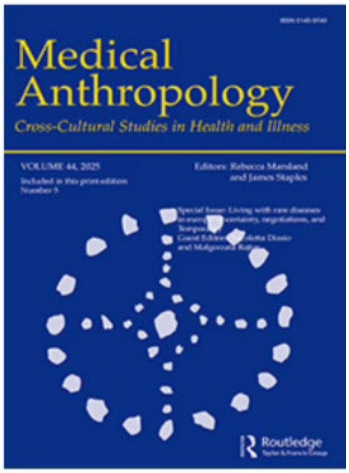

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Negotiating Identities in the COVID-19 Crisis: The Global-Local Dilemma of Medical Epidemiologists in Taiwan

在 COVID-19 危機中協商身份認同：臺灣醫學流行病學家的全球-在地兩難

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Abstract 摘要

Taiwan, internationally acclaimed for its early success in COVID-19 control, credits its robust system of medical epidemiologists as pivotal. This article examines how these physicians were caught between the professionalism of global health initiatives and the challenges of local governance in a structurally unequal world. These dynamics shaped their roles as both members of transnational networks upholding professional principles and national scientists representing a state eager for "global citizenship"-a vision championed by UN agencies and international organizations. The conflation and disruption of biological citizenship, nationally and globally, together influenced the identity negotiation of Taiwanese medical epidemiologists.

台灣因其在 COVID-19 防控上的早期成功而享譽國際，這主要歸功於其堅實的醫學流行病學家體系。本文探討這些醫師如何在全球衛生倡議的專業精神與地方治理挑戰之間掙扎，尤其是在結構性不平等的世界中。這些動態塑造了他們作為跨國網絡成員維護專業原則的角色，同時也是代表渴望「全球公民身份」的國家科學家——這一願景由聯合國機構及國際組織所推動。生物公民身份在國家與全球層面的混淆與中斷，共同影響了台灣醫學流行病學家的身份協商。

KEYWORDS 關鍵詞

Biological citizenship; COVID-19; field epidemiology; scientific citizenship; Taiwan

生物公民身份；COVID-19；實地流行病學；科學公民；臺灣

This article explores how a cohort of Medical Officers, i.e., medical epidemiologists, at the Taiwan Centers for Disease Control (TCDC) were often positioned in a contradiction between the idealized professionalism for global epidemic control and the incongruent local governance during the COVID19 pandemic. Their arduous negotiation of identity can be contextualized within the various layers of biological citizenship, both internationally and nationally.

本文探討臺灣疾病管制署（TCDC）一群醫務官員，即醫學流行病學家，在 COVID-19 疫情期間，如何經常處於全球疫情控制理想化專業形象與不協調的地方治理之間的矛盾位置。他們對身份的艱難協商，可置於國際及國內多層次的生物公民權脈絡中理解。

At the international level, the World Health Organization (WHO) serves as a supranational governance body, significantly shaping Taiwan's positionality as a non-United Nations (UN) member within the global health landscape. The structural dynamics shape how Taiwanese medical epidemiologists navigated their roles as both members of transnational networks that uphold professional principles and national scientists representing a state eager to gain inclusion in "global citizenship" a vision championed by UN agencies and international organizations. Under these circumstances, at the national level, these medical epidemiologists faced significant challenges while contributing to pandemic control, a task that was intricately linked to both professional considerations and political imperatives. The following episode vividly illustrates their predicament within the global-local dilemma.

在國際層面，世界衛生組織（WHO）作為一個超國家治理機構，顯著影響臺灣作為非聯合國（UN）成員在全球健康領域中的定位。這種結構性動態形塑了臺灣醫學流行病學家如何在維護專業原則的跨國網絡成員身份與代表渴望獲得「全球公民」身份的國家科學家角色之間穿梭，後者是由聯合國機構及國際組織所推崇的願景。在此情境下，於國家層面，這些醫學流行病學家在協助防疫控制時面臨重大挑戰，這項任務錯綜複雜地結合了專業考量與政治命令。以下事件生動地呈現他們在全球與地方兩難困境中的處境。

Identity conflict surging amid epidemic outbreak

疫情爆發中激增的身份衝突

Since the final day of 2019, as the coronavirus epidemic was gaining momentum in Wuhan, Taiwan historically an adversary of China - had already heightened its vigilance. Rapid initiatives, including real-time surveillance, border control and quarantine measures, laboratory capacity building, and the adoption of new technologies, fortified Taiwan's defenses against the global outbreak during its early stages (Cheng et al. 2020; Wang et al. 2020).

自2019 年最後一天起，隨著武漢冠狀病毒疫情逐漸升溫，歷來與中國關係緊張的台灣已經提高警覺。包括即時監控、邊境管制與隔離措施、實驗室能力建設以及新技術的採用等快速行動，強化了台灣在疫情初期對全球爆發的防禦能力（Cheng et al. 2020；Wang et al. 2020）。

During the height of the pandemic, particularly in 2020, Taiwan was often recognized internationally for its success in pandemic control. A commonly heard explanation for Taiwan's success is encapsulated in the statement: "The reason Taiwan has been able to handle the COVID-19 pandemic well is because we have been preparing for 17 years." This remark, attributed to Taiwan's then Vice President Chen Chien- Jen, is cited in a government publication that highlights the country's achievements in pandemic management at the close of that year (Ministry of Health and Welfare 2020: 47-48). This sentiment underscores Taiwan's long-standing commitment to epidemic preparedness, which was strengthened in the aftermath of the SARS outbreak in 2003. One key development in these preparedness efforts was the establishment of the medical epidemiologist system in 2005 (Chen 2022).

在疫情高峰期，特別是 2020 年，台灣經常被國際社會認可為防疫成功的典範。對台灣成功的常見解釋可歸納為一句話:「台灣能夠應對 COVID-19 疫情之所以能如此，是因為我們已經準備了 17 年。」這句話出自當時的台灣副總統陳建仁，並被引用於一份政府出版物中，該出版物強調該國在當年年底的疫情管理成就（衛生福利部 2020：47-48）。這種觀點凸顯了台灣長期以來對流行病準備的承諾，該承諾在2003 年 SARS 疫情爆發後進一步加強。其中一項重要的準備工作發展是於 2005 年建立醫學流行病學家制度（陳 2022）。

However, in February 2020, as these discourses and sentiments regarding the Taiwanese government's efforts to reassure the public gained[2] widespread attention, Dr. X, then serving as the chief medical officer at TCDC, tendered his/her resignation. A couple of weeks later, Dr. X sent a letter explaining the reasons for his/her sudden resignation to a few TCDC colleagues, medical experts, and friends. In the correspondence, Dr. X recounted an episode in 2006 when he/she, as a new TCDC medical epidemiologist, was applying to the Epidemic Intelligence Service (EIS) training program at the United States Centers for Disease Control and Prevention[3] (USCDC). During the interview, one of the USCDC interviewers, Dr. Stephen B. Thacker, posed a question to him/her. Dr. X reflected on that query as follows:

然而，2020 年 2 月，隨著關於台灣政府努力安撫民眾的論述與情緒廣泛受到關注，當時擔任疾病管制署（TCDC）首席醫療官[2]的 X 醫師提出辭職。 幾週後，X 醫師向幾位 TCDC 同事、醫學專家及朋友寄出一封信，說明他/她突然辭職的原因。在信中， X 醫師回憶起 2006 年，當時他/她作為一名新進[3]的 TCDC 醫學流行病學家，申請美國疾病管制與預防中心（USCDC）流行病情報服務（EIS）培訓計畫的經歷。面試期間，USCDC 的一位面試官 Stephen B. Thacker 博士 向他/她提出一個問題。X 醫師對該問題的反思如下：

> "Whom do you imagine an EIS Officer serves?" Reflecting on it now, this remains a profound and ever-relevant question.

「你認為一名 EIS 官員是為誰服務的？」現在回想起來，這仍是一個深刻且永遠相關的問題。

One month after Dr. X's departure from the TCDC, I conducted an in-depth interview with him/her to inquire more about the resignation. Dr. X explained:

在 X 醫師離開 TCDC 一個月後，我對他/她進行了深入訪談，以進一步了解辭職的原因。X 醫師解釋道：

> I'm not oblivious to how politics operate; however, it is imperative not to overstep certain boundaries. Our [disease control] routines involve skillfully and subtly integrating politics to achieve objectives, but you can't veer too far from the primary [disease control] goals. Once that line is crossed, problems arise. [Then] those who adhere to their professional principles and refrain from crossing that line are often the first to be affected.
>
> 我並非對政治運作視而不見；然而，絕不可逾越某些界限。我們的【疾病管制】常規涉及巧妙且細膩地整合政治以達成目標，但絕不能偏離主要的【疾病管制】目標太遠。一旦越過那條界線，問題便會產生。【然後】那些堅守專業原則、不越界的人往往是首當其衝受到影響者。

Dr. X was not the only medical epidemiologist to resign at that time; another TCDC physician, for instance, also departed around the same time for similar reasons. According to the medical epidemiologists who were my key interlocutors, about 20 TCDC physicians were serving in the capacity of epidemic surveillance, investigation, or analysis during that period. From the outbreak of the pandemic until October 2023, approximately nine medical epidemiologists left, either through immediate resignations, extended unpaid leaves, or early retirement. The attrition rate of medical epidemiologists during the pandemic is notable.

X 醫師並非當時唯一辭職的醫學流行病學家；例如，另一位疾管署醫師也因類似原因在同一時期離職。根據我主要訪談的醫學流行病學家表示，當時約有 20 位疾管署醫師擔任疫情監測、調查或分析的職務。從疫情爆發至 2023 年 10月，約有九位醫學流行病學家離開，無論是立即辭職、延長無薪假或提前退休。疫情期間醫學流行病學家的流失率相當顯著。

I was intrigued by the thoughts and actions surrounding their departure, especially in the context of the growing sentiment of successful pandemic control and internal solidarity in Taiwan. This prompted me to undertake an ethnographic study to better understand their situations. In the early Spring of 2020, I first encountered a group of seven medical epidemiologists who were sharply critical of policies, practices, and their bureaucratic superiors, both within and beyond the TCDC. Since then, I have continued to investigate the specific issues raised during that initial encounter.

我對他們離開時的思考與行動感到好奇，尤其是在台灣疫情成功控制與內部團結情緒日益高漲的背景下。這促使我進行一項民族誌研究，以更深入了解他們的處境。2020 年初春，我首次遇見一群由七位防疫醫師組成的小群，他們對政策、實務以及疾管署內外的官僚上級持尖銳批評態度。自此之後，我持續調查那次初次接觸中提出的具體議題。

From early 2020 to the end of 2023, I conversed with 12 medical epidemiologists in a variety of settings, including their workplaces, professional conferences, training sessions, informal group gatherings outside of work, and personal meet-ups. I conducted in-depth interviews with eight of them, five of whom had resigned during my research. Additionally, I engaged in occasional discussions with them - either in person or through social media - regardless of whether they are considered key interlocutors in this article. For those who resigned, my interactions began while they were still in their TCDC positions, and I maintained contact with them after they had transitioned to new career paths. Among my interlocutors who remained in their roles, some also expressed discontent and grievances similar to those who had departed. Whether they leave or stay, many current and former medical epidemiologists maintain regular contact and participate in off-work gatherings.

Occasionally, I attended these gatherings, where I gained further insights into their professional practices and pertinent issues by listening to their discussions. The topics of conversation frequently centered around pandemic control, ranging from international situations to the ongoing cases and challenges they were encountering locally. Data from additional sources - including open-access documents, websites, news reports, and social media posts by government agencies and health professionals - also contributed to the triangulation of personal accounts.

從 2020 年初到 2023 年底，我在多種場合與 12 位防疫醫師進行對話，包括他們的工作場所、專業會議、培訓課程、工作外的非正式團體聚會以及私人會面。我對其中八位進行了深入訪談，其中五位在我的研究期間已經辭職。此外，我也偶爾與他們進行討論——無論是面對面還是透過社群媒體——不論他們是否被視為本文的關鍵對話者。對於那些已辭職者，我的互動始於他們仍在疾管署任職期間，並在他們轉換職涯路徑後持續保持聯繫。在仍留任的對話者中，有些人也表達了與離職者相似的不滿與抱怨。無論是離開還是留下，許多現任及前任防疫醫師都保持定期聯繫並參與工作外的聚會。我偶爾參加這些聚會，透過傾聽他們的討論，進一步了解他們的專業實務及相關議題。 談話的話題經常以疫情控制為中心，從國際局勢到他們在當地遇到的持續病例和挑戰。來自其他來源的資料——包括開放存取文件、網站、新聞報導，以及政府機構和衛生專業人員在社群媒體上的貼文——也有助於個人敘述的交叉驗證。

Drawing upon my ethnographic research, I summarize a common dilemma faced by medical epidemiologists, echoing Dr. X's reflections: what should they advocate for-politics or professionalism? More specifically, which aspects of politics should they engage: bureaucratic, media, human rights, cross-strait rivalry, or global visibility? Which form of professionalism should they adhere to: that of a medical epidemiologist of global health or as a national government officer? These inquiries highlight the biological citizenship of medical epidemiologists during the pandemic, placing them in a sandwiched position characterized by conflicts over political decision-making and professional identity.

根據我的民族誌研究，我總結出防疫醫師普遍面臨的兩難，呼應了 X 博士的反思：他們應該主張什麼——政治還是專業？更具體而言，他們應該參與政治的哪些面向：官僚體系、媒體、人權、兩岸競爭，或全球能見度？他們應該遵循哪種專業身份：全球健康的防疫醫師，還是國家政府官員？這些問題凸顯了疫情期間防疫醫師的生物公民身份，使他們處於政治決策與專業認同衝突的夾縫中。

Biological citizenship has primarily been examined in terms of how biotechnology and health resources shape biosocial groupings within a bounded nation or, more specifically, the conditions of refugees within a host country. However, as Rose and Novas pointed out, the concept of "citizenship" is multilayered and can extend beyond the biological existence of individuals to encompass communities, populations, and even races. The discourse on biological citizenship has evolved and been reterritorialized across "national, local, and transnational dimensions" (Rose and Carlos 2004: 440). Árnason (2012) further proposed the concept of scientific citizenship to revise the "passive" connotation of biological citizenship and suggested "active" and "egalitarian" implications while analyzing public engagement. The current study further illuminates the dual dimension of the concept, highlighting the selectivity inherent in both its inclusion and exclusion of people across various levels and circumstances.

生物公民身份主要是從生物技術和健康資源如何在有限的國家範圍內塑造生物社會群體，或更特定地說，如難民在接待國的處境來進行探討。然而，正如 Rose 與 Novas 所指出，「公民身份」的概念是多層次的，且可以超越個人生物存在，涵蓋社群、族群甚至種族。生物公民身份的論述已在「國家、本地及跨國層面」中演變並重新領土化（Rose and Carlos 2004: 440）。Árnason（2012）進一步提出科學公民身份的概念，以修正生物公民身份中「被動」的涵義，並在分析公共參與時，建議其具有「主動」及「平等」的意涵。本研究進一步闡明該概念的雙重維度，強調其在不同層級與情境中對人群包容與排除的選擇性。

Taiwan, as a significant political and economic actor on the global stage, experienced structural marginalization within the supranational governance framework ostensibly led by the WHO during the COVID-19 crisis. The collective biological citizenship of Taiwanese people within global health governance mirrors the challenges faced by afflicted individuals in relation to sovereign states that hold considerable power over their health rights, as explored in numerous scholarly works (e.g., Enumah 2023; Rose and Carlos 2004). The politics of global realities obstruct the professional positioning of Taiwanese medical epidemiologists in the multilayered process of "citizen-making."

台灣作為全球舞台上一個重要的政治與經濟行動者，在COVID-19 危機期間，於表面上由世界衛生組織（WHO）主導的超國家治理框架中經歷了結構性的邊緣化。台灣人民在全球健康治理中的集體生物公民身份，反映了受影響個體面對擁有重大健康權力的主權國家所遭遇的挑戰，正如多篇學術著作所探討（例如，Enumah 2023；Rose and Carlos 2004）。全球現實的政治阻礙了台灣防疫醫師在多層次「公民塑造」過程中的專業定位。

In the following, I first review the historical context in which the medical epidemiologist system in Taiwan was established, emphasizing its alignment with the USCDC and illustrating how the training and identities of medical epidemiologists have been shaped by the globalized nature of disease control. I then examine the operation of this global system in Taiwan, highlighting the bureaucratic and cultural dilemmas faced by medical epidemiologists at the local level. Finally, I analyze two incidents related to the pandemic control policies that sparked public controversy and professional dissent among medical epidemiologists. These incidents further illustrate the conflicting ideas and actions occurring at various layers of biological citizenship.

以下，我將首先回顧臺灣防疫醫師制度建立的歷史脈絡，強調其與美國疾病控制與預防中心（USCDC）的對接，並說明防疫醫師的培訓與身份如何受到疾病控制全球化特性的塑造。接著，我將檢視這一全球系統在臺灣的運作，突顯防疫醫師在地方層面所面臨的官僚與文化困境。最後，我將分析兩起與疫情防控政策相關的事件，這些事件引發了公眾爭議及防疫醫師間的專業異議，進一步展現生物公民身份各層面中存在的理念與行動衝突。

Globalizing disease control in Taiwan

臺灣的疾病控制全球化

A few months prior to the 2021 bi-regional conference of Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), I was invited by TCDC medical epidemiologists and their US consultant to discuss my delivering a speech for the event. The conference, originally scheduled for 2020 but postponed by a year due to the pandemic, was sponsored by TCDC. This invitation provided an opportunity for me to conduct participant observation of the event, gaining insights into medical epidemiologists' organizational efforts and the US influence on its proceedings.

在 2021 年流行病學與公共衛生干預培訓計畫網絡（TEPHINET）雙區域會議舉行前數月，我受臺灣疾病管制署（TCDC）防疫醫師及其美國顧問邀請，討論我在該活動中發表演講的事宜。該會議原定於 2020 年舉行，但因疫情影響延後一年，由 TCDC 主辦。此邀請使我有機會進行參與觀察，深入了解防疫醫師在組織活動中的努力，以及美國對會議進程的影響。

The five-day hybrid conference was vibrant and successful. Although hundreds of international participants were unable to travel to Taiwan due to the severity of the pandemic, they were enthusiastic to share their experiences, insights, and challenges arising from a wide range of epidemic and disease control activities conducted in diverse countries and contexts. The conference atmosphere was characterized by a strong sense of preexisting collegiality among participants.

這場為期五天的混合型會議充滿活力且圓滿成功。儘管數百名國際參與者因疫情嚴峻無法前往臺灣，但他們熱

切分享在不同國家與情境中進行各類流行病及疾病控制活動所累積的經驗、見解與挑戰。這會議氛圍展現出參與者間既有的強烈同儕情誼。

During the conference, I was particularly impressed with the narratives surrounding the interactions among the Field Epidemiology Training Programs (FETPs) from different countries. For example, medical epidemiologists expressed regret over the absence of the “International Night” event, traditionally held at the conclusion of the conference and described as a highly anticipated event within the transnational community for the past two decades (CDC 2024). They reminisced about activities and performances of participants from various countries during these gatherings, which strengthened collegial bonds and fostered collaboration among transnational professionals. Taiwanese participants had collaborated in performances with their counterparts from Japan or South Asia Field Epidemiology and Technology Network (SAFETYNET), but had never performed alongside participants from China. However, they emphasized that they maintained good professional relationships with their Chinese colleagues and had been institutionally involved in cross- strait exchanges prior to around 2015. “In the past, I believed professionalism should and could transcend political affiliations,” one medical epidemiologist remarked.

在會議期間，我對不同國家現場流行病學訓練計畫（FETPs）之間互動的敘事特別印象深刻。例如，防疫醫師對於傳統上在會議結束時舉行的「國際之夜」活動沒有舉辦表達了遺憾，該活動在過去二十年中被描述為跨國社群中備受期待的盛事（CDC 2024）。他們回憶起來自各國參與者在這些聚會中的活動與表演，這些活動加強了同儕間的情誼並促進了跨國專業人士的合作。台灣參與者曾與日本或南亞現場流行病學與技術網絡（SAFETYNET）的夥伴合作表演，但從未與中國的參與者同台演出。然而，他們強調與中國同事保持良好的專業關係，並且在 2015 年前後曾在機構層面參與兩岸交流。「過去，我相信專業精神應該且能夠超越政治立場，」一位防疫醫師如是說。

The USCDC played a leading role in the formation of the TEPHINET. Since the mid-20th century, USCDC has served as a model for epidemic governance infrastructure adopted by numerous countries. The partnerships established and maintained by the USCDC with various countries and territories are crucial for global disease control. Among its initiatives, the FETP stands out as one of the most influential systems. The FETP has evolved from the EIS model developed by the USCDC in 1951. The primary objective of the EIS was to “promote a wider understanding and appreciation of epidemiologic approaches to the problem of disease control in peace or war” (Langmuir and Andrews 1952: 236-238).

美國疾病控制與預防中心（USCDC）在台灣流行病學訓練網絡（TEPHINET）的成立中扮演了領導角色。自 20 世紀中葉以 來，USCDC 一直是許多國家採用的流行病治理基礎設施的典範。USCDC 與多個國家及地區建立並維持的夥伴關係，對全球疾病控制至關重要。在其多項計畫中，流行病學訓練計畫（FETP）尤為突出，成為最具影響力的系統之一。FETP 源自 USCDC 於 1951 年開發的流行病學情報服務（EIS）模式。EIS 的主要目標是「促進對流行病學方法在和平或戰爭中疾病控制問題上的更廣泛理解與重視」（Langmuir and Andrews 1952: 236-238）。

The United States has exerted a significant influence on Taiwan’s disease control since the postWorld War II era (Su 2011). During the 1950s and 1960s, the US aid to Taiwan - provided through Mutual Security Agency, Mission to China, Rockefeller Foundation, and various non-governmental organizations, sometimes in collaboration with the WHO or other UN agencies - played a crucial role in combating infectious diseases and establishing Taiwan’s disease control infrastructure (Jacoby 1966; Yang 2008). However, Taiwan, officially known as the Republic of China, lost its membership in the UN and WHO in 1971 and 1972, respectively, as global recognition shifted from Taiwan to China. In December 1978, official diplomatic relations between Taiwan and the US were also severed. Since then, Taiwan’s engagement with global health has primarily relied on collaborations with the USCDC, with the FETP as a notable example (Chen 2022).

自二戰後時期以來，美國對台灣的疾病防治施加了重大影響（Su 2011）。在 1950 及 1960 年代，美國透過互惠安全署（Mutual Security Agency）、駐華代表團（Mission to China）、洛克斐勒基金會（Rockefeller Foundation）及多個非政府組織，有時與世界衛生組織（WHO）或其他聯合國機構合作，對台灣抗擊傳染病及建立疾病防治基礎設施發揮了關鍵作用（Jacoby 1966； Yang 2008）。然而，台灣（正式名稱為中華民國）於 1971 年及 1972 年分別喪失了聯合國及世界衛生組織的會員資格，因全球承認焦點由台灣轉向中國。1978 年 12 月，台灣與美國的正式外交關係亦被切斷。自此之後，台灣在全球衛生領域的參與主要依賴與美國疾病控制與預防中心（USCDC）的合作，流行病學訓練計畫（FETP）即為一顯著例子（Chen 2022）。

In 1982, the USCDC expert team assisted Taiwan in responding to a polio outbreak (CDC 1982; Kim-Farley et al. 1984). This incident catalyzed the development of Taiwan's own epidemiological investigative capacity. In 1983, Taiwan FETP was formally established and, the following year, it began recruiting trainees, primarily dentists, nurses, and public health professionals (TCDC 2023). Dr. Michael Malison from USCDC, who served as a FETP consultant, was stationed in Taiwan for the program's initial four years.

1982 年，美國疾病控制與預防中心（USCDC）專家團隊協助台灣應對一場小兒麻痺症疫情（CDC 1982；Kim-Farley 等，1984）。此事件促進了台灣自身流行病學調查能力的發展。1983 年，台灣的流行病學訓練計畫（FETP）正式成立，次年開始招募學員，主要為牙醫、護理人員及公共衛生專業人員（TCDC 2023）。來自 USCDC 的 Michael Malison 博士擔任 FETP 顧問，並於該計畫初期四年駐台。

In 1997, TEPHINET was established as the global network of FETPs, with the mission to cultivate, connect, and mobilize a global workforce proficient in surveillance, data analysis, and rapid outbreak detection at the sub-national, national, regional, and global levels (Martin and Fall 2021:53). As stated in its official webpage, TEPHINET encompasses over 80 FETP programs actively training field epidemiologists in more than 200 countries and territories (TEPHINET 2024). Participants and alumni of FETPs engage in regular regional and global scientific conferences, which serve as platforms for presenting research findings and fostering collegial networking among field epidemiologists and allied health professionals across diverse national contexts (White et al. 2001). Taiwan FETP joined TEPHINET in 1998 (TCDC 2023).

1997 年，TEPHINET 成立，成為 FETP 的全球網絡，使命是培養、連結並動員一支在次國家、國家、區域及全球層級具備監測、數據分析及快速疫情偵測能力的全球工作隊伍（Martin and Fall 2021:53）。如其官方網頁所述，TEPHINET 涵蓋超過 80 個 FETP 計畫，積極培訓來自 200 多個國家和地區的現場流行病學家（TEPHINET 2024）。FETP 的參與者及校友定期參加區域性及全球性科學會議，這些會議成為發表研究成果及促進不同國家背景下現場流行病學家與相關衛生專業人員間同儕交流的平台（White et al. 2001）。台灣 FETP 於 1998 年加入 TEPHINET（TCDC 2023）。

Health professionals engaging in field epidemiology through these networks must have developed a mind-set that incorporates not only local perspectives but also regional and global considerations. If professional identities can be contextualized within these various layers of scientific citizenship, it becomes clear why Dr X's question of whom an EIS should serve, is significant. It was through the 2021 TEPHINET bi- region conference that I came to understand how to contextualize their professional reflections. For example, SAFETYNET is one of the earlier FETPs established in the Asia-Pacific region. In 2009, a medical epidemiologist represented Taiwan at its establishment ceremony in the Philippines, and another medical epidemiologist has served on its Board of Trustee. In addition to shared professional principles, two of the seven core values that define SAFETYNET (South Asia Field Epidemiology and Technology Network) (2016)-solidarity and collegiality - clearly embody the spirit of transcending borders for disease control and global health.

透過這些網絡從事現場流行病學的衛生專業人員，必須培養一種思維模式，不僅涵蓋地方觀點，還包括區域及全球層面的考量。如果專業身份能在這些不同層次的科學公民身份中被情境化，便能明白為何 X 醫師所提出的「EIS 應該為誰服務」這個問題如此重要。正是透過 2021 年 TEPHINET 雙區域會議，我才理解如何將他們的專業反思置於脈絡中。例如，SAFETYNET 是亞太地區較早成立的 FETP 之一。2009 年，一位防疫醫師代表台灣出席其在菲律賓的成立典禮，另一位防疫醫師則曾擔任其董事會成員。除了共同的專業原則外，SAFETYNET（南亞現場流行病學與技術網絡）（2016）所定義的七大核心價值中，有兩項——團結與同儕情誼——明確體現了超越國界進行疾病控制與全球健康的精神。

Localizing the system of medical epidemiologists

在地化防疫醫師體系

Taiwan implemented its system of medical epidemiologists in 2005, following the recommendations of USCDC experts. In 2003, two decades after the establishment of Taiwan FETP, the USCDC experts again assisted Taiwan in addressing the SARS outbreak and advised the creation of the medical officer system. One of my interlocutors described their initial experiences in field epidemiology as follows: “We adopt methodologies from the EIS. In the US, investigations into gastrointestinal infections are typically more straightforward, so our initial FETP exercises often began with this field.” In the TEPHINET meeting, presentations on food poisoning and foodborne infections often capture the participants’ interest, as these cases reflect the global diversity of food cultures and daily practices.

台灣於 2005 年依照美國疾病控制與預防中心（USCDC）專家的建議，建立了防疫醫師制度。2003 年，在台灣現場流行病學訓練計畫（FETP）成立二十年後，USCDC 專家再次協助台灣應對嚴重急性呼吸道症候群（SARS）疫情，並建議設立醫務官制度。我的一位受訪者描述他們在現場流行病學的初期經驗如下：「我們採用疾病緊急應變隊（EIS）的方法論。在美國，腸胃道感染的調查通常較為直接，因此我們最初的 FETP 訓練經常從這個領域開始。」在 TEPHINET 會議中，有關食物中毒及食源性感染的報告常常引起與會者的興趣，因為這些案例反映了全球多元的飲食文化與日常實踐。

Most medical epidemiologists have demonstrated an interest in global health and broader global issues prior to pursuing this particular career. For instance, some participated in aid missions to Africa during their medical school years, while some even completed EIS training before joining TCDC. In general, they embarked on this career at the TCDC after completing their residency training or shortly thereafter.

大多數防疫醫師在從事此特定職業之前，已展現出對全球健康及更廣泛全球議題的興趣。例如，有些人在醫學院期間曾參與非洲援助任務，有些甚至在加入疾病管制署（TCDC）前完成了 EIS 訓練。一般而言，他們在完成住院醫師訓練或不久之後，便開始在疾病管制署從事此職業。

As outlined on the TCDC webpage, medical epidemiologists are required to complete a mandatory two-year training in field epidemiology (TCDC 2023). However, according to Dr. X who was the first medical epidemiologist assigned by TCDC to undergo EIS training in 2006, comprehensive training in FETP for medical epidemiologists was not fully implemented until around 2008. As Dr. X noted, “most policymakers had only vague notions of how to effectively utilize medical epidemiologists in the early years.” With the increasing development of the system, the management of Taiwan FETP has progressively transitioned from traditional bureaucratic structures to the oversight of medical epidemiologists.

如疾病管制署網頁所述，防疫醫師需完成為期兩年的田野流行病學訓練（TCDC 2023）。然而，根據 2006 年首位由疾病管制署指派接受 EIS 訓練的防疫醫師 X 博士表示，防疫醫師的 FETP 全面訓練直到約 2008 年才完全實施。

正如 X 博士所言，「早期多數政策制定者對如何有效運用防疫醫師僅有模糊的認知。」隨著系統的逐步發展，臺灣FETP 的管理也逐漸從傳統官僚結構轉向由防疫醫師主導。

The formal agreement between the US and Taiwan to train five medical epidemiologists in the EIS program over 10 years was signed in 2009. Subsequently, Taiwanese medical epidemiologists were also given the option to pursue training through the European Programme for Intervention Epidemiology Training (EPIET) via Austria. EPIET was established in 1995 as a network of field epidemiologists in the European Union (EU) and became integrated into core activities of European Centre for Disease Prevention and Control in 2006. The FETPs run and governed by EU Member States are considered EPIET-associated programs (ECDC2022:1). However, opportunities of EPIET for Taiwanese trainees were short-lived due to diplomacy obstacles.

美國與台灣於 2009 年簽署正式協議，於十年內培訓五名防疫醫師參加 EIS 計畫。隨後，台灣的防疫醫師也可選擇透過奧地利參加歐洲介入流行病學訓練計畫（EPIET）。EPIET 於 1995 年成立，作為歐盟（EU）現場流行病學家網絡，並於 2006 年整合進歐洲疾病預防與控制中心的核心活動中。由歐盟成員國運營和管理的 FETP 被視為 EPIET 相關計畫（ECDC2022:1）。然而，由於外交障礙，台灣學員參加 EPIET 的機會短暫。

While the training experiences of medical epidemiologists have been significantly influenced by the USCDC and its global protocols, their practices on the ground have also been shaped by national bureaucratic systems and the local culture of the healthcare profession. Overall, their career trajectory distinguishes them from physicians in traditional clinical medicine or professionals in general public health practices in Taiwan. They hold medical degrees and undergo rigorous training in field epidemiology. They are actively engaged in the prevention and control of infectious diseases, while likely maintaining clinical practices in the diagnosis and treatment of infectious diseases. According to my interlocutors, the combined nature of their careers has occasionally elicited skepticism from both academic epidemiologists without medical degrees and clinical physicians without expertise in public health. Situated within health fields that emphasize seniority, these boundary-crossing, relatively young physicians were often regarded as “insufficiently experienced,” despite being a pioneering cohort of medical professionals possessing dual expertise.

儘管防疫醫師的培訓經驗深受美國疾病控制與預防中心（USCDC）及其全球規範的影響，但他們在實務操作上亦受到國家官僚體系及醫療專業地方文化的形塑。整體而言，他們的職業發展軌跡使其有別於臺灣傳統臨床醫學的醫師或一般公共衛生實務的專業人員。他們擁有醫學學位，並接受嚴格的現場流行病學訓練，積極參與傳染病的預防與控制，同時可能維持臨床診斷與治療傳染病的實務。根據受訪者表示，這種職業的複合性有時會引起並無醫學學位的學術流行病學家與缺乏公共衛生專業知識的臨床醫師的質疑。置身於強調資歷的衛生領域中，這些跨界且相對年輕的醫師常被視為「經驗不足」，儘管他們是一群具備雙重專業知識的先驅醫療專業人員。

The system of medical epidemiologists has fluctuated between a conventional hierarchical bureaucracy of the government and a new leadership model driven by EIS professionalism, often leaning toward the former. A recent study on Taiwan’s politics of expertise during the pandemic states that medical epidemiologists “were often involved in administrative tasks and fulfilling leaders’ political goals rather than collecting data or analyzing the pandemic” (Freedman 2024:230). One of my interlocutors remarked sarcastically, “We were simply like their (i.e., bureaucratic superiors’) assistants.”

防疫醫師的體系在傳統的政府階層官僚體制與由EIS 專業主導的新領導模式之間波動，且常偏向前者。近期一項關於臺灣疫情期間專業政治的研究指出，防疫醫師「經常參與行政工作及完成領導者的政治目標，而非蒐集資料或分析疫情」（Freedman 2024:230）。我的一位受訪者諷刺地表示：「我們簡直就像他們（即官僚上司）的助手。」

In this situation, medical epidemiologists often found that directives from bureaucratic superiors were prioritized over their

professional considerations. This awkward situation became particularly evident during the pandemic. During the early outbreak of COVID-19, Dr. Ih-Jen Su, the former director of TCDC, expressed dissatisfaction with the circumstances faced by medical epidemiologists. He conveyed his concerns to the news media: “Upon joining the CDC, medical epidemiologists, unless assuming administrative positions, are obliged to follow the directives of general section superiors within the conventional bureaucratic structure… Often, Medical epidemiologists are seated in the second row during meetings” (Chen Z. 2020).

在此情況下，防疫醫師常發現官僚上級的指示優先於他們的專業考量。這種尷尬的情況在疫情期間尤為明顯。COVID-19 爆發初期，前疾管署署長蘇益仁醫師對防疫醫師所面臨的處境表達不滿，他向新聞媒體表示：「加入疾管署後，防疫醫師，除非擔任行政職務，否則必須遵循傳統官僚體系中一般科室上級的指示……防疫醫師常常在會議中坐在第二排。」（陳志，2020）

In terms of governmental bureaucracy and medical hierarchy, furthermore, the government’s prioritization of judgment by “external experts” has frequently emerged as another source of frustration among medical epidemiologists. The Expert Advisory Committee of Coronavirus Disease-2019 is one such example, formed soon after the pandemic outbreak to recommend policies and, as a recent study of the committee describes, “to preempt, coopt, and dismiss critical experts in the public sphere” (Freedman 2024:15).

在政府官僚體系與醫療階層方面，政府對「外部專家」判斷的優先考量，經常成為防疫醫師挫折感的另一來源。以新冠肺炎專家諮詢委員會為例，該委員會於疫情爆發後不久成立，負責建議政策，正如近期一項關於該委員會的研究所述，其目的是「預先阻斷、收編並排除公共領域中的批判性專家。」（Freedman 2024:15）

The preemptive strategy, however, was not always successful, primarily due to the intensification of affective polarization and the lack of substantial transparency in policymaking at that time in Taiwan. For instance, the government typically emphasized that their policymaking was based on the recommendations of the committee, which was described as comprising “Taiwan’s most knowledgeable experts in epidemic control” (Yang 2020). However, the full member list of the advisory committee was never made public, and even medical epidemiologists might not have had full knowledge of it. This opaqueness occasionally sparked public controversies during the pandemic.

然而，這種預防性策略並非總是奏效，主要原因在於當時台灣政策制定過程中情感極化的加劇以及缺乏實質透明度。例如，政府通常強調其政策制定是基於該委員會的建議，而該委員會被描述為「台灣在疫情控制方面最具知識的專家群」（Yang 2020）。然而，該諮詢委員會的完整成員名單從未公開，甚至連防疫醫師也可能不完全知曉。這種不透明性偶爾在疫情期間引發公眾爭議。

During one quarantine controversy, for instance, the government refused to release the minutes of the advisory committee meetings, which led to criticism from opposition parties, the public, and medical experts. Amid the controversies, one expert, who identified himself as a board member, disclosed to the news media that, at times, policies were decided by the government without convening the committee meeting (Huang 2021). This expert’s statement seemed to elicit polarized interpretations. For those who supported the government, it was interpreted as the necessary efficiency of governance, which did not require convening committees for every important decision; whereas for others, it was perceived as evidence that controversial policies were likely determined by a closed circle of decision-makers.

例如，在一次隔離爭議中，政府拒絕公開諮詢委員會會議紀錄，導致反對黨、民眾及醫學專家批評。爭議期間，一位自稱為委員會成員的專家向新聞媒體透露，有時政策是由政府在未召開委員會會議的情況下決定的（黃2021）。該專家的說法似乎引發了兩極化的解讀。對支持政府者而言，這被解釋為治理效率的必要性，並非每項重要決策都需召開委員會；而對其他人來說，則被視為有爭議政策可能由封閉決策圈決定的證據。

4

My in-depth conversations with medical epidemiologists led me to conclude that they were not engaged in partisan thinking, meaning they did not hold obvious political standing toward either the ruling or opposition parties. Instead, they typically criticized policies from the perspective of professional disagreement. Between 2020 and 2023, 40-45 percent of the Taiwan population was identified as nonpartisan, despite the intensification of affective polarization in the country over the past two decades (ESC 2024). Research has explored the relationship between news consumption and affective polarization in Taiwan (Zheng and Lu 2021). During the pandemic period, scientific debates related to policymaking, in particular, may have been exaggerated or reinterpreted by the media, transforming them into seemingly partisan opinions. The government frequently promoted the medical epidemiologist system as a key factor in the successful management of the pandemic and asked these physicians to appear in the media to advocate for policies or disseminate information. The public perceived them as important participants in policymaking. As a form of resistance, many of those heavily involved in the pandemic control refused to take part in media appearances, describing them as 'propaganda performativity.'

我與防疫醫師的深入對話使我得出結論，他們並未投入黨派思維，意即他們對執政黨或在野黨均無明顯的政治立場。相反地，他們通常從專業分歧的角度批評政策。2020 年至 2023 年間，儘管台灣過去二十年情感極化加劇，仍有 40-45%的台灣人口被認定為非黨派人士（ESC 2024）。有研究探討了台灣新聞消費與情感極化之間的關係（Zheng and Lu 2021），在疫情期間，與政策制定相關的科學辯論尤其可能被媒體誇大或重新詮釋，轉化為看似黨派的意見。政府經常將防疫醫師制度宣傳為成功管理疫情的關鍵因素，並要求這些醫師出現在媒體上，倡導政策或傳播資訊。大眾視他們為政策制定的重要參與者。 作為一種抵抗形式，許多深度參與疫情控制的防疫醫師拒絕參與媒體露面，並將其形容為「宣傳表演性」。

In sum, in contrast to the USCDC, where medical officers assume leadership roles and participate in decision-making, Taiwanese medical epidemiologists mainly serve as internal experts to support bureaucratic superiors. One significant factor contributing to the problematic functioning of field epidemiology, as Freya L. Jephcott identifies, is that "outsiders are a terrible choice for doing this work." She suggests that rigorous field epidemiology requires both "abandoning the heroic cliches of expert outsiders" and pursuing "structural changes" that enable insider accounts (Jephcott 2024:1, 3). While Jephcott's analysis focused on the international context, the dynamics embedded in the prioritization of bureaucratic agendas and external expertise apply to conceptual contemplation across various scales, as illustrated in the TCDC case.

總之，與美國疾病控制與預防中心（USCDC）中醫療官員擔任領導角色並參與決策不同， 台灣的防疫醫師主要作為內部專家支持官僚上級。Freya L. Jephcott 指出，導致實地流行病學運作問題的一個重要因素是「外部人員是執行這項工作的一個糟糕選擇」。她建議，嚴謹的實地流行病學需要「放棄專家外部人的英雄主義陳腔濫調」，並追求能夠促進內部人敘述的「結構性變革」（Jephcott 2024:1, 3）。雖然 Jephcott 的分析聚焦於國際情境，但在優先考量官僚議程與外部專業知識的動態中，這種情況適用於跨越不同層級的概念性思考，正如臺灣疾病管制署（TCDC）案例所示。

Dilemma over global and local agendas

全球與地方議程的兩難

During the pandemic, Taiwan's efforts to address its marginalization in global politics (attributed to China) occasionally resulted in controversial control policies and even violations of human rights. At times, these controversies made it difficult for medical epidemiologists to maintain professional principles. This section examines two incidents from the early phase of the pandemic that they experienced as significant challenges, further illustrating the tensions between professional identity and political imperatives.

在疫情期間，台灣為了應對其在全球政治中因中國因素而被邊緣化的處境，偶爾採取了具爭議性的管控政策，甚至涉及人權侵犯。有時，這些爭議使得防疫醫師難以堅守專業原則。本節將探討疫情初期他們所經歷的兩起重大挑戰事件，進一步說明專業身份與政治要求之間的張力。

Debates over "community transmission or not?"
關於「是否社區傳播」的辯論

The USCDC routinely issues Travel Health Notices (THNs) to apprise travelers of global health risks (CDC 2023). On February 20, 2020, it included Taiwan in the list of countries experiencing community transmission of the new epidemic. This notice sparked heated debates in Taiwan, with its then president Tsai Ying-wen contesting the USCDC's designation, arguing that sporadic local cases did not constitute "community transmission" (Guan 2020). Dr. X recounted feeling infuriated by a directive at that time, which required him/her to correspond with the USCDC to remove Taiwan from the THN's list.

美國疾病管制與預防中心（USCDC）例行會發布旅遊健康通知（THNs），以提醒旅客全球健康風險（CDC 2023）。2020 年 2 月 20 日，該中心將台灣列入新冠疫情社區傳播的國家名單。此通知在台灣引發激烈辯論，當時的總統蔡英文反駁 USCDC 的定義，主張零星的本地病例不構成「社區傳播」（Guan 2020）。X 醫師回憶，當時他/她因一項指令感到憤怒，該指令要求他/她與 USCDC 聯繫，要求將台灣從 THN 名單中移除。

In contrast to the Taiwan government's vocal position, its official statistics had been reporting "locally acquired" cases since January 28, 2020. Studies by Taiwanese researchers that used the official data also revealed local transmission. For instance, one study, conducted by medical epidemiologists and their FETP associates, examined the first locally transmitted case (Case 1), a taxi driver, identified through TCDC influenza surveillance. Case 1 had no history of traveling abroad within 14 days prior to symptom onset and passed away on February 15. He had close contact with family members, and among the 10 individuals who attended a luncheon with him, four tested positive for SARS-CoV-2, the virus that causes COVID-19 (Li et al. 2023).

與臺灣政府的公開立場相反，其官方統計自 2020 年 1 月 28 日起即報告「本土感染」病例。臺灣研究人員利用官方數據進行的研究也揭示了本土傳播。例如，一項由防疫醫師及其 FETP 同事進行的研究，檢視了透過臺灣疾病管制署（TCDC）流感監測發現的首例本土傳染病例（病例 1），該病例為一名計程車司機。病例 1 在症狀出現前 14 天內無出國史，並於 2 月 15 日去世。他與家人有密切接觸，且在與他共進午餐的 10 人中，有 4 人檢測出 SARS-CoV-2 病毒陽性，該病毒為 COVID-19 的致病原（Li et al. 2023）。

The other study conducted by medical epidemiologists and an investigation team from TCDC, along with a prominent scholar of public health, indicates that among the initial 100 cases of COVID19 recorded between January and March 2020, 29 were locally-acquired (Tsou et al. 2020). Another investigation by health researchers meticulously examined the 55 confirmed community-acquired cases from January to April 2020. It elucidates that the primary transmission source of these cases (41.8 percent) was "infected by other community-acquired cases" (Liu et al. 2020:1089).

另一項由防疫醫師與臺灣疾病管制署調查團隊及一位著名公共衛生學者共同進行的研究指出，在 2020 年 1 月至 3 月間記錄的首 100 例 COVID-19 病例中，有 29 例為本土感染（Tsou et al. 2020）。另一項由健康研究人員進行的調查則細緻檢視了 2020 年 1 月至 4 月間的 55 例確診社區感染病例，並闡明這些病例的主要傳染來源（41.8%）為「由其他社區感染病例傳染」（Liu et al. 2020:1089）。

The prevalence of COVID-19 in Taiwan at that time was low compared to many other countries. This relative success

became the subject of a zero-sum debate in governmental discourses. In the aforementioned studies, the definition of community transmission was objectively established. In contrast, the Taiwan government's main narrative of COVID-19 control has consistently denied or ignored this definition, primarily emphasizing that there were no locally-acquired cases for 253 consecutive days in 2020 (TCDC 2024). Taiwan did not officially declare entering the stage of community transmission until May 11, 2021, more than a year after the initial THN notice (Focus Taiwan - CNA English News 2021).

當時台灣的 COVID-19 盛行率相較於許多其他國家偏低。這種相對成功成為政府話語中零和辯論的主題。在前述研究中，社區傳播的定義是客觀建立的。相較之下，台灣政府對 COVID-19 防控的主要敘事一貫否認或忽視此定義，主要強調 2020 年連續 253 天無本土病例（疾管署 2024）。直到 2021 年 5 月 11 日，距首次 THN 通報逾一年後，台灣才正式宣布進入社區傳播階段（中央社英文新聞 2021）。

The government's announcement regarding Case 1 also troubled medical epidemiologists. It publicly concluded that a businessman returning from Zhejiang Province of China was the source of transmission, based on a weakly positive serum antibody test result. However, this result was derived from a laboratory assay that had not yet been validated. The government could not confirm that the businessman had been infected, nor did it include him among the confirmed cases (Chen J. 2020).

政府對於第一例病例的公告也讓防疫醫師感到困擾。政府公開結論指出，一名從中國浙江省返台的商人是傳播源，依據的是一項弱陽性的血清抗體檢測結果。然而，此結果來自尚未驗證的實驗室檢測。政府無法確認該商人是否感染，亦未將其列入確診病例（陳J. 2020）。

When the society was on high alert for COVID-19, stigmatization and witch-hunting of infected individuals often intensified. The ambiguous and seemly arbitrary judgment regarding the transmission source of Case 1 sparked controversy and elicited open resentment from the affected family of the businessman. My interlocutors jointly critiqued the official explanation, offering responses such as: "Insisting on linking the infection source to someone who might not have been infected or who might no longer be contagious contradicts scientific principles and ethics"; and "It appears to be an attempt to create the illusion that there are no unidentified sources of transmission."

當社會對 COVID-19 處於高度警戒時，對感染者的汙名化與獵巫行為常常加劇。關於第一例病例傳染源的模糊且看似任意的判斷引發爭議，並激起該商人家庭的公開不滿。我的受訪者共同批評官方的說法，回應包括：「堅持將感染源與可能未感染或可能已不具傳染性的個體連結，違背科學原則與倫理」；以及「這似乎是試圖製造一種沒有未明傳染源的假象。」

To navigate their position between being local citizens supporting Taiwan's agenda for appealing to the WHO with successful epidemic control and the scientific citizenship of the global health network that is primarily guided by professional principles, medical epidemiologists and their FETP team did not submit their scientific findings about Case 1 to an international journal until the controversy subsided (Li et al. 2023:504). As one author stressed to me, their article refrained from discussing any potential source of transmission due to concerns about both their scientific integrity and official circumstances.

為了在支持台灣向世界衛生組織（WHO）提出申訴並成功控制疫情的地方公民身份，與以專業原則為主要指導的全球健康網絡科學公民身份之間取得平衡，防疫醫師及其 FETP 團隊直到爭議平息後才將關於第一例病例的科學發現提交至國際期刊（Li et al. 2023:504）。正如一位作者向我強調的，他們的文章避免討論任何潛在的傳播來源，原因即在於對其科學誠信及官方情況的顧慮。

Performing control following the diamond princess case

鑽石公主號案例後的防控措施

By the end of February 2020, the Taiwan government reported a total of 1,694 Taiwan residents, mostly citizens, stranded in the Wuhan lockdown. These Taiwanese were registered by the Taiwan government and left to await repatriation via government-chartered flights due to Taiwan's concern about Wuhan being the known source of the emerging epidemic. During the epidemic crisis, their situation was further exacerbated by the long-standing tensions between Taiwan and China. I have previously published research on this case in Chinese (Liu 2022) and summarize my key findings below.

截至 2020 年 2 月底，台灣政府通報共有 1,694 名台灣居民，主要為公民，滯留於武漢封城區。這些台灣人由台灣政府登記，並因台灣擔憂武漢為新興疫情的已知源頭，而等待搭乘政府包機返國。在疫情危機期間，他們的處境因台灣與中國長期存在的緊張關係而進一步惡化。我先前已以中文發表相關研究（Liu 2022），以下為我的主要發現摘要。

The categorical treatment raises questions about the differentiation of biological citizenship. As Petryna states, "knowledge about risk, how to deliver it, how to value it, became something of a political resource" (2004:254). Among the initial 100 reported cases of COVID-19 in Taiwan by March 2020, 71 were imported cases, with 11 originating from Wuhan and the remainder from other parts of the world (Tsou et al. 2020). Despite this, throughout 2020, Taiwanese stranded in Wuhan were the only demographic of citizens and residents prohibited from freely returning to Taiwan. This restriction policy was quietly rescinded only on May 8, 2020.

分類對待引發了關於生物公民身份差異化的問題。正如 Petryna 所言，「關於風險的知識、如何傳遞風險、如何評價風險，成為一種政治資源」（2004:254）。截至 2020 年 3 月，台灣通報的首批 100 例 COVID-19 病例中，有 71 例為境外移入，其中 11 例來自武漢，其餘則來自世界其他地區（Tsou 等，2020）。儘管如此，整個 2020 年，滯留武漢的台灣公民與居民是唯一被禁止自由返台的人口群體。此限制政策直到 2020 年 5 月 8 日才悄然解除。

When charter flights for repatriation were suspended by both sides of the Taiwan Strait, the Diamond Princess cruise ship stranded in Yokohama of Japan - identified as the first major cluster of the novel coronavirus outside China - became a pivotal issue. In response, Taiwan devised a repatriation plan specifically for cruise passengers, a framework that would later be applied to subsequent evacuations in Wuhan.

當兩岸雙方均暫停包機返國航班時，停泊於日本橫濱的鑽石公主號郵輪——被認定為中國境外首個新冠病毒重大群聚事件——成為關鍵議題。為此，台灣制定了專門針對郵輪乘客的返國計畫，該框架後來亦應用於武漢後續的撤僑行動。

However, the cruise repatriation plan became embroiled in controversy. I conducted in-depth interviews with three medical epidemiologists directly involved in the repatriation plan and process, along with conversations with other interlocutors. Despite varying levels of emotional expression, all of them acknowledged that the measures implemented were politically performative and lacked scientific legitimacy.

然而，郵輪遣返計畫卻陷入爭議。我對三位直接參與遣返計畫與過程的防疫醫師進行了深入訪談，並與其他對話者進行了交流。儘管情緒表達程度不一，他們皆承認所實施的措施具有政治表演性，缺乏科學正當性。

For instance, Dr. X recalled how medical epidemiologists "banged the table" in protest against a directive from their superiors requiring cruise passengers to "wear diapers" while on the aircraft. They argued that their original prevention plan was adequate. That plan involved cruise passengers wearing masks during boarding, undergoing cautious isolation upon returning to Taiwan, and adhering to follow-up testing protocols. However, their recommendation was largely disregarded,

as the government insisted that repatriated passengers wear full isolation suits. Dr. Y, a medical epidemiologist assigned to Yokohama to implement the government's discretion, disapprovingly recalled that Taiwan was the last country to repatriate its nationals and described the measures as:

例如，X 醫師回憶起防疫醫師如何「拍桌子」抗議上級要求郵輪乘客在飛機上「穿尿布」的指示。他們主張原先的防疫計畫已足夠。該計畫包括郵輪乘客在登船時戴口罩，返台後進行謹慎隔離，並遵守後續檢測程序。然而，他們的建議大多被忽視，政府堅持遣返乘客必須穿著全套隔離衣。Y 醫師是一位被派往橫濱執行政府指示的防疫醫師，他不滿地回憶，台灣是最後一個遣返國民的國家，並形容這些措施為：

> … scientifically unnecessary, as it misled the public and exacerbated fear, particularly given the insufficient availability of protective gear for healthcare workers in Taiwan at that time. Its primary purpose appeared to be performative, intended to facilitate media observation and photography, thereby showcasing the rigor of Taiwan's epidemic prevention measures.
>
> … 科學上並無必要，因為這誤導了公眾並加劇了恐慌，尤其考量當時台灣醫護人員防護裝備的不足。其主要目的似乎是表演性質，旨在促進媒體的觀察與拍攝，藉此展示台灣防疫措施的嚴謹。

Largely unnoticed by the Taiwan media and public, Taiwanese passengers in Yokohama Port, along with the medical epidemiologist and Taiwan's consular personnel, wore only masks and took no additional protective measures. It was only after boarding the charter flight that passengers were required to comply with stringent regulations, such as refraining from consuming food or using restrooms during the flight. Upon the aircraft's arrival in Taiwan, the media prominently reported on the deployment of 32 chemical troops spraying disinfectant on the ground, the aircraft, and vehicles.

台灣媒體與公眾幾乎不知道的是，在橫濱港的台灣乘客，連同防疫醫師及台灣領事人員，僅戴口罩，並未採取其他防護措施。直到登上包機後，乘客才被要求遵守嚴格規定，如飛行期間禁止飲食及使用廁所。飛機抵達台灣後，媒體大幅報導派遣 32 名化學兵在地面、飛機及車輛上噴灑消毒劑的情況。

The cruise repatriation measures served as a blueprint for the enhanced evacuation plan for the Wuhan case. I conducted in-depth interviews with a Taiwanese engineering professor who had been stranded there. He recounted that, in order to board the charter flights, he and his family, along with over 800 passengers, endured a grueling long-haul journey from the locked-down Hubei Province to Shanghai. His account of the experience was characterized by a mix of earnestness and sarcasm.

郵輪遣返措施成為武漢案例加強撤離計畫的藍圖。我曾深入訪談一位被困當地的台灣工程學教授。他回憶，為了搭乘包機，他與家人以及超過 800 名乘客一同忍受了從封鎖中的湖北省到上海的艱辛長途旅程。他對這段經歷的敘述中，既帶有真誠也帶有反諷。

> Upon boarding the plane, protective suits and goggles were distributed. I'm a scientist, I know what you'd like to do. But asking me to put on a protective suit at this point is too late..... I could only jest about the situation. The protective suits provided were more fragile than a cheap raincoat, and passengers were all carrying backpacks. By the time we boarded the plane, the protective suits were already torn. I asked my wife, "What about [the suit of] your lower body?" Her protective suit was very torn, dragging on the ground, so I picked it up and wrapped it around her. I told her, "What if [Taiwan's] reporters see this later? They'll say, 'We finally brought you back, and you're not even wearing protective gear!'"
>
> 登機時，發放了防護服和護目鏡。我是科學家，我知道你們想做什麼。但這時候叫我穿上防護服已經太晚了……我只能拿這情況開玩笑。發放的防護服比廉價雨衣還脆弱。乘客們都背著背包。等我們登上飛機

時，防護服已經破損了。我問我妻子：「你的下半身(防護服)勒？」她的防護服破得很嚴重，拖在地上，我撿起來包在她身上，跟她說：「要是（台灣的）記者之後看到這樣，就會說：『我們終於把你帶回來了，你竟然連防護裝都沒穿好！』」

I contextualize the two incidents within Taiwan's "digitized health diplomacy" campaign (Yin 2021) for participation in the WHO in the first half of 2020. At that time, the number of confirmed COVID-19 cases in Taiwan remained relatively low, a success that garnered international attention and reignited Taiwan's aspirations to reestablish its presence in the WHO. Slogans such as "Taiwan Can Help, and Taiwan is Helping!" (Ministry of Foreign Affairs, Republic of China (Taiwan) 2020), which presented an idealized image of pandemic control, were widely promoted. The Taiwan government endeavored to maintain this favorable image, aiming to reassure both its citizens and the international community. However, these efforts occasionally employed excessive force and emotion, leading to public controversies that medical epidemiologists regarded as contrary to their professional principles and ethics. These cases highlight how the epidemic control environment fueled their frustration about professional standards.

我將這兩起事件置於臺灣於 2020 年上半年推動的「數位化健康外交」運動（Yin 2021）背景下，該運動旨在參與世界衛生組織（WHO）。當時，臺灣確診 COVID-19 病例數相對較低，這一成功引起國際關注，並重新激發臺灣重返 WHO 的願望。諸如「臺灣能幫忙，臺灣正在幫忙！」（中華民國外交部 2020）等口號，呈現出理想化的疫情控制形象，廣泛宣傳。臺灣政府努力維持這一有利形象，旨在安撫國內民眾及取信國際社會。然而，這些努力有時過於強硬且情緒化，導致防疫醫師認為與其專業原則及倫理相悖的公共爭議。這些案例凸顯疫情控制環境如何加劇他們對專業標準的挫折感。

Conclusion 結論

"One World, One Health," a concept introduced at a 2004 symposium by the Wildlife Conservation Society, has been progressively adopted by the WHO, USCDC, other UN agencies, and organizations as both an ideal and a strategic framework for addressing the frequent emergence of zoonotic diseases in an increasingly globalized world (FAO et al. 2023; WCS 2004). This concept regained attention among global health communities amid the early rapid spread of COVID-19 (e.g. Trilla 2020). However, an editorial piece in a European medical journal delivered a dual message regarding this concept at the time. While it advocated for strengthening and broadening the concept to "one threat, one world, one response" to mobilize human solidarity, it also acknowledged a localized challenge, as stated: "The heterogeneity seen among countries' decisions speaks for itself about the difficulty of knowing what the right decision is" (Miró 2020:165). The current study highlights both the globallocal coordination and deviation from the ideal.

「一個世界，一個健康」這一概念由野生動物保育協會於 2004 年研討會中提出，並逐步被世界衛生組織、美國疾病控制與預防中心、其他聯合國機構及組織採納，作為應對日益全球化世界中動物源性疾病頻繁出現的理想與策略框架（FAO 等，2023； WCS，2004）。該概念在 COVID-19 早期快速擴散期間，再次引起全球健康社群的關注（例如 Trilla，2020）。然而，當時一篇歐洲醫學期刊的社論對此概念傳達了雙重訊息。該文一方面主張強化並擴展此概念為「一個威脅、一個世界、一個回應」，以動員人類團結；另一方面也承認了在地化的挑戰，文中指出：「各國決策的異質性本身就說明了知道何為正確決定的困難。」（Miró 2020:165）。本研究強調了全球與地方的協調以及偏離理想的情況。

I have presented Taiwan's exclusion from the WHO as a structural factor that shaped the broader context of Taiwan governance and its incongruence with medical epidemiologists' standards during the pandemic. While individual variations exist, the distinct perspectives and expertise of medical epidemiologists in pandemic control often differed from those of their fellow Taiwanese. Simultaneously, despite their professionalism in global health, they often found their own country marginalized within the broader context of global politics. In short, they were expected to represent and promote their nation's achievements in pandemic control, while also embodying a globalized identity shaped by their professional training and

principles. It is the conflation and disruption of biological citizenship at both national and global levels that together shaped their identity negotiation during the pandemic.

我將台灣被排除在世界衛生組織之外視為一個結構性因素，該因素塑造了台灣治理的更廣泛背景，並導致其與防疫醫師在疫情期間標準的不一致。儘管存在個別差異，防疫醫師在疫情控制上的獨特觀點與專業知識常常與其他台灣人有所不同。與此同時，儘管他們在全球健康領域具備專業能力，卻經常發現自己的國家在全球政治的更大背景下被邊緣化。簡言之，他們被期望代表並推廣國家在疫情控制上的成就，同時也必須體現由其專業訓練與原則所塑造的全球化身份。正是在國家與全球層面上生物公民身份的混融與中斷，共同形塑了他們在疫情期間的身份協商。

The once-debated controversies and polarized sentiments surrounding the events under study are now largely overlooked or forgotten in Taiwan. After all, the pandemic has demonstrated the porous nature of borders, and Taiwan has not been immune to significant outbreaks since 2021. Revisiting these controversies seeks to highlight the socio-political atmosphere that overshadowed medical epidemiologists during the pandemic.

這些過去曾引起爭議和兩極化情緒的研究事件，如今在台灣大多已被忽視或遺忘。畢竟，這場疫情顯示了邊界的滲透性，自 2021 年以來，台灣也未能免於重大疫情爆發。重新審視這些爭議，旨在凸顯疫情期間籠罩防疫醫師之上的社會政治氛圍。

Their experiences were part of the untold Taiwan story. As Petryna (2004) stated, an ethnographic approach challenges the linear account of history, revealing the complex reality of biological citizenship. Although Taiwanese medical epidemiologists must navigate local politics in their work - much like EIS officers working to “address a public health outcome in the context of public and political pressure” (Koplan and Thacker 2001:983) - certain professional principles remain steadfast. As Dr. X emphasized, “you can’t veer too far from your main [disease control] objectives.”

他們的經歷是台灣未被述說的故事之一。正如 Petryna（2004）所言，民族誌方法挑戰了歷史的線性敘述，揭示了生物公民權的複雜現實。儘管台灣的防疫醫師在工作中必須應對地方政治——就如同 EIS 官員在「公共與政治壓力的脈絡下處理公共衛生結果」（Koplan 和 Thacker 2001:983）——某些專業原則仍然堅定不移。正如 X 醫師強調的：「你不能偏離你的主要[疾病控制]目標太遠。」

Several medical epidemiologists felt that their work gradually diverged from their principles and passions, ultimately leading them to leave. Some returned to clinical practice, while others advanced their ideals and careers in global health. For instance, one joined an international vaccine safety SWOT team assisting The Coalition for Epidemic Preparedness Innovations (CEPI) which manages one of the world’s largest portfolios of vaccines against SARS-CoV-2 and takes pride in co-leading COVAX (CEPI 2024). Another returned to clinical work while helping his/her hospital develop Taiwan’s medical aid to Somaliland. Some who initially requested extended unpaid leaves eventually decided to quit.

數位防疫醫師感覺他們的工作逐漸偏離了原有的原則與熱情，最終導致他們選擇離開。有些人回歸臨床實務，另一些則在全球健康領域推進其理想與職涯。例如，有一位加入了協助「流行病準備創新聯盟」（CEPI）的國際疫苗安全 SWOT 團隊，該聯盟管理全球最大規模的 SARS-CoV-2 疫苗組合之一，並以共同領導 COVAX 計畫為榮（CEPI 2024）。另一位則回歸臨床工作，同時協助其醫院發展台灣對索馬利蘭的醫療援助。有些最初申請延長無薪假期的人，最終決定辭職。

The final individual exemplified here, Dr. Z, further illuminates the focal point of argument. He/she joined a US non-

governmental organization funded by the USCDC with COVID-19 vaccination efforts in various countries. In 2023, after working in Southeast Asia for more than a year, Dr. Z came across an online post written by a young Ukrainian entitled "How growing up in Ukraine made me different from you." A decade earlier, Dr. Z had pursued a Master's degree in global health in the United Kingdom. He/she found resonance between the Ukrainian sentiment and his/her own experiences as a Taiwanese professional:

最後一位防疫醫師個案 Z 博士，進一步闡明了本文論點的核心。他／她加入了一個由美國疾病管制與預防中心（USCDC）資助的美國非政府組織，參與多國的 COVID-19 疫苗接種工作。2023 年，在東南亞工作逾一年後，Z 博士偶然看到一篇由一位年輕烏克蘭人撰寫的線上文章，題為《在烏克蘭長大讓我與你不同》。十年前，Z 博士曾在英國攻讀全球健康碩士學位。他／她發現烏克蘭人的情感與自己作為台灣專業人士的經歷產生了共鳴：

> Many of my classmates, who were studying with me at the time, had already begun working in international organizations, including UN agencies, government-operated intergovernmental organizations, and non-profit organizations. However, as Taiwanese, our opportunities to participate in major international organizations or activities were indeed scarce due to diplomatic challenges.
>
> 當時與我一同就讀的許多同學，已經開始在國際組織工作，包括聯合國機構、政府運作的政府間組織以及非營利組織。然而，作為台灣人，由於外交上的挑戰，我們參與主要國際組織或活動的機會確實非常有限。

Dr. Z's reflections and professional expertise highlight the dual dimension of exclusive biological citizenship in the global reality and inclusive scientific citizenship within the global disease control network. This tension also underscores a structurally unequal world as the global community attempts to uphold the ideal of the "One World, One Health" agenda.

Z 博士的反思與專業專長突顯了全球現實中排他性的生物公民身份與全球疾病控制網絡中包容性的科學公民身份的雙重維度。這種張力同時凸顯了全球社會在努力維護「一個世界，一個健康」理想時所面臨的結構性不平等。

Taiwan has metaphorically existed as a "ghost island" to the WHO (Yin 2021). This marginality within the global health framework exacerbates the challenges faced by medical epidemiologists, extending beyond the typical politicized tensions between the state and the medical profession. Their experiences manifest the broader conflict between individual scientists and an increasingly interconnected world. On the immediate level, their experiences challenge the Taiwan government as to what kind of globalized profession of medical epidemiologists Taiwan, as a democratic sovereign nation, wishes to foster and respect. On a broader scale, their experiences raise critical issues concerning scientific integrity, equal rights, and health governance, all embedded within the complex contexts of global and local biological citizenship. These matters demand serious consideration in the era of emerging globalized epidemics.

台灣被比喻為在世界衛生組織（WHO）架構中的「幽靈島」（Yin 2021）。這種在全球健康框架中的邊緣地位加劇了防疫醫師所面臨的挑戰，這些挑戰超越了國家與醫療專業間典型的政治化緊張關係。他們的經歷，表明了個別科學家與日益相互聯絡的世界之間，更廣泛的衝突。在即時層面上，他們的經驗對台灣政府提出挑戰，即作為一個民主主權國家，台灣希望培養並尊重何種全球化的防疫醫師專業。從更廣泛的角度來看，他們的經驗提出了關於科學誠信、平等權利與健康治理的關鍵議題，這些議題皆嵌入於全球與地方生物公民身份的複雜脈絡中。在新興全球化流行病的時代，這些問題亟需嚴肅的思考。

Notes 註釋

The formal English title of this position is Medical Officer, borrowed from United States Epidemic Intelligence Service. Most Taiwanese are not familiar with the title "Medical Officers." Even Taiwan's former Vice President did not use this

official title when referring to the system in English. Instead, he described these medical officers or the system as “infectious disease physicians” or “communicable disease medical system” (Chen 2022). I was advised by the former chief medical officer at TCDC to use the term of “medical epidemiologist” to better describe their profession.

此職位的正式英文名稱為 Medical Officer，借用自美國流行病情報局（United States Epidemic Intelligence Service）。大多數台灣人對「Medical Officers」這一職稱並不熟悉。即使是台灣前副總統在以英文提及該系統時，也未使用此官方職稱，而是將這些醫務官或該系統描述為「感染病醫師」或「傳染病醫療系統」（Chen 2022）。我曾受到疾管署前首席醫務官的建議，使用「防疫醫師」一詞，以更恰當地描述他們的專業。

I use “he/she,” “him/her,” or “his/her” when referring to the medical epidemiologists quoted in this paper to reduce the likelihood of their identification. Key interlocutors who could nonetheless potentially be identified reviewed the article and provided constructive feedback prior to its publication.

本文中引用的防疫醫師，為降低其被識別的可能性，均使用「他／她」、「他／她的」等代稱。儘管如此，仍有可能被識別的關鍵對話者在文章發表前審閱了本文並提供了建設性的回饋。

At that time, Dr. Stephen B. Thacker served as the Director of the Office of Workforce and Career Development (2004- 2010) in USCDC (CDC Foundation 2024).

當時，Stephen B. Thacker 博士擔任美國疾病管制與預防中心（USCDC）人力與職涯發展辦公室主任（2004-2010）（CDC Foundation 2024）。

This study and its writing were completed prior to 2024, during a period when the USCDC largely maintained its professional capacity and global leadership despite political pressures emerging in 2020. Since early 2025, however, the agency has encountered escalating challenges characterized by increased political involvement and notable constraints on its personnel, resources, and policymaking.

本研究完成於 2024 年之前，期間美國疾病管制與預防中心在 2020 年開始出現政治壓力，但仍大致維持其專業能力與全球領導地位。然而，自 2025 年初起，該機構面臨日益嚴峻的挑戰，表現為政治介入增加及其人員、資源與政策制定受到顯著限制。

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本文基於 2020 年中央研究院倫理審查委員會核准的 COVID-19 疫情期間地方與全球健康實踐研究。

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劉紹華為醫學人類學家，擁有哥倫比亞大學博士學位。其研究採用跨學科方法，探討臺灣與中國的疾病、健康、醫療、環境及社會轉型。她著有多篇文章與專書，包括獲獎民族誌作品《我的涼山兄弟：毒品、愛滋與青年流動》（*Passage to Manhood*，英文及中文）及《麻風醫生與巨變中國：後帝國實驗下的疾病隱喻與防疫歷史》（中文）。這兩本著作探討邊緣社群在當代中國公共衛生實踐與國家－社會關係的歷史政治脈絡中的生活經驗。其 ORCID 為 0009-0009-9185-2471。

Declaration 聲明

An inquiry into the multiple layers of biological citizenship associated with Taiwan - as a non-UN member state - and its medical epidemiologists within international communities reveals how globalized professionals navigated globallocal dilemmas during the COVID-19 pandemic.

對於台灣作為非聯合國會員國及其防疫醫師在國際社群中所涉及的多層次生物公民身份的探究，揭示了全球化專業人士如何在COVID-19 疫情期間應對全球與地方的兩難困境。

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