The Logic of 'Advanced Deployment' to Tackle COVID-19 in Taiwan

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I was planning to return to the UK to complete my PhD study before the coronavirus swept Europe. The Taiwanese government's travel ban on medical personnel made my situation trickier. As a healthcare worker, it is embarrassing to ask for leave when all my colleagues are being urged to stay for the need of the country. Just when I was struggling with my decision, I received the COVID-19 update letter from the university, announcing that all face-to-face teaching should be stopped and that students should stay at home. Meanwhile, the Taiwanese government updated the travel warning of the UK to level three, a red light. I stopped browsing airline webpages and realised that the plan to return to Durham would have to be postponed.

Border control

Taiwan has been considered among the countries to take effective measures such as big data and central command to tackle coronavirus. The government and the media use the term 'advanced deployment' to describe those methods proposed in advance to prevent an overload of the medical system. One of the policies affecting me is the travel ban for medical personnel. According to the government, medical staff should apply to the authorities for the approval of travel, subject to the level of warning signs. At first, the UK was on warning level one, but the hospital in which I am employed had decided in advance to suspend all applications to travel abroad. Many of my colleagues cancelled plans to attend conferences and take trips. Although there was blame amongst colleagues, most medical staff accepted the policy based on the collective decision to face this hardship together. The collective morality of 'for the sake of the country' has affected medical staff's self-surveillance and censorship, which led to the criticism of a doctor who travelled to the US during March, although he had received his hospital's approval beforehand.

Medical staff are one of the most aggressive groups in calling for border control. When the government decided to evacuate citizens from Wuhan, a doctor launched a petition asking the authorities to defend the bottom line of border control, advising the Taiwan government to dominate the right to decide who

can get on board. The petition also appeals for a careful inventory of the medical resources before evacuating people. In just one day, more than 110,000 medical staff, one third of the total medical personnel, signed the petition.

My colleagues are nervous. However, being a psychiatric doctor in a general hospital, I don't suffer as much stress as other staff who face patients with temperatures and symptoms of flu. The number of patients in my clinical sessions has dropped because people do not want to take the risk of being infected when coming in for conditions such as depression or insomnia. However, I still have to follow the guidelines of asking patients' history of TOCC (Travel, Occupation, Contact and Cluster), for every patient I see. I can see patients' travel history by putting a health insurance card into the card reader. That owes to the fact that the officials have integrated immigration and customs database with national health insurance database.

The hospital is continuously upgrading disease control measures. Thermal cameras and automatic hand sanitiser dispensers are installed at the entrance. All people must show their health insurance cards before entering. These policies result in long queues at the door of the hospital, every morning. Medical
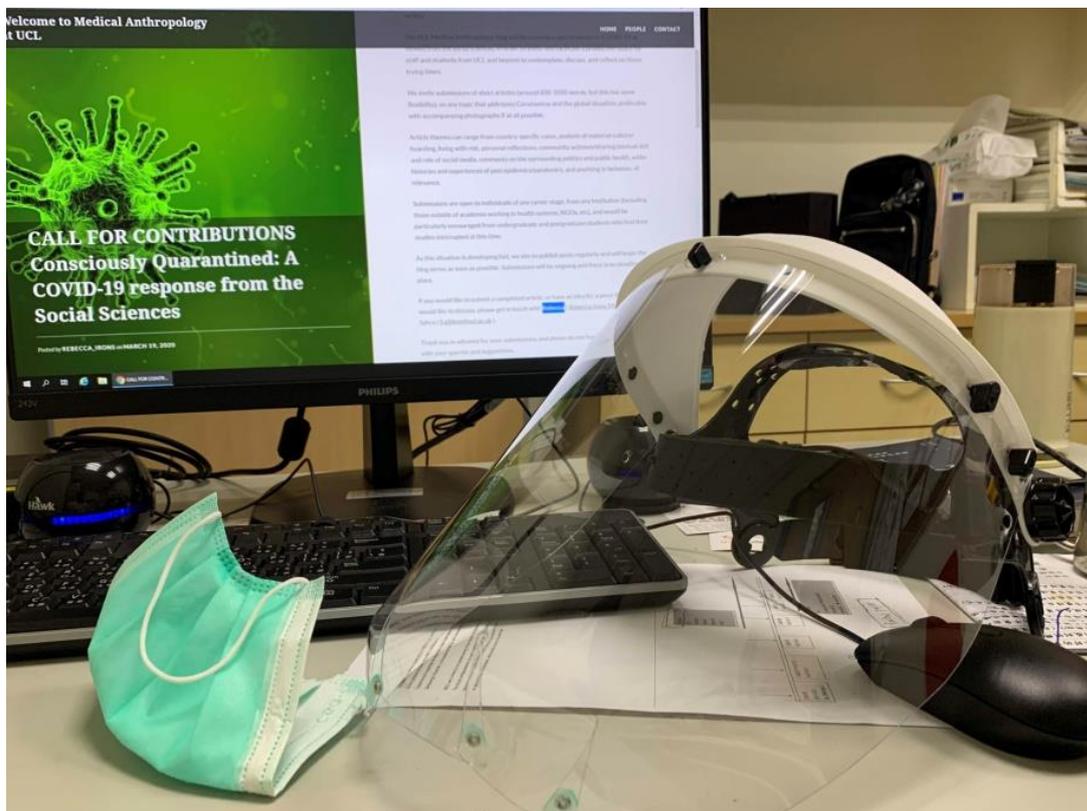
staff are rationed face masks and shields. All of my colleagues have to practice putting on and taking off

A battle of the face (*mien zi*) and the lining (*li zi*)

the isolation gowns in case they need them. My psychiatrist friends may feel awkward using the face shield since it may create an unnecessary sense of distance, but they still put them on for a selfie since all these are all novel experiences.

A Chinese saying goes 'win the face (*mian zi*) but lose the lining (*li zi*)', used to describe the status of apparently winning but actually having lost. The death of the Chinese whistleblower, Li Wenliang, who warned of the case of an unknown infection but was admonished by Wuhan authorities gives a sense of *déjà vu* to Taiwanese people. For most medical practitioners in Taiwan, the memory of SARS does not go far back. During 2003, SARS caused 664 infectious cases and 73 casualties in Taiwan. The hospital's initial decision to hide the infectious cases led to the lockdown of a hospital in Taipei City. It caused 57 infectious cases and seven deaths among medical staff, and 97 infectious cases and 24 deaths among patients and their family members. Afterwards, the National Health Command Center (NHCC), an integrated cross-institute platform to conduct the crisis management, was established in Taiwan Centers for Disease Control.

It has been argued that Taiwan's health insurance system and the rapid response to the epidemic may have secured ways to contain the coronavirus. However, I still feel uncomfortable when the current achievements of disease control are overpraised. The people who are infected are still stigmatised, and there is a witch-hunting atmosphere. Every day, the government announces new cases of infected people and their travel histories, while local communities hunt for more detailed information. A friend of mine told me that a quarantined family's address in their community had been posted on the billboard in their flat. Overseas students were blamed for bringing back the virus. From the government's perspective, it is crucial to protect the isolated personnel's privacy in order not to trigger fear, but the public defend their right to know for their own safety.

Patriotic symbolism and collectivism

The mood of patriotic symbolism prevails in Taiwan during epidemics. The narratives of the 'national team' become the primary tone in disease control. Some government officials are flattered as national heroes, especially Chen Shih-chung, the current Minister of Health and Welfare. An illustrator designed a mini figure of the minister standing and uploaded the layout to the cloud. People can download the

file to make their own figure standings and put them in the entryways to buildings and shops. Since the minister's name, Shih-Chung, is pronounced the same as the Chinese Mandarin of the word 'clock', the media uses the terms 'clock-wise' and 'counter-clockwise' to describe those who support or are against the government's measures. In the past few months, the government has recruited and organised manufacturing professionals to produce enough facial masks and even export more production to countries in need. International media and even scientific journals cover the Taiwan government's measures to tackle the virus, and Taiwanese netizens proudly post these achievements on social media.

I agree more or less with the saying that Taiwan may have contained the disease well because of its robust civil society, which ensures the government is supervised by the public in order not to violate their rights. However, I still smell patriotism more than communitarianism. In the past two months, I have noticed that people who acknowledge the government's disease control policies are also in the same echo chamber of shared political ideology. In fact, just a few months before the outbreak of the virus, people in Taiwan experienced two significant events that enhanced such a mood of solidarity. The first was witnessing Hong Kong's eight month-long pro-democracy campaign, and the second was the presidential election which was held amid fears of Beijing's threat, which has led to Taiwanese collectivism in vulnerability. The result of the election showed the untrustworthiness of China's 'One country, two systems' principle. Moreover, since the virus outbreak, China has fortified its military threat by sending air force missions near and around Taiwan. Since COVID-19 broke out at the timing of the

nationalist high tide, Taiwanese people surrendered some rights to the state based on their trust in the country.

Taiwan's 'advanced deployment' may be taken as an effective model to tackle the virus, but some of the measures are questionable because of possible infringement of privacies. I do feel safe when I work in the hospital in that some staff can already identify potential patients at the entrance, and I can recheck their travel history by looking into their health insurance card data. However, that feeling may be the reason why thousands of tourists blocked the streets in tourist attractions during recent holidays regardless of social-distancing advice, since they may think the virus is still far away. I was disappointed to see the video clip of a WHO advisor hanging up on a Hong Kong journalist when being interviewed about Taiwanese issues. However, that feeling may be the reason why people would rather idealise Taiwan's actions and decided it is useless to rely on WHO, which continuously blocks Taiwan under pressure from China.

Conclusion

Given the profound anthropological reflections on disease control, there is no one-size-fits-all model for battling against this virus. However, it is never easy to imagine an appropriate measure without addressing the complex of world politics. It is undoubtedly too early to tell if the coronavirus is

successfully contained in Taiwan. However, the logic of 'advanced deployment' reveals Taiwan's struggle for international prestige by appealing to the country's collectivism. It is a battle for both 'face' and 'lining', while 'face' (*mienzi*) is related to the sense of respect and 'lining' (*lizi*) refers to strength and capability. The COVID-19 pandemic stirs in the imagination mankind's solidarity, an image of everyone, including me, watching Joan Baez singing the classic 'Imagine' on a laptop screen. Nevertheless, when we think of unifying as One, we still need to understand how people imagine Others when they perceive political vulnerability in this quasi-war time.

REFERENCES

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