



台灣家長守護婦幼權益協會

Taiwan Parents Protect Women and Children Association

CRC

Second National Review 2022 Shadow Report

Articles of Treaty or Act involved :

Topic1:

Related Provisions on Convention on the Rights of the Child:

Article 2, Section 1, 、 Article 3, Section 1 、 Article 7, Section 1

Topic2:

Article 52 of the Convention-specific Document

Article 53 of the Convention-specific Document

Topic3:

Article 54 of the Convention-specific Document

Topic4:

Article 184 of the Convention-specific Document

Article 205 of the Convention-specific Document

Article 213 of the Convention-specific Document

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The report is closed



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台灣家長守護婦幼權益協會

Taiwan Parents Protect Women and Children Association

Topic1:

Same-sex adoptions are against the best interests of children

Articles of Treaty or Act involved :

Related Provisions on Convention on the Rights of the Child:

1. Article 2, Section 1, “States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”
2. Article 3, Section 1, “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”
3. Article 7, Section 1, “The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.”

Issue:

In an extremely controversial ruling, the Taiwan Kaohsiung Juvenile and Family Court has ruled that two males can jointly adopt a baby girl, making the girl legally to have two dads in Taiwan. Despite the Taiwan 2018 referendum, Propositions 12, calls upon Government to establish special “civil partnership-like” laws to protect Taiwanese gays and lesbians right to pursue a “wife and husband-like legal union relationship”, the adoption for children is limiting to “kinship by blood” only. Hence, this ruling is not only without precedents, but moreover illegit within Taiwanese legal framework and local customs. The administrative branch of Taiwanese government’s very passive role, consequence in Child’s best interest being ignore, i.e., restraining the presence of motherhood in a girl’s life.

Analysis of the Issue:

1. Taiwan Kaohsiung Juvenile and Family Court’s ruling not only violated Taiwan democratic process on law amendment (revising adoption policy) but most importantly, the ruling that allows “motherhood” to be missing from a child’s life is not only not in Child’s best interest (a direct violation on Article 3, Section 1 and the General comment No. 14 point 39.)
 - A. Taiwan Constitution Court has made it very clear in its Interpretation No. 748 ruling that it “only address the issues of whether the provisions of the Marriage Chapter...” and that the “Interpretation does not deal with any other issues”. (Judicial

Interpretation No. 748 paragraph 24) As such, it is not possible to “extend” Judicial Interpretation No. 748 beyond Taiwan Civil Code’s Marriage Chapter, and to draw on it inference to adoption, as it belongs to Taiwan Civil Code’s “Parents and Children Chapter”.

B. Additionally, Taiwan Constitution Court has also relinquished the “procreation cultural connection to marriage” as an argument pro-same sex union, and such that regardless of same-sex union or opposite-sex union, childbearing is no longer a legit linkage or the fundamental protection cover by Taiwan Constitution.

C. Taiwan “Act for Implementation of J.Y. Interpretation No. 748” Article 20, clear state application of Civil Code regarding to adoption only apply to genetic child of the other party and that is the de facto end of Taiwan Civil Code Marriage Chapter. There is simply no legal ground for a Child to have two fathers in Taiwan.

2. The sequential order of actions taken by the plaintiffs raise many eyebrows as to whether or not they are acting in the best interest of the girl? Adopting the girl first as an individual, then call for press conference, then file application to court to have government registry to be amended, and have another press conference? It seems to many that the baby girl is simply a drama prop rather than a precious girl.

3. The lack of proactive attitude to comply with CRC, from the Taiwanese government administrative branch has outrage culturally conservative groups in Taiwan. CRC not only call for best interest of children in minds, but moreover, proactively action to protect children's welfare with in bound of local social customs. Taiwan government fails to proactively protect Taiwanese children in the following manners:
 - A. "Young children are rights holders" is straightforward with the General comment No. 7, article 3. In conjunction with article 5 and article 6, it is state's duty, in this case the administrative branch of Taiwanese government, to provide a child' parent as much support as possible, including subsidy economic wise to ensure a mother can take care her child. (Point 20).
 - B. With reference to CRC General comment No. 14 point 18, we would like to remind the committee members, that:
 1. With cultural connection between marriage and "procreation" being relinquished by Taiwan Constitutional Court the only legit reasoning for allowing an adult to adopt a child is with the presumption that he or her would one day entering a wife and husband marriage, in connection toward CHC article 7 section 1 and the General comments No.7 Point 16.
 2. The issues of would same-sex couple makes good parents is not the chief concerns in Taiwan, it is the stability of family that concerns the public when it comes to adoption. In 2020, Taiwan has 139 children being adopt locally, and according to statistics only 3 are being adopted by an un-marriage

individual, and that Kaohsiung Juvenile and Family Court's ruling simply demonstrate that this is becoming a loophole, for potential political agenda, which in itself is fundamentally inconsistent with CRC. The stability of the adopter's family is a question that has to be address by taking different family structure into accounts, then based on scientific fact with democratic process new revision to Taiwan adoption law should be proposed, Taiwan Kaohsiung Juvenile and Family Court has not been grant power by the people to make such change, and the in response of Taiwan administrivia bench of government to fails to act proactively in this case is putting inerasable harm to the girl.

C. Finally, we would like to call Committee's attention to the dangers of war, as the Russian-Ukrainian war remind all Taiwan citizen that the status of Taiwan and China conflict is on-going, and the war status since 1949 has not come to an official peace agreement. With current Taiwan constitution requiring all male to be in service, Taiwan Kaohsiung Juvenile and Family Court's ruling has put the baby girl in a clear disadvantage, where both daddies are requiring to be in service; while all other babies at least still have a mommy or mommies.

Recommendations:

The research reported that a child raised by biological parents or family is most suitable. Even though there are many misfortunes

nowadays, we society should pursue the best environment for children in order to meet the best interests of children in Taiwan.

Using a representative sample of 207,007 children, including 512 with same-sex parents, from the U.S. National Health Interview Survey, prevalence in the two groups was compared. Emotional problems were over twice as prevalent for children with same-sex parents than for children with opposite-sex parents. Joint biological parents are associated with the lowest rate of child emotional problems relative to step parents, single parents, or same-sex parents. (https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2500537)

This study is in line with CRC Article 7, a family with biological parents is best for children, and it is also in the best interests of the children. The people of Taiwan have not granted judges the ability to disregard the best interests of children, nor can they endorse political judgments that only consider groups of same-sex sexual orientation. The government should not block children from entering a more favorable environment for their growth and development, that is, children should be adopted by a family with parents biologically consistent with their original parents (if they adopted by a same-sex family, this opportunity will be blocked).

The government should be more cautious in amending the law to allow same-sex couples to adopt children. In particular, the necessity of mother for children must not be ignored. The problem of low birth rate is serious, and every child must be cherished. Let children have a better future and their best interest.



Topic2:

'Gender-self-determination' education and policies harm children's safety, human rights and health

Articles of Treaty or Act involved :

Article 52 of the Convention-specific Document

Article 53 of the Convention-specific Document

Situation

1. A 7-year-old grade 1 natal male student claimed he was a girl, and he entered the women's toilet to violate the privacy of natal female students.

A mother posted on the Plurk: "My daughter, grade 1, said that there was a male classmate who claimed to be a girl and insisted on going to the womens' toilet. He just wanted to peek at the girls to pee." (Picture 1) (1)



Figure 1 Screenshot of the message “grade 1 male student's invasion of the female toilet”

A psychiatrist and pediatric endocrinologists reported to prescribe highly controversial "puberty blocker" to a 12 years old girl with gender dysphoria in a Medical Conference in Taiwan in 2019 (Figure 2) (2). The vast majority of children on puberty blockers had lower bone density than their peers, impaired brain development and 'negative effects on IQ for gender-dysphoric children', and hypertension. (3)

2019 青少年醫學研討會

主辦單位：臺灣兒科醫學會、台大醫學院小兒科

時間：108年9月29日（週日）

地點：台大醫學院 502 講堂（台北市仁愛路一段1號5F）

時間	題目	主講人	主持人
09:00-09:10	Opening remarks		
09:10-10:00	青少年皮膚疾病		
10:00-10:20	Coffee Break		
10:20-11:10	青少年適應不良及情緒障礙		
11:10-12:00	青少年性別不安	衛生福利部 醫師 徐 醫師	
12:00-13:00	Lunch		
13:00-13:50	青少年生長問題與門診實務分享		
13:50-14:40	青少年肥胖及減肥門診		
14:40-15:00	Coffee Break		
15:00-15:50	青少年胸悶及呼吸困難		
15:50-16:40	青少年疫苗		
16:40-17:00	Closing remarks	台大醫院兒童醫院 吳 院長	

※繼續教育積分：(1)臺灣兒科醫學會主辦學分4分。

(2)青少年醫學教育時數7小時【需簽到及簽退】。

Figure 2 A psychiatrist and pediatric endocrinologists reported to prescribe highly controversial "puberty blocker" to the minority.

A natal male without sex-reassigned surgery changed his gender into woman on the ID card in Taiwan in 2021

The Supreme Administrative Court ruled that “E”, who didn’t do the sex-reassigned surgery and still possessed penis and testes, could change the gender into woman on the ID card. Taiwan produced “the first woman with penis and testes”. “E” has all the privileges of women (4).

Discussion

1. The definition gender and sex was age-inappropriate (5), and caused students gender-self-determination (5) with bad behaviors (such as peeking at the girls to pee in the womens’toilet).
2. Girls were sexually assaulted by transgender rapists in the women toilets.

Several cases about girls sexually assaulted by transgender women occurred. An American father revealed that his ninth-grade daughter was the victim after a male student “wearing a skirt” allegedly attacked her in the girl’s bathroom.(6)

3. UK and Sweden ended all use of puberty blockers and cross-sex hormones for minors.

Keira Bell was born female but began puberty blockers at 16 after referral to the Tavistock. She had a double mastectomy, which she now regrets. She sued NHS. Professor Christopher Gillberg, an expert in child and adolescent psychiatry, who believes prescribing drugs to delay puberty – a first step in gender treatment – is a scandal and tantamount to conducting 'a live experiment' on vulnerable children. 'We have left

established evidence-based clinical practice and are using powerful life-altering medication for a vulnerable group of adolescents and children based upon a belief.

High Court judge banned an NHS gender clinic from giving puberty-blocking drugs to children (7). Sweden's Karolinska ended all use of puberty blockers and cross-sex hormones for minors outside of clinical studies in May, 2021 (8)

4. Gender-self-determination allowed more men into women's spaces.

The vast majority of reported sexual assaults at public swimming pools in the UK take place in unisex changing rooms. The data, obtained through a Freedom of Information request by the Sunday Times, suggests that unisex changing rooms are more dangerous for women and girls than single-sex facilities. Just under 90 per cent of complaints regarding changing room sexual assaults, voyeurism and harassment are about incidents in unisex facilities. What's more, two thirds of all sexual attacks at leisure centres and public swimming pools take place in unisex changing rooms.

Of 134 complaints over 2017-2018, 120 reported incidents took place in gender-neutral changing rooms and just 14 were in single-sex changing areas. ° (9)

Suggestion

1. There is blur and vague interpretation of the “gender diversity” in the gender equity education law, and the interpretation is different from the original meaning in English, which caused teachers to be confused. It is suggested to amend the interpretation of Article 2, “Gender diversity” means “diversity of gender representation”, rather than “many different genders”. (10)
2. Please include professionals in "Child Development", "Educational Psychology", "Educational Curriculum Design", "Children's Medicine" and other professionals to design the framework of gender equity education. The foreign and aggressive sex and gender education is not proper for Taiwanese students.
3. It is necessary to re-evaluate the age-inappropriate contents with " many different genders" in the textbooks, clearly define "gender", and stop teaching "self-determination of gender identity" in the elementary and junior high schools.
4. Ministry of Health and Welfare or the Medical Association should prohibit the use of puberty blockers on minors as United Kingdom and Sweden did.
5. Groups of "women", “children” and children's rights" should be included in the discussion of the “the requirements of legalization of gender change”, and the impact of the legalization of gender change on women and children.

6. We should be aware of the problems caused by gender-self-determination in foreign countries. Many children and women have been sexually assaulted and violently attacked by transgender women in these countries. Therefore, we should be very careful about the law of “legalization of self-identified gender change”.

(1) The website of “grade 1 male student's invasion of the female toilet” <https://www.plurk.com/p/orsz5g>

(2) The content a psychiatrist reported using puberty blockers on a 12 year-old girl in a Medical Conference in Taiwan in 2019

「…跟家長溝通的過程，需要花非常非常久的時間，那最近也很幸運的就是我們有遇到一個她哦，那個小孩子很主動，她是一個小學的女生，小學五年級的一個女生，身體上的女生，可是她從小就非常明確的知道自己其實是想成為一個男性。好，她現在學校裡頭參加是男子足球隊這樣子。哦，她的家長也非常非常開明，而且也願意讓她說一個男性的性別角色在學校生活，也特別把她挑了一個學校，其實是相對比較友善的這樣子。學校環境對於性別這樣發展友善，所以我們也跟臺大這邊的小兒就是內分泌科這邊合作好，他家長也充分能夠理解到這件事情，所以我們開始可以使用 blocker (青春期阻斷劑)，好像這樣子的個案，讓他未來能夠爭取更多的時間，那她有更多時間思考，以及他未來能夠真正成為自己想要的一個內外合一的人。我相信在未來的十幾 20 年，這一定會漸漸發展下去，我們會讓我們的青少年有更多能夠理解自己的機會，有更多的選擇權，那其中對於兒童青少年。相對是容易的，對於家長的衛教反而是困難

的，那我覺得也是這堂課能夠跟大家分享的一些經驗，這絕對不是一條容易的路，但是如果大家在臨床過程當中有這樣的話，我們至少可以讓我們家長能夠有一些些開啟他們更多元想像的機會。」

(3) Cheng I (2021) Gender Dysphoria in Children and Adolescents – Review

<https://www.tma.tw/ltk/110640504.pdf>

(4) A natal male without sex-reassigned surgery changed his gender into woman on the ID card

<https://udn.com/news/story/7321/5766469>

(5) The contents of “many different genders” in the textbooks.

<p>案由</p>	<p>性別定義（多元多樣）已經造成(性別)不安(台灣實例), 這樣情況下孩子該不該接受這樣的的教育呢?</p>
<p>課本 1 翰林五下綜合活動 108 年 8 月版本</p>	

課本 2

南一五下 藝術
與人文 108 年 2
月出版

國小藝術與人文課本 5 下 南一 108 年 2 月出版

千千：你怎麼這樣！
班長：你太過分了！（追家祥。）
家祥：追不到我。
小傑：班長，妳不要生氣。
家祥：班長，妳不要生氣。林小傑也會和妳一樣。
千千：宋家祥，你為什麼要取笑女生？
家祥：我哪有？林小傑又不是女生。
小傑：不要理他。你們看芭比娃娃，女生長大了，本來就會有胸部。（小傑拿出芭比娃娃。）
班長：就是啊！你媽媽也有胸部，不是嗎？
家祥：我……妳刺刺把把（閩南語）！
志剛：林小傑，你很奇怪，每次都拿芭比娃娃玩。
小傑：我……
千千：對呀！男生玩芭比，好奇怪喔！
小傑：吳志剛，你……好討厭！
家祥：吳志剛，你好討厭喔！討厭啦！（裝得和女生一樣。）
千千：不過，林小傑比班長還像女生。
家祥：林小傑有男生的身體，卻有女生的靈魂，玩芭比娃娃……唉！
班長：有女生的靈魂，很好哇！
家祥：才怪！男生啊，就要像吳志剛那樣，壯壯的。
千千：那你呢？（指家祥）全身瘦巴巴就不是男生了嗎？

課本 3 泰宇高
中護理 108 年
出版

學習目標

- 1 接納並尊重不同性或多樣性。
- 2 運用「人際溝通互動」生活技能表達情感，建立親密關係。
- 3 做好親密關係抉擇，控制性衝動，以有效拒絕技巧，拒絕非預期性行為。
- 4 遵守延遲性行為的正確觀念。
- 5 瞭解避孕原理與方法，進行避孕方法選擇與協商。
- 6 運用協商技巧處理衝突的情境。
- 7 運用「創造性思考」理性面對分手，調適分手後生活。

1 尊重多元的性別

你知道嗎？

男師變性，師生挺到底！

「半世紀以來，我心裡一直住著一個小女生」。某位任職高中的男老師在妻子病逝，人生走過半個世紀後，決定做回自己。校長表示尊重老師個人選擇，表示「平常心」看待，校內師生也全然接納，讓她既驚又喜。她說挺身而出，敢於社會尊重變性者。

根據《性別平等教育法部分條文修正草案》，「性或性別的多樣性」的定義是指任何人之生理性別、性別特徵、性別特質、性傾向、性別認同及性別變更等差異情形。

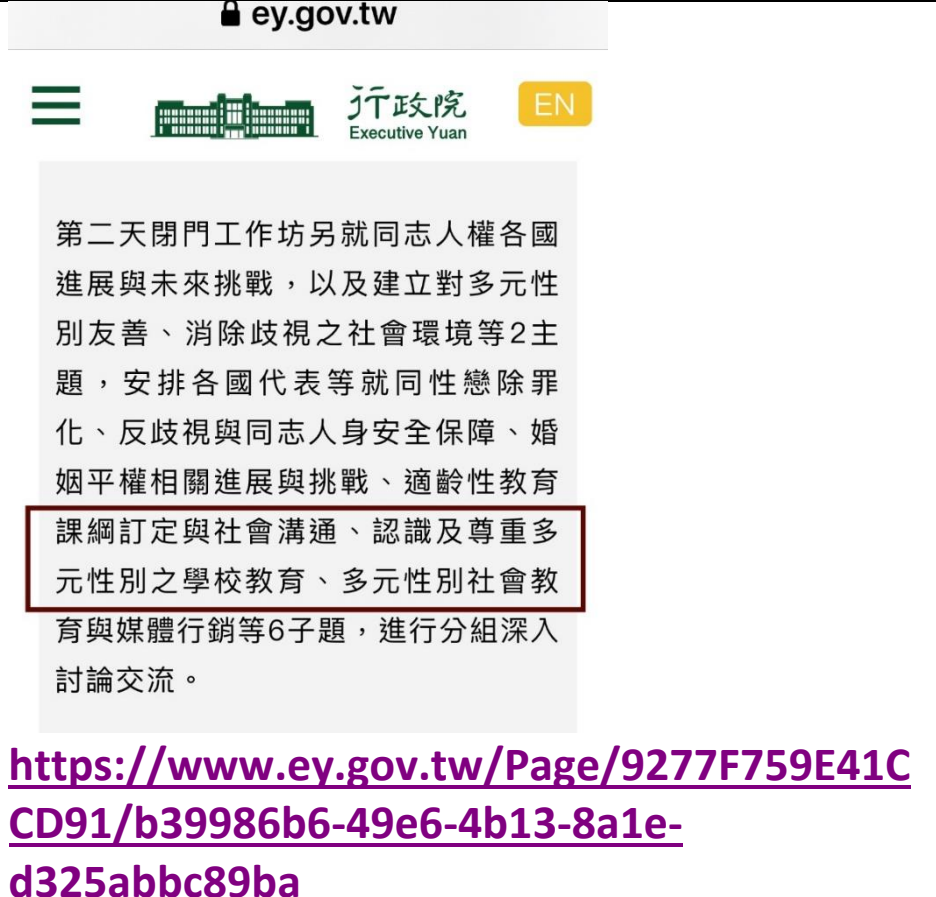
性別平等所強調的精神是後天性別角色的立足點平等與機會平等，因此不論是「生理性別」的男性與女性、「心理性別」的性別認同（認同男性、認同女性，或是跨性別）、「社會性別」的性別氣質（陽剛、陰柔或剛柔並濟），或是「性傾向」的異性戀、同性戀與雙性戀，我們都應予以尊重，讓每個「人」，都能在社會上獲得同等的機會，去充分發展自己的能力，並且自我成長；也都能在愛情上擁有愛人與被愛的權利，去追求長久穩定的親密關係，並且獲得幸福圓滿。

「人生而平等」，適用在性或性別的多樣性嗎？



課本

高中健康與護理全一冊下 泰宇 108 年出版 9976A

<p>行政院</p> <p>多元性別之學校教育</p> <p>109年6月擷取</p>	 <p>ey.gov.tw</p> <p>行政院 Executive Yuan</p> <p>EN</p> <p>第二天閉門工作坊另就同志人權各國進展與未來挑戰，以及建立對多元性別友善、消除歧視之社會環境等2主題，安排各國代表等就同性戀除罪化、反歧視與同志人身安全保障、婚姻平權相關進展與挑戰、適齡性教育課綱訂定與社會溝通、認識及尊重多元性別之學校教育、多元性別社會教育與媒體行銷等6子題，進行分組深入討論交流。</p> <p>https://www.ey.gov.tw/Page/9277F759E41CD91/b39986b6-49e6-4b13-8a1e-d325abbc89ba</p>
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(6) **Parents demand Virginia superintendent be fired over alleged sex assault cover-up**

<https://nypost.com/2021/10/13/parents-demand-superintendent-be-fired-for-alleged-sex-assault-cover-up/>

(7) . Daily mail. 'A live experiment on children': Mail on Sunday publishes the shocking physicians' testimony that led a High Court judge to ban NHS's Tavistock clinic from giving puberty blocking drugs to youngsters as young as 10 who want to change sex, 2021.

<https://www.dailymail.co.uk/news/article-9130157/The-physicians-testimony-led-High-Court-judge-ban-child-puberty-blocker-drugs.html>

(8) Sweden's Karolinska Ends All Use of Puberty Blockers and Cross-Sex Hormones for Minors Outside of Clinical Studies https://segm.org/Sweden_ends_use_of_Dutch_protocol

(9) Unisex changing rooms put women in danger (2018)

<https://www.thetimes.co.uk/article/unisex-changing-rooms-put-women-in-danger-8lwbp8kgk?region=global>

(10)

There is blur and vague interpretation of the “gender diversity” in the gender equity education law, and the interpretation is different from the original meaning in English, which caused teachers to be confused. It is suggested to amend the interpretation of Article 2, “Gender diversity” means “diversity of gender representation”, rather than “many different genders”. (10)

Article 2

The terms used in this Act are defined as follows:

- 1. Gender equality education: It refers to teaching respect for gender diversity differences through education, eliminating gender discrimination, and promoting substantive equality between genders.**

第2條

本法用詞定義如下：

- 一、性別平等教育：指以教育方式教導尊重多元性別差異，消除性別歧視，促進性別地位之實質平等。



台灣家長守護婦幼權益協會

Taiwan Parents Protect Women and Children Association

Topic3: Indefinite of "Sex" and "Gender" and inappropriate use of "multiple gender", adverse to children's development rights

Article of Treaty or Act involved :

Article 54 of the Convention-specific Document

Issue status:

The Implementation of Taiwan Gender Equity Education Act and the Gender Mainstreaming Policy has cause great social tension due to inappropriate and confusing word choice for the translation of the term "Gender". The consequence not only results in educational resources discrimination toward children from minority groups, moreover, violation in parent's liberty to chose education that is in conformity of their religious and moral convictions, in accordance with the International Covenant on Economic, Social and Cultural Rights (ICESCR) Article 13, Section 3.

Issue analysis:

1. **The child representative** has ask government officials on the 2nd National Report of the Convention on the Rights of the Child on February 23, 2021: "How many gender(s) are there in total?" And that the chairperson replied with: A. "I don't know how many kinds of gender", and B. "As the times evolve, there may be more and more genders."



2. The response from the chairperson is in direct contradiction to UN WHO and UN Women’s definition of “Gender”, as it is clear define that “Gender refers to the characteristics of women, men, girls and boys that are socially constructed.” Taiwan is experiencing the similar confusion between “gender” and “sex” that happen in western world as well, and that Taiwan government’s word choice for “gender” happen to be same term use as biological sex, simply adding fuel to the fire.
3. Worsen an already bad situation, Taiwan Gender Equity Education Act article 2 has limit all “gender related policy” in Taiwan to be applicable to two aspects of Gender, i.e., sexual orientation and gender identity. Other socio-cultural relating aspect of gender, such as: class, race, poverty level, ethnic group, sexual orientation, age, etc., according to UN Women, are inappropriately ignore and disregard by Taiwan government official.

Specific recommendations:

We call on Taiwan government to amend and adopt “社會性別(shè huì xìng bié)” as the official translation of “gender”, replacing the existing confusing word choice, in both laws and policy. Moreover, we ask other gender aspects, specifically the socio-cultural relating aspect of gender defined by UN Women, such as: class, race, poverty level, ethnic group, sexual orientation, age, etc., to be all included in Taiwan Gender Equity Education Act article 2, so that equal protection can be officially extending to all minority group’s children.



Topic4: Children's right of health is unvalued in remote areas

Articles of Treaty or Act involved :

Article 184 of the Convention-specific Document

Article 205 of the Convention-specific Document

Article 213 of the Convention-specific Document

Analysis:

1. Disparity in the numbers of pediatricians for Taipei and Taitung

2020	Taipei City	Taitung County
Number of newborns	18,399	1,350
Number of Pediatricians	715	17

Source: Taiwan Ministry of Health and Welfare

The number of newborns was 18,399 in Taipei, and the number of newborns was 1,350 in Taitung in 2020. There are 715 pediatricians in Taipei and 17 pediatricians in Taitung. One pediatrician took care of 25.73 newborns in average in Taipei, and one pediatrician took care of 79.41 newborns in average in Taitung. The workload of pediatricians in Taitung is three times that of pediatricians in Taipei, which means that children in Taitung have only one third of the resources of medical care in Taipei.

There are very few doctors in Taitung, and even fewer pediatric sub-specialists. There is no pediatric surgeon. For hernia, cryptorchidism, hypospadias and other surgeries, patients can only go to other counties or cities, or wait for the pediatric surgeon from Taipei to do operations once a month. There are also no pediatric endocrinologists. If there are children with delayed development or precocious puberty, they could only be cared by general pediatricians in Taitung. They have to be transferred to other cities for help if the conditions of the children are severe. It is not easy to travel between Taitung-Kaohsiung or Taitung-Hualien, because it is hard to get the tickets of trains or flight, and the costs of tickets are expensive and the parents can't afford them. (Note 1.1)

2. High neonatal mortality rate

In 2020, the neonatal mortality rate was 2.6 per 1,000 in Taipei, and the neonatal mortality rate was 6.7 per 1,000 in Taitung. The neonatal mortality rate in Taitung was 2.5 times that of Taipei. (Note.22)

¹ Note 1. [Hospital Referral] Use the Puyuma train as an ambulance? Broken hospital referral lifeline

<https://www.twreporter.org/a/child-health-care-no-referral-platform>

There are no pediatric surgeons in Taitung. "You buy me a ticket for the Puyuma train, and I'll help transfer it to a hospital in another city." This bold doctor is Zheng Yi, a pediatrician at Taitung Christian Hospital, who is often regarded by children as an "uncle doctor." "The female doctor pushed 4 bottles of oxygen in a cart, and took the train with the parents to transfer the child named Xiaoxian to the National Taiwan University Hospital. It took a total of 4 hours by train and changed 2 oxygen cylinders.

² Note 2. Taiwan's low birthrate problem is getting worse, impacted by the fact that Taiwan's infant mortality rate is among the highest in the world

<https://health.udn.com/health/story/5999/4904365>

Judging from the average statistics from 2018 to 2019, Hualien County, Taitung County and Pingtung County are the top three highest infant mortality rates, and the mortality rate has soared

3. Disparity in the early intervention and rehabilitation for children in Taipei and Taitung

2020	Taipei City (per 10,000 people)	Taitung County (per 10,000 people)
number of speech therapists	0.53	0.37
Number of clinical psychologists	1.02	0.37
Number of physical therapists	4.16	2.04
Number of occupational therapists	1.56	1.11

Source: Taiwan Ministry of Health and Welfare

Statistics from the Taiwan Ministry of Health Services in 2020 show that the ratio of speech therapists is 0.53 per 10,000 people in Taipei, and only 0.37 in Taitung. The ratio of clinical psychologists is 1.02 per 10,000 people in Taipei, and only 0.37 in Taitung. The ratio of physical therapists is 4.16 per 10,000 people in Taipei, while it is only 2.04 in Taitung. The ratio of occupational therapists is 1.56 per 10,000 people in Taipei, while it is only 1.11 in Taitung. Overall, children with developmental delays in Taitung have relatively few resources and opportunities for treatment.

4. The transportation convenience in remote rural areas is insufficient, the public transportation network is sparse, and the medical accessibility is poor

The remote rural areas are sparsely populated (Taitung County

to 5.9 per thousand to 7.9 per thousand people.

covers an area of 3,515 square kilometers and the city in Taipei is 271.8 square kilometers). The convenience of transportation is far worse than that of the city, and the public transportation network is sparse. For example, buses only run once an hour. It is extremely inconvenient for parents in Taitung to take their children for medical treatment or rehabilitation, not to mention islands outside Taiwan.

A pediatrician in Taitung said that she had a patient from Lanyu. The mother took three months off work to take her child to live in Taitung for early intervention and rehabilitation, which seriously affected her family and work. She finally had to move her family out of Lanyu for her child's sake.

5. Part-time doctors from other cities lack medical experience in rural areas, making it difficult to integrate and adapt to rural medical care models

Because children's sub-specialists are seriously scarce, part-time pediatricians have to be hired from other cities in order to provide more opportunities for children in remote areas. Some pediatricians can only come to Taitung once a month, only from 9:00 am to 2:00 pm, rushing to take the 3:00 pm flight back to Taipei. Most of them are reluctant to stay a little longer, even if the Ministry of Health and Welfare issued an official document stating that patients cannot be rejected. Children can't be evaluated due to lack of doctors and times

(Doctors have to fly back to Taipei at 3 pm).

6. Insufficient hardware and software equipment for remote diagnosis and consultation. The network signal is weak and the performance is poor, unable to help meet the medical needs of remote areas.

For example: Since last year, the Genetics Department of Hualien Tzu Chi Hospital and Taitung Christian Hospital have started medical teleconsultation four times a year. The conditions of software and hardware equipment used were unstable, and the computer frequently crashes. For every medical teleconsultation, the hospital's computer staffs must be on call to resolve emergencies.

7. The cost of transferring to other hospitals is high, and parents in remote areas cannot afford it, which is like leaving their children waiting to die

The population in remote areas is relatively small, and the medical staffs of critical care lack experience. Severely ill patients can only be transferred to larger hospitals in other cities, but the transfer costs are high, and some children are given up for treatment.

Example: A Taitung pediatrician sadly stated that a patient need extra-corporeal membrane oxygenation, (ECMO). Because there was no 24 hours medical staff in Taitung Hospital, they could only be transferred to other hospitals. However, parents need to pay NT\$100,000 for the transfer, which is equivalent to their four-month income. The parents were unable to afford it, and finally had to give up the treatment of the child, and the child died.

8. The government's medical care policy does not fully consider the actual situation children

The government is now promoting “dedicated doctors” for children. Only pediatricians or family physicians could be “dedicated doctors”. The government's children's medical care program can only be implemented by pediatricians and family physicians. However, in Taitung and Lanyu, there are not enough pediatricians. If the doctors are not pediatricians or family physicians, the children can not have this welfare, which is very unfair.

Conclusions and Recommendations:

1. Increase the government budget for medical care in remote area, especially in areas with high neonatal mortality.
2. Remote areas, especially in areas with inconvenient transportation such as Hualien and Taitung, can implement transportation subsidies for children to seek medical care, as well as the priority to reserve seats for public transportation when seeking medical treatment across cities.
3. Provide free referral services for severely ill children in remote areas.
4. In specific rural areas, the salaries and subsidies of medical staffs should be increased.
5. To engage, develop, train, and reward local residents in remote areas to do various medical care-related jobs, and provide them with scholarships and future job opportunities.

6. Accelerate the legalization of requirements and guidelines for tele-medical care consultations or treatment.
7. Strengthen the construction of electronic network signals in remote areas, and optimize hardware and software equipment. In addition to taking into account the privacy of local residents, the policy should also consider making it more convenient for local residents.
8. Only by setting up an exclusive plan for the care of children in remote rural areas can they truly help children in remote areas. City system may not fulfill the requirement of rural areas.