

## The Taiwan Experience Book Two

As for my own first impressions of medical care in general in Taiwan, these were not particularly favourable.

During my early years in Taiwan, I had no experience at all of medical care in the country, as I had never been sick, save for one occasion when I developed a fever and digestive problems after riding a small motorcycle to Alishan, a mountain in central Taiwan. A local doctor based in Alishan Township gave me an antibiotic shot and some tablets, and that was the end of the problem, so this slight brush with medical care in the island was nothing if not unremarkable.

But in 1998, after my return from Hong Kong to Taiwan, I decided to apply for a residence visa, which required a thoroughgoing medical examination. Actually, I did not at first see the point in applying for a residence visa, which would not give me the right to work in the country, but my wife became insistent that I take this step. She pointed out the advantages of not having to leave the country every two months for a new visa, and told me she believed that by applying, I was demonstrating that I was serious about staying in Taiwan long term. Apart from that, it was the generally held belief that restrictions on employment were going to gradually be relaxed, and this was true if seen over a timeline of decades.

At this time, the medical check included taking a blood sample to test for six different kinds of sexually-transmitted disease. I felt this to be something deliberately intended to put foreign nationals off applying for residence, as no local citizens were obliged to test for these diseases under any conditions. But on the other hand, I couldn't be sure if perhaps it was merely an expression of the prevalent notion among the population, actively encouraged by government, that foreigners all led sexually debauched lifestyles and most were probably crawling with sexual diseases they were just waiting to unleash on the public.

I saw one of the most illustrative examples of this perception of foreigners as walking repositories of sexual diseases when my Irish friend, Sean, visited me in 1988, and I took him on a tour of some of places of interest in Taipei. While walking down Huaxi Street (known also as Snake Alley at the time due to the many vendors of snake meat there), we saw local prostitutes plying their trade. But instead of the usual come-ons extended to local men the girls shunned our approach, stepping back into their brothels or being actively hurried back in by their madams, with warnings of "A-I-D-S, A-I-D-S!"

On the other hand, as relations with the Peoples' Republic thawed, an ever-increasing number of Taiwanese were doing business in mainland China. I had read an investigative report into Hong Kong and Taiwanese businessmen doing business in mainland China which claimed that close to 80% had 'little wives' (concubines), and/or used prostitutes during their stays there. With no advice given by Taiwan's government on how to minimise the risks associated with this kind of behaviour, this embarrassing problem was just swept under the carpet with no indication of admission that it even existed.

There was really nothing then, that could be done to alter this general perception of foreigners as the primary transmitters of sexual disease in Taiwan. Having the certain knowledge that these stringent measures designed to prevent foreigners bringing sexual diseases into the country would have little effect on the spread of HIV (which at that time was the most feared of all sexually transmitted diseases, regarded as incurable and ultimately fatal in almost every single case) did nothing to help me avoid the necessity of taking the blood test, and I resigned myself to it.

I stood in line at a hospital in Keelung to take this part of the health check, along with about 15 Thais, who it transpired as I practised my rusty Thai with them, all worked or were going to be working for the same local employer and needed to take medicals to get work permits. Finally, I reached the little room at the end of the corridor where blood was being taken, and realised as I caught a glimpse of the nurse, who was not in uniform, that this examination had been outsourced. I felt that was a bad sign, as the only reason I could imagine for the hospital to outsource it was it avoid responsibility.

One of the two Thais immediately in front of me commented with a note of concern in his voice that the nurse "shouldn't be doing that", but the other told him not to worry, it would be OK. I didn't realise what they were talking about until it was nearly my turn, and I had a clear view of the whole scene. The nurse was using the

same needle to take blood from every one of the examinees.

I was not surprised by this, but I was certainly concerned. The subcontractor was doing everything possible to cut costs and simplify things. The man who apparently was running the operation was dozing on a hospital bed with his feet and belly exposed to the full blast of a powerful fan (this was mid July, and very hot), while the nurse, who appeared to be still in her teens, sat at a desk taking blood from one examinee after another, without changing the needle. She was obviously a 'gung-du sheng'; a college or university student who also worked to pay tuition fees. Working students like these were (and still are) always favoured over older, more experienced employees for any work which does not explicitly require more qualified or more experienced employees, because they can be paid a lower salary.

As I placed my arm on the table, I pointed out the obvious to the nurse; that she wasn't changing the needles. The implication was of course that she should be. I didn't hold out much hope that she would change the one she was using for a new one just for me, after probably having used it on scores of other people that morning, but I felt I had to make some comment on this unprofessional approach. She responded that it was alright, because she dipped the needle in disinfectant between each use, and she demonstrated just this action before taking my blood.

Having my blood taken in this way, which I could not - like any of the other examinees - have expected while waiting in line, was something that had me worried for many months afterwards. Although it's true that dipping the needle in disinfectant between jabs made it safer than otherwise, whether the hospital knew, or even cared, that this was all that was being done to minimise the possibility of spreading disease was a question that occupied my mind for some time.

I realised that all of us there that morning (and presumably every other occasion when blood samples were taken at that hospital for the purpose of arranging work permits or residence visas) had taken a calculated risk.

Had I decided to walk right out of there as soon as I realised what was going on, I would only have had to face the wrath of my wife. For any of the Thai labourers to do the same thing, it would have meant losing the chance to work in Taiwan, and being sent back to Thailand immediately, having also lost the money spent on coming to Taiwan in the first place. The subcontractor's risk, by contrast, was relatively small. If any of the labourers contracted HIV as a result of the shared needle, it would be difficult to prove it happened there. It could also be assumed from the very fact that they came to Taiwan to work as labourers that would not have the means to pursue legal action even if they felt they could prove they had contracted HIV at the hospital. Finally, even if they did have the means, as soon as it was known they were HIV-positive, they would be deported immediately and not allowed back into the country.