointed out the need of more testing support and recruited more colleagues such as Mr. Hsieh to join testing. Moreover, one



Pathologists with protective suit seriously examine every specimen.



Head Nurse Huang Lan-Kuei provided the best support for the critical care unit, so the nursing staff could take care of the patients without worrying other issues.

colleague from research department was there from the beginning to help out. Two colleagues from the rheumatology and immunology department joined the team later on. Dr. Hsieh is responsible for the PCR COVID team consisted of 12 to 13 people that could handle 3 shifts in 24 hours. With the support of Lai Ning-Sheng, Supt. of the hospital, the hospital acquired 3 more instruments to increase the capacity of testing. Now, there are 6 instruments which can handle 450 cases in 2 hours.

Colleagues Can Focus on Their Jobs

Dalin Tzu Chi Hospital internal medicine Intensive Critical Unit started to accept severe COVID-19 patients in May; the highest was 10 patients in the hospital. Although Head Nurse Huang Lan-Kuei was not taking care patient at the front line, but she undertook the logistics tasks so her colleagues could focus taking care of the COVID patients.

When the decision was made to accept the severe patients, HN Huang wondered if she was really ready, an unreal feeling. She kept on thinking how the flow and procedures would be including the living arrangements. Luckily each unit of the hospital lent their helping hands. The nutritional department asked about the meal delivery, general affairs department solved the accommodation problems.



Medical Technical staff had to wear whole set of protective suit to get into the ward to maintain the equipment. Dr. Chen Hsing-Chun from Thoracic Medicine provided guidance and examination.

Lan-Kuei appreciates everyone for their efforts and accomplishment.

Presently, there are 22 nurses in the internal medicine intensive unit, with 3 shifts to care for the severe patients. They need to go into rooms in full protective suits to help turn the patients, feed milk, and administer medicine, which would take 3 hours. After they exit and remove their gears, scars on the face and nose are visible. At first, not knowing how to improve the condition, they used tapes to cover the face to avoid touching the skin, the clothes were also soaked with sweat, it was painful to see them like this.

“When there are many patients, we feel stressed. At the present time, we help each other and discuss the situation. Everyone shares their feeling, this helps us to clarify the procedures, thus reduces stress.”

The most touching thing was that

colleagues never stay hungry or thirsty. Not only did the nutritional department provide meals, there were also many volunteers who brought in foods, colleagues from other departments volunteered to deliver. There was love everywhere. One colleague who left 5 or 6 years ago came and delivered a box of medicine to help ease the wounds and pains. Among colleagues, people shared suggestions with each other to ease the wounds. These little gestures provided warm feeling and encouragement to all of us.

One day, a thunderstorm caused a blackout in the ward. Many vital sign machines malfunctioned. Attempts to repair were unsuccessful so we asked for help. Colleagues from the medical engineer department came right away

wearing protective suits and went straight inside to repair. Nurses were very touched. Head Nurse Huang appreciated the hospital's dedication and wished everyone to give colleagues more support and encouragement.

Epidemic Prevention Pioneer, Epidemic outbreak in the Emergency Room

Dalin Tzu Chi Hospital Emergency department Director Lee Yi-Kung was really worried about the unforeseen changes of the pandemic. However, through his behavior and language he assured confident in handling the pandemic.

Lee Yi-Kung emphasized that the most important strategy was to consider the transmission after infection, it's not if you contracted or not. He said that people who contracted COVID were infectious 2 days before the symptoms showed up. However, several days after infection, the transmission rate would decrease. Thus, we needed some tools to make timely justification to react. PCR testing could be used to differentiate if was ground zero, but the waiting time was too long. Sometimes, it might not be able to tell if it was contagious. Dalin hospital started using antigen rapid screening to obtain fast result. Even if the difference between the different brands were huge, we tried our best.



From Critical Care Unit, to the quick PCR screening, Dalin Tzu Chi Hospital's ER Dept. Director Lee Yi-Kung (right) were working hard with the team.



ER Dr. Chang Jer-Ruey joined the specialized ward team. Dr. Chang performed the PCR for the colleagues every week. For the safety of medical system, nursing staff endured the test.

Facing this stressful pandemic situation, Dalin Emergency Department quickly made some adjustments, such as the emergency room would only accept COVID patients and apply the rapid test immediately, and all medical staff should wear protective suits. "With safety consideration of medical staff, saving life is still the top priority. For any urgent case, the patient will be sent to negative pressurized isolation room, or the self-contained air conditioned room, for necessary treatment."

Using the antigen rapid screening, we could separate the serious and higher risk patients earlier. Separating contagious patients from the others was a very

important part of hospital's operation and safety of the staff. Once the emergency room is contaminated with the COVID virus, it will affect the hospital's operation and existence. Therefore, we must protect ourselves at any moment. When the outside temperatures reach 30 to 40 degree centigrade, wearing N95 mask inhibits communication, and damages skin. But we must wear protective suits to protect ourselves, patients, and the hospital.

During the critical moment of preventing the spread of the pandemic, the emergency room is the front line. Everyone understands the mission to prevent the spread, including emergency rooms, specialized wards, and rapid test stations.

The Brave Front Liners

Dr. Chang Jer-Ruey graduated from Tzu Chi University medical school, and devoted most of his younger years in the emergency room, the post graduate years (about 8 years training in residency) were all at Dalin Hospital. "I am used to Tzu Chi's life style. Master Cheng Yen's inspiration is here, therefore, Tzu Chi is like my second home and I never thought of leaving."

During the pandemic, the emergency room was increasingly more crowded and busy. Then the community outbreak increased in Dalin, the emergency room



was so much busier with all kinds of patients. The outside of the emergency room were full of people for PCR tests. This created a lot of stress among the medical staff. Because of the traffic, emergency room was a risk for out of control COVID.

“On the contrary, inside ward 12B, the risk is much safer and work load is simpler.”

Dr. Chang Jer-Ruey realized that this was challenging, even with opposition from the family, he still promised to help without hesitation. He knew there were many patients waiting; this was a good opportunity to perform doctor’s duty to ease patients’ pain. Why wait?

With many years of experience in the emergency room, Dr. Chang walked into the positive COVID patient’s room and knew he could help. Cooperating with internists and following the most recent guidelines, Dr. Chang learned on the job and excelled fast. He familiarized the environment on the first day. “The first day, I went to the ward to take samples, met with Jun-Liang Lai, the associate head of the hospital, to discuss how many MICU patients could be transferred as well as patients’ condition in ward 12B. For patients reported weakness in the limbs, we would go into the ward to assess their conditions. This is the norm in the wards.”

Dr. Chang Jer-Ruey said, “We, doctors, can do much to simplify medications and processes, to reduce

traffic in and out of the ward to fight infection. This is our goal, when we treat patients we must also protect our medical staff.” Therefore, during this pandemic, everyone who volunteered as a front liner is brave and fearless to save patients.

Please Follow Our Movement

In the 16 square feet 12B isolation ward, a patient is refined to PCR tests, taking medicines to fight the uncomfortable symptoms, and staying inside the simple monotonous room day and night alone.

In order to help patient’s mental and physical state, by the requests of the nursing staff, the public affair office prepared a few exercise videos, and asked clinical psychologist to demonstrate the correct breathing methods, and played in the video channels of the ward.



It's the exercise time in the ward, nurses led the patients to do the healthy exercises.

The videos includes explanation of veggie diet to health. Prevention is better than cure. During this pandemic, we not only have to be aware of personal hygiene, but also need to eat healthy food like being a vegetarian. Spiritually, we are mindful of our own deeds with sincerity and respect for all beings.

“Grandpa, grandma, let do exercise together!” The nursing staff turned on the TV in each room of the ward so patients could follow along. Once inside the room, there is very little opportunity to pump the heart, or perspire. After rounds of exercises, nurses then led everyone to cool down properly. Hopefully, these types of exercises would help patients recover and gain strength sooner.

Hometown Flavors in the Ward

Recall the chaotic situation when the isolation ward was first open, there wasn't enough manpower to cover the ward. Originally, RN Yang Chia-Chia in the room 11B was considering if she could help out? She was worrying if she might not be able to come out once inside? She was struggling and afraid about going to help out in the ward. Then she said to herself, “Life is short, it is right to do things that are meaningful to the society.”

At first, the family had difficulty to accept her decision. When asked, she explained the reasons why she needed to help. She works in the surgical department



Nurses used the patient's native language to encourage the migrate workers.

but COVID is internal medicine, so nurses from internal medicine are the first to respond. Only when there is not enough people, then her help is needed. Thus, they should not worry about it too much.

“I didn't realize that only few days later, the head nurse asked me to help out setting up the ward, such as where the chairs should be placed and where to put the bell for ringing, for the convenience of patients.” Yang Chia-Chia wasn't hesitating and felt she needed to do her duty. Thus after that she stayed there to support the specialized ward.

Unable to go back to her dormitory or home, her mom started to wonder but Yang had already thought an un-rebuttable reason. She told her mom, “As a nurse, not only I can support myself; also I can



do good deeds with merits and virtues. If I know that place is dangerous, and no one wants to go, then nobody will help the patients.” Mom seemed to be touched by daughter’s earnestness.

“I volunteered; life is meaningful if I am needed.” She wanted her mom to be at ease and promised her that she would protect herself. She would follow hospital’s standards and procedures, not rush things through and be realistic. Moreover, “Over there, we know who our enemy is, unlike on the street, we don’t know who is enemy and that’s the real danger.”

During the first few days of “Isolation”, Yang Chia-Chia always shared the information with her parents where she stayed, the food she ate, and the touching stories with patients, through pictures and videos; she eased the worries of her parents who lived in Kaohsiung, and turned their anxieties to support her work.

When entering the specialized ward, there were many foreign workers from Indonesia, and the Philippines, they recently arrived and was diagnosed with COVID. One could imagine how scared, worried and frightened they could be. The nursing staff was working very hard to find the suitable way to communicate with them. “Later, we added patients to the LINE group, then used Google to translate to Indonesians or Filipinos, then posted it so they could read them by using their cell phones.”

Yang Chia-Chia told her patients

to write down any questions, and use their own languages. Translation was time consuming task for Yang Chia-Chia, but she also learned a few words to communicate with the patients. Simple words make the relationship closer with each other. The patients told her that everyone was very kind even could speak their language, like “thank you” and “good bye”. During treatment or measuring the blood pressure, Jia-Jia would speak with the patients and the patients eased the anxiety and smiled.

Seeing the patients’ low spirit, the staff wanted to do more for them. The staff would buy instant noodles made in Indonesia with their own money, they tasted it first, then bought 4 more different kinds, so the patients would have choices. They also went online to study their eating habits, and discovered that they loved spicy hot food so they bought more hot spicy sauce. Then they bought a few boxes of instant Indonesian noodles. At first, the patients were surprised to see the home town food. They used the simple Mandarin, “Are these really from our country?” They couldn’t believe it and kept looking at the noodles and draw a heart with the hands to show appreciation.

When putting on the protective suit, only the eyes are exposed. The patients said, “Although I don’t know your name and don’t know what you look like, we are not related but you treated us so nice like family members. We really want to thank

you.”

Doing a professional job and caring for the patients are the tender and gentle persistent principles for the nursing staff.

With Same Goal Toward Treatment, a Hospital Within a Hospital

In order to fight this worst pandemic crisis since 1918's Spanish flu, Dalin Tzu Chi Hospital followed a plan devised earlier - opening up 12th floor as specialized ward, 13th floor as nurses' dormitory, and drafting more volunteers to fight this pandemic.

The job of being a front line nurse is hard and dangerous. One often needs to wear the protective suit and N95 mask with no time to drink and eat, but endure the heat and sweat to perform the nurse's tasks. There were many volunteers willing

to help, but the numbers were limited.

For doctors, including specialty in Thoracology who are the most important and critical part of the hospital, and we also have volunteers such as heart surgeon, Dr. Chang Chien-Hwa from the surgical department, Chang Jer-Ruey from ER, and Dr. Wu Yu-Cheng from the anesthesiology department. These are doctors from 4 different departments, thus the 12th floor specialized ward is like a micro hospital by itself and enough to handle all situations right there. The most special thing is Vice Superintendent of the hospital held on-line meetings and discuss the best way to treat the patients every day.

The COVID-19 spread to the whole world, we need to fight it together and that was the most fundamental and important thing. Dalin Tzu Chi Hospital did it the right way.



Dr. Chang Chien-Hwa cardiac surgeon (middle) also volunteered to help the specialized ward appreciated other departments' staff helping the ward together.

Rapid Testing, Eastern and Western Integrated Treatment, First Severe COVID-19 Patient Discharged

By Chiang Chia-Yu, Huang Szu-Chi

80-year-old Grandpa Chen (pseudonym) was infected with COVID-19 at the same time as his daughter near the end of May, 2021, and he became the first severe COVID-19 patient admitted into Hualien Tzu Chi Hospital. With the help

of both the Eastern and Western medical teams, he recovered significantly in a week and was estimated to be discharged on June 10. He was ultimately discharged on June 17 to coordinate with his daughter's quarantine period.



Hualien Tzu Chi Hospital Supt. Lin Shinn-Zong (second from the right), Chinese Medicine Deputy Supt. Ho Tsung-Jung (left), and MICU Director Chen Yi-Ting (right) gifted Jing Si Herbal Tea concentrate and the handmade fan to Grandpa Chen's family, congratulating him on his discharge.

When Grandpa Chen was sent to the hospital on May 24, not only was he suffering from breathing difficulties, fever, weakness in the limbs, clouding of consciousness, and a blood oxygen level of 90%, he also frequently choked on his food. After oxygen therapy, many rounds of phlegm removal, Remdesivir, and steroids, he started receiving a mixture of Chinese and Western medicine on the 27 with Jing Si Herbal Tea. Grandpa Chen also suffered from high blood pressure and diabetes, but after this adjustment, his consciousness problems, glucose levels, and blood oxygen levels all saw significant improvement.

According to Western studies on COVID-19, patients over 80 years old have a sixty percent chance of becoming severe, Chen Yiting mentioned. With the care of the medical team, Grandpa Chen was moved to the general ward on May 31.

After regaining consciousness, Grandpa Chen was quite emotional and unstable. Attending Head Nurse Lee Su-Chen noticed that he had a very strong desire to return home. According to Lee, his phone did not have video calling capability, so a nurse provided him a tablet to video call his family. With his son and daughter on the other end of the call, his emotions were calmed, and he cooperated with the rest of the treatment.

“Grandpa Chen, let’s take a walk!



General ward nurse Cheng Yu Wan-Ting and the night shift nurse made a fan with a chibi version of Grandpa Chen to congratulate him on recovering.

Let’s practice your footwork.” The nursing team enters Grandpa Chen’s ward three times a day to take care of him, encouraging him to do physical therapy by saying, “If you move around a bit more, you will go home a bit earlier.” General ward nurse Yu Wanting said that watching Grandpa Chen progress from lying in bed, to learning to walk with assistance, and walking by himself to the bathroom



to brush his teeth and washing his face makes her very happy for him. She and the night shift nurse in charge of Grandpa Chen made a “Chibi” fan with Grandpa Chen wearing Amis Tribe clothing, symbolizing how he fought the illness like an Amis warrior and presented it to him on the day of his discharge.

“Many great thanks to the medical team for taking care of my father so well!” Grandpa Chen’s son and daughter repeatedly thanked the medical team for their care after the medical team sent their blessings. His daughter remembered back when she was in another hospital, crying every day for fear of losing him.

Superintendent Lin Shinn-Zong mentioned that Hualien Tzu Chi Hospital not only featured a mixed use of Chinese and Western medicine but also served healthy vegetarian meals to its patients. A recent Western study states that vegetarians experience 73% less severity in illnesses, while meat-consumers experience 3.86% more severity in illnesses, so the medical staff here encourage patients to eat vegetarian even after being discharged.

Fighting on the Brink of Disaster - Neighborhoods’ Testing

A barbecue gathering in Chongde Village of Xiulin Township in Hualien County resulted in 15 positive COVID-19 cases



Dr. Lai Pei-Fang reassured the team on the way to the village and also drank the Jing Si Herbal Tea given by Lin Shinn-Zong before putting on her protective suit to prepare for the next three hours.

as of June 17, 2021. To stop the spread, Hualien County’s health department contacted Hualien Tzu Chi Hospital to test the neighborhood on the 17 and 18th. The hospital then created a rapid test team with members from the ER department, dental department, nursing department, clinical laboratory department, quality management department, public announcement department, anesthesia department, security department, Dharma promotion department and more. During the two days period, a group of 17 and 19, respectively, headed for Chongde Village and Fushi Village to rapid test all residents.

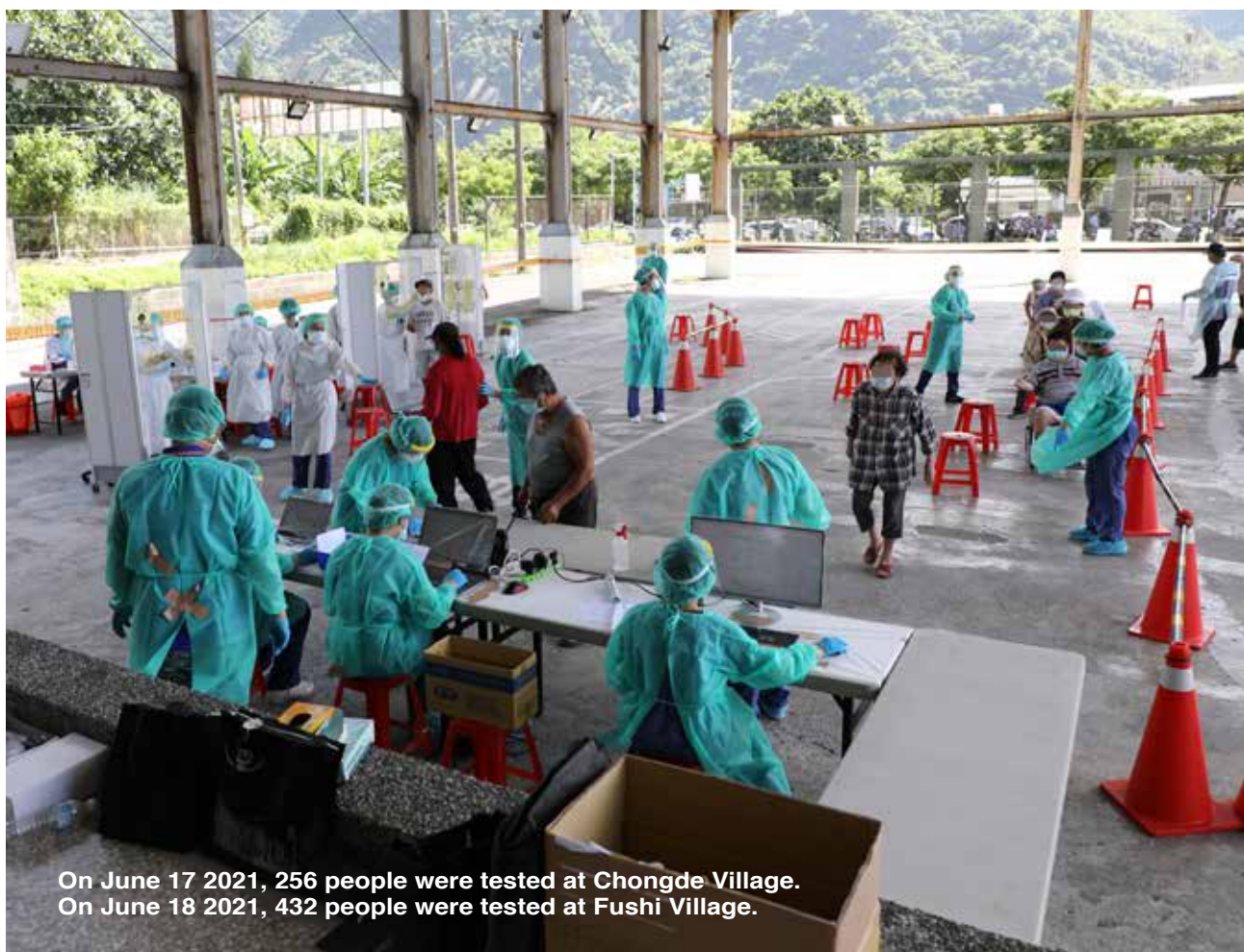
“We are about to leave now, is anyone worried? What do your family think?” Supt. Lin Shinn-Zong asked every staff participant. After all, an aboriginal



The testing team and administrative team taking a picture together.



village is different from a well-equipped hospital, so Hualien Tzu Chi Hospital Medical Secretary Dr. Lee Yi and Human Resources Director Liu Hsiao-Yu rushed tirelessly to coordinate the testing team. Chongde Village was a COVID-19 hotspot, so entering the village was a very courageous and risky move, and the testing team needed ample protection to remain safe. Lin also offered blessing and the popular Jing Si Herbal Tea to the



**On June 17 2021, 256 people were tested at Chongde Village.
On June 18 2021, 432 people were tested at Fushi Village.**

team, and prayed for their safe return.

On June 17, team leader and ER department Dr. Lai Pei-Fang and dental department director Huang Ming-Chie took the responsibility of testing the residents, three nurses distributed testing kits and sanitizers, and laboratory medicine technicians had the most important role of analyzing the samples on the spot.

Disease Prevention Experience Comes into Use, Jing Si Herbal Tea Works Wonders

“So far, we have not had any one single positive case among the testing staff, so if we do proper protection, we will be safe.” On the way to Chongde Village, Dr. Lai Pei-Fang shared her own disease prevention experience and cheered up the team. Ever since the initial onset of the pandemic, Dr. Lai Pei-Fang and the ER staff have constantly been on the front lines. Dr. Lai is also the designer of the ER negative pressure room and the inventor of the face shield. As soon as she found out the testing expedition, she immediately registered, becoming a very calming presence in the team.

After arrival at the multi-purpose center of Chongde Village, the team met with Hualien’s health department’s staff and public health director of Xiulin Township Tian Huiwen, who were setting up testing stations.



Dental department director Huang Ming-Chie (left), ER Doctor Lai Pei-Fang (right), and Hualien health director Lin Yanzi (center) discuss how to increase the efficiency of testing, bringing up the idea of testing from the side for increased safety.

After quick assessment, Dr. Lai Pei-Fang reminded the team to be prepared for differences in testing outside rather than inside a hospital. The tools would be different, and everyone needed to rely on each other to keep the testing process smooth. Fortunately, the Hualien and Xiulin Township had already set up the sequence of processes, including computers, documents, and other preparation tasks.

Because of the inconvenience of putting on and off the protective gears, the testing team would not be able to drink or use the bathroom, so Dr. Lai Pei-Fang gave each member a packet of Jing Si Herbal Tea Liquid to boost energy

and immunity before the task of testing hundreds of people.

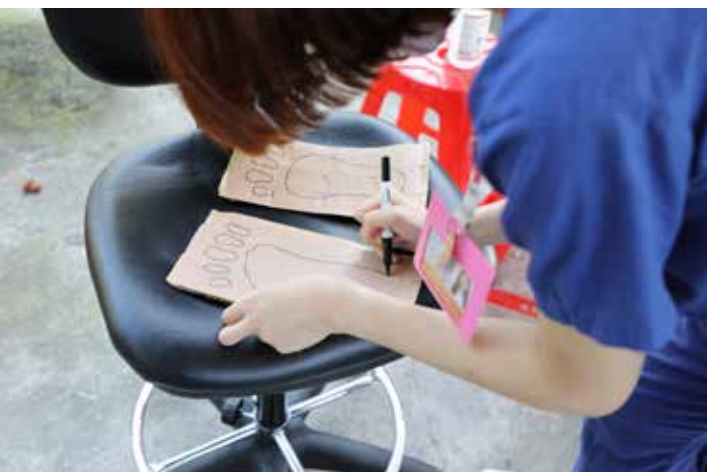
Testing from the Side for High Efficiency, Pediatric Nurses Rack Achievements

Although the team has become familiar with the testing process over this pandemic-filled year, the village is ultimately not the hospital; most people tested positive at the hospital while residents of the village usually did not.

Symptomatic patients usually do not cooperate as well with the testing process because of the discomfort in their bodies, while most people in the village are more cooperative.

During a simulation testing, Dr. Lai Pei-Fang and director Huang Ming-Chie decided to ask the villagers to test with their side facing the doctor instead of facing the doctor head on. That way, the cotton swab can enter the nostril easier, and the doctor can push in the swab at a more accurate angle. With the correct angle, the patient will go through less pain. Since testing through the nose is not the most comfortable process, eliminating some of the discomfort would allow better cooperation from the villagers and more time saved overall. This consideration for the villagers allowed the testing team to finish 256 and 432 tests in Chongde and Fushi Village, respectively.

Although the villagers were more cooperative than hospital patients, there was also another difficulty regarding testing in villages: the wide age range. There were elders over ninety years old and newborns, and this was a challenge for the testing team, especially because children and elders tend to be less cooperative. At this time, a nurse noticed that with the current system, parents and children would be split apart into different testing stations, so she suggested that parents and children enter the same



A nurse draws two footprints that will be placed on the ground to show villagers where to stand.

testing station.

Nurse Song Jing-Huan also utilized her pediatric nurse skills to keep children under control. She arranged the seat so that the parents could secure the child's feet with their knees and hug the child to secure their hands. She then secured the head to quickly perform the test while other nurses encouraged the child from the side, praising the child before they had a chance to cry.

Sweat Soaking the Body Like a Sauna, Upholding the Duty of Preserving Health

The doctors administering tests had to stand in a nearly airtight area, and their hands were in rubber gloves, unable to escape as if they were tied to a cross. Their hands remained busy for hours. The assisting nurses were grouped into pairs, where one passed the testing kits to the doctor and secured the villager, while the other disinfected the area. The laboratory doctors were also wearing airtight vests, generating test results within minutes behind the testing station. The administrative staff helped people fill out forms and verify contact information. It was teamwork so testing could go smoothly on this hot day. It was only at the end that they noticed that they were covered with sweat and suffering from neck and back pains.

Dental director Huang Ming-Chie said that overall, this testing expedition was much tougher than the free clinics he had participated because of the time pressure, the large amount of people waiting, and the heat, so he believes that both participants in the testing team and free clinics perform their jobs with hearts full of love. Dental vice director Huang Bingwei, who took Dir. Huang's place on the 18th as a test administrator, said that this was his first time participating in a testing expedition and that it was a very fulfilling experience and every second served a purpose and was not wasted. He felt very satisfied from the feeling of working hard with everyone, and he hopes that he can participate again.



Pediatric nurse Song Jing-Huan (right) knows how to cradle the child so that they are not as nervous.



The laboratory technicians remove their suits to showcase their sweat stains at the end of the day.

Medical secretary Lee Yi says that on the first day, Huang Ming-Chie and three laboratory technicians started showing symptoms of heat stroke, but after some coordination, the team was able to finish strong. On the second day, more people were sent to help, but one of the nurses also showed symptoms of heat stroke. The team immediately pitched in to keep the testing process smooth.

At the testing center, a young mother with her newborn child said that she had not expected the pandemic to reach them and that she thanked the medical staff for explaining the steps clearly to not make testing as intimidating as it seemed. The testing process was also very speedy, and she hoped that her child could grow up in a healthy environment. Another young girl who had come with her sister said that she had no idea what was happening, but seeing everyone's tense mood made her nervous as well, and she wished that she could quickly go back to school and play with her classmates. The testing team was also touched by hearing this child's simple wishes. Let us hope that everyone goes about life with caution and care in the hope that life can return to normal as quickly as possible.



From June 22 to 25, 2021, Fushi Village in Xiulin Township's multipurpose council administered more testing, successfully testing everyone in the village.