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Tribal Responses to the COVID-19 Pandemic Experience in the Culture and Health Stations of Taiwanese Indigenous Peoples

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Abstract
Both the challenges faced by Taiwan's indigenous communities due to the COVID-19 pandemic and their experience in preventing the virus's spread are worthy of more discussion. Data include participant observation, archival data analysis, and the author's practical experience on the Tribal Culture and Health Station program. With theoretical insights from the literature on decolonization, sociology of disaster, and community development, this article analyzes three main aspects: the Taiwanese disease control model, Taiwanese indigenous peoples' response to the disease, and the coping experience of Tribal Culture and Health Station. This article thus highlights the importance of medical and public infrastructures, and concludes how social solidarity, public and private collaboration, and innovative technology utilization deeply shaped indigenous community development and the disease control work. The promotion of the Tribal Culture and Health Station in Taiwanese indigenous tribes and the National Health Insurance have become crucial factors to establish disease control centers in tribes and implement disease control policies from the government. What we need to further examine is the relationship between indigenous people and the state, as well as the potential of traditional indigenous medicine and a bottom-up tribal development model. It is the value of reciprocity and collective action from indigenous tribes that can be exemplified for the mainstream society under the pandemic.

Introduction: Taiwan's Model of Epidemic Prevention

As of the end of October 2020, the outbreak of COVID-19 in Taiwan has been under effective control. Counties and cities in Eastern Taiwan, where mainly indigenous peoples reside, are among the few places in Taiwan that have reported zero confirmed cases and hence are considered to be relatively safe. This contradicts the general assumption that indigenous peoples are more vulnerable to the impact of an epidemic because of the healthcare and social inequalities that they have suffered for long. Therefore, the tribal situation and the epidemic prevention experience of Taiwanese indigenous peoples is an issue that must be discussed. This article references archival materials and practical experience from the culture and health station programme; further, it explores Taiwan's epidemic prevention model and the responses of Taiwanese indigenous peoples and the experiences of Tribal Culture and Health Stations. This

article presents observations and reflections from the following three perspectives: decolonisation, the sociology of disaster and community development.

Taiwan's health policies and the country's experience of fighting the SARS epidemic 2003 and COVID-19 2020 has been a model for the world. Taiwan's comprehensive national health insurance system is the keystone in our response to coronavirus disease 2019 (COVID-19). Taiwan's National Health Insurance (NHI) system covers more than 99 percent of the population and provides healthcare services to all citizens nowadays. Adoption of smart technologies forms the backbone of efforts to fight pandemic. Experience of fighting the SARS epidemic helping Taiwan strengthen all-round response capacity and take advanced preparations to fight COVID-19. In 2004, the year after the SARS outbreak, the Taiwan government established the National Health Command Center (NHCC) (Wang, Ng, Brook, 2020). So far, Taiwan's main COVID-19 epidemic prevention measures are as follows:

1. **Border control:** Taiwan resists the invasion of the virus through strict border controls. Quickly carry out control and quarantine on flights in severely affected countries and implement entry quarantine measures.
2. **Mask National Team (National leading and supporting mask production):** Through the cooperation of the country and the private industry, the production speed of medical masks can be rapidly increased in a short time. Through the power of the state, affordable and good quality of anti-epidemic products are provided to all citizens.
3. **Application of technology and innovative technology:** Using the Internet and innovative technology to make a fair distribution of masks, so that everyone in need can get them. People can easily get the masks and anti-epidemic supplies they need through convenience stores or local health centers or know where they are in stock through Internet technology and smartphones. (Chang & Chiu, 2020; Lo & Hsieh, 2020)

But due to overemphasizes the role of the country and the emergency of epidemic prevention, there is less room to discuss ethnic differences and social inequality.

Situation and Experience of Taiwanese Indigenous Peoples: The Case of Tribal Culture and Health Stations

A major policy espoused by the Council of Indigenous Peoples is the establishment of community long-term care stations for Taiwanese indigenous peoples with the help of tribal or social welfare organisations and with government funding. The Council of Indigenous Peoples

is a ministry-level body under the Executive Yuan in Taiwan , serving the needs of the country's indigenous populations as well as initiating the program of the tribal culture and health stations. The main goals of the tribal culture and health station program include preventive healthcare, postponement of disability and active ageing. The main work items of those stations include physiological measurements, phone greetings, home visits, disability prevention, referral services, meal delivery, health-promotion activities and cultural and spiritual courses, among other services. The tribal culture and health station program started in 2015 with 43 stations established across Taiwan, serving more than 1,000 tribal elders. As of October 2020, a total of 432 stations have been set up, serving more than 13,000 people. With an increase in capacity by more than 10 times, these stations have become important and indispensable long-term care depots for elderly indigenous peoples.

According to the Taiwan Indigenous Peoples Open-Research Data (TIPD), there are around 570,000 indigenous peoples in Taiwan. Hualien County (see Figure 1) is the region with the largest population of Taiwanese indigenous peoples. Among the 774 tribes in Taiwan, 182 live in Hualien, 90 of which have established culture and health stations. According to the statistics from the TIPD, there were 15,246 elderly indigenous people aged 55–100 years old in the Hualien area in 2019. Taiwanese indigenous peoples enjoy annuities and other senior citizen benefits once they reach the age of 55. The Amis people are the major ethnic group served by culture and health stations in Hualien, followed by ethnic groups such as Taroko, Bunun and Sakizaya. Currently, 23 of the culture and health stations in Hualien have a service scale of 40–49 people, 20 have a scale of 30–39 people and 22 have a scale of 20–29 people. These community senior care stations have become increasingly common in Hualien.

Figure 1: Map of the Hualien County.

Experience of Tribal Culture and Health Stations in Epidemic Prevention

Although Hualien County is remote from the capital, Taipei, with the support of the national health insurance and national health infrastructure, the epidemic prevention and medical services of Hualien do not fall behind. With the widespread establishment of tribal culture and health stations, 2–4 full-time care-workers with a nursing or social work background work at each tribal station. During the ravages of the epidemic, the culture and health stations act as critical bases for epidemic prevention and community health education. Some important strategies for tribal epidemic prevention that are practiced by the culture and health stations include the following:

1. **Vital sign measurement and temperature monitoring:** During normal days, one of the major service items of culture and health stations is to measure the vital signs and health status of visiting tribal elders. During the outbreak, the stations promoted epidemic prevention through vital sign measurement, temperature monitoring and health education.

Image 1: Sado Station(Amis Tribe)

In response to the epidemic and the central government epidemic prevention measures, an epidemic prevention monitoring measure is set up at the entrance of the station. Anyone who enters must be-checked body temperature at the entrance and be equipped with a mask before entering the station. Once the body temperature exceeds the central government standard, the person will be prevented from entering, and all monitoring data will be recorded for follow-up by local health and epidemic prevention center.

2. **Translation of messages and implementation of national epidemic prevention guidelines (promoted in indigenous people's mother tongue and through a hand-washing dance):** The culture and health stations translate information and guidelines on epidemic prevention from the Central Epidemic Command Centre to indigenous people's languages and spread the message through leaflets and videos. These promotional efforts are conducted with traditional music and dance, where a hand-washing dance lesson plan has been promoted at numerous tribal cultures and health stations. Thus, the tribal elders who suffer from the digital divide and information barriers could receive and understand the latest epidemic prevention information and strategies in a timely manner.

Image 2: Onsing Hot Spring Station (Amis Tribe)

Although the station is an open room space, epidemic prevention measures are still implemented. Elders must take their temperature check and wear a mask when entering the station and maintain a social distance in the seating arrangement. In particular, the care-workers designed the anti-epidemic hand-washing dance, combined with the indigenous traditional music, and matched with health exercises. In a simple and relaxed way, the elderly can memorize the 5 steps of handwashing and practice epidemic prevention in their lives.

3. **Provision of epidemic prevention supplies:** The government provides and controls the distribution of basic prevention supplies to every citizen, including thermometers, alcohol, detergents, and face masks, among other things. Indigenous tribes enjoy priority access to epidemic prevention supplies from local health centres and culture and health stations.
4. **Autonomous tribal epidemic prevention and border establishment:** The Hualien area is a tourist hotspot in Taiwan. Since the epidemic's outbreak, citizens have flooded to

indigenous regions for domestic tourism and sightseeing because they cannot leave the country. This has led to higher risks of virus transmission and presented challenges in epidemic prevention among tribes. Some tribes initiated their own anti-epidemic response actions such as setting up checkpoints at tribal entrances to prohibit visitors from entering and introducing control measures such as temperature monitoring.

Observations and Reflections

After describing the epidemic prevention model in Taiwan and the epidemic prevention experience of the Tribal Cultural Health Stations, according to the relevant literature, further discussions will be made from the perspectives of decolonization, disaster sociology, and community development.

From the Perspective of Decolonisation

With the enormous stress placed on the application of technology and the professionalism of modern epidemiology, traditional healthcare and spiritual care have received relatively little attention. During the epidemic, several important tribal festivals were suspended (including the 'ear-shooting ceremony' (Malahtangia) of the Bunun tribe, the 'millet harvest festival' of the Paiwan tribe, and the harvest festival (Ilisin) of the Amis tribe, etc.). However, in the face of major epidemics and disasters, the traditional wisdom of the indigenous tribes and their healing relationship with nature need to be discussed and observed. The human drive to improve lifestyles may enable a hopeful response and solutions to the crisis by embracing indigenous values(Anna, 2020). The values of mutual assistance and collectiveness emphasised by indigenous tribes bring inspirations and reflections to mainstream society, which are especially precious in times when individualism and capitalism are emphasised.

Insights Based on the Sociology of Disaster

An epidemic is a major disaster in a specific form. Although it is different from natural disasters, it can still be explored from the perspective of the sociology of disaster. Experiences from across the world have shown that countries with more equal and complete welfare systems such as Germany and France and Nordic countries have performed better in controlling the current epidemic; they can thus be listed as less vulnerable countries. In contrast, countries that have liberal systems such as the United States, the United Kingdom, Spain and Italy have displayed poorer resistance to the disease and are listed among highly vulnerable countries. In addition, countries that closed the borders earlier such as Taiwan, Vietnam, New Zealand and

Australia have better control of the epidemic. During the period of a major epidemic and the unfolding of a disaster, we should pay attention to the inequality within society and ethnic groups. From the perspective of 'vulnerability', it is necessary to consider why indigenous peoples bear higher risks. Aspects such as access to information, medical resources and tourism development should all be weighed as potentially feasible solutions to strengthen the resilience of tribes and reduce their vulnerability. Furthermore, the power of the state plays a crucial role in Taiwan's epidemic prevention experience. It has promoted social solidarity, enhanced mutual trust, solidarity and cooperation between tribal organisations, civil society and the nation and has contributed to the effectiveness of epidemic prevention. However, in this process, it is difficult to create space for dialogue for the relationship between the government nation and the main body of indigenous nations.

Community Development

Taiwan achieved brilliant performance in the first stage of epidemic prevention, and we should cheer for the government and the devoted epidemic prevention personnel. However, under the precondition that large-scale community transmission may occur, the strategy and team formation of epidemic prevention should be inverted from 'preventive measures from top to bottom' to a 'bottom-up community mobilisation model.'

As an island country, Taiwan currently employs border control and wearing of masks as its major epidemic prevention strategies. If community transmission is inevitable in the future, we should now do our utmost to bring about a people's epidemic prevention effort by mobilising people from the community, local community organisations and tribes. We should not continue to dream of the emergence of heroes in epidemic prevention or passively wait for the government to act. To place the majority of the burden on a small number of government officials or medical staff is insufficient and inefficient. Ordinary people, tribal community members and non-governmental organisations should play their roles in epidemic prevention and take the initiative to become a backup force of actors to support governmental epidemic prevention effort. The Community Anti-epidemic Action Alliance, which was established in the wake of the experience of SARS (2003) in Taiwan, has rendered laudable actions. There are indeed several resources within the community that should be integrated as soon as possible to develop a bottom-up community epidemic prevention force. Long-term care centres in various tribal and other communities, community health building centres, community colleges, community groups, religious groups, schools, educational institutions, volunteer services, social workers and other groups should join forces to gather the strength of the community for

better community epidemic prevention and assist in quarantine and isolation efforts. The promotion of community organisation and development has been carried out in Taiwan for several years. Over the years, more than 6,700 community development associations have been established. Furthermore, there are numerous volunteer groups, neighbourhood watch groups, and elderly care stations and tribal culture and health stations set up in various regions under the long-term care strategy, along with the long-established local health centres and basic level public health systems in different places. It is time to begin with mobilisation and integration of resources from grassroots communities through public-private partnership to make the most out of autonomous community epidemic prevention, services for disadvantaged groups and mutual caring, in the face of the potential spread of the epidemic and community isolation.

Conclusion

Taiwan's experience in COVID-19 epidemic prevention provides critical insights including the importance of basic medical facilities and public construction, social solidarity and public-private partnership, and also the application of technology. Among indigenous tribes, the widespread establishment of culture and health stations, infrastructures and health insurance has provided important epidemic prevention bases deep inside every tribe and acted as partners of the government to promote epidemic prevention strategies during the epidemic. However, we have to look deeper into the reasons behind successful epidemic prevention in terms of the relationship between indigenous peoples and the government and how to attach fresh emphasis to the traditional healthcare of indigenous peoples, and also the bottom-up tribal development model. The value of mutual assistance and collective action can also flow back and act as references to mainstream society.

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