

WEA LEE'S GLOBAL NOTES

07/16/2020

CORONAVIRUS DIARY

Let Us Unite Our Immigrants' International Community

After WWII, millions of people came to America through legal and illegal means to seek liberty and opportunity in this great land.

From coast to coast in New York, Seattle, Portland, Los Angeles, San Francisco Bay Area, Houston and Dallas, many immigrants created many communities like new Chinatown, Vietnamese Town, Thai Town, Russian Town, all these towns representing

international cultures and all part of a very important economic engine in local economies.

The majority of the new generation had higher education and became professionals in many fields, but their roots were still very strongly tied to their own culture.

Today we feel very strongly because of the current racial issues. A lot of



politicians are against immigrants. They want to change policies to block immigrants from coming to this country while they refuse the quota of immigrants. All of these moves really harm our community.

"Our society without Mexicans and Latinos is like the sky without sunshine."

This really represents how important it is that those immigrants who work at labor jobs truly do help this country grow.

My friend and founder of CHI, Farouk Shami, when he ran for Governor of Texas, he said this to his audience,

Dear brothers and sisters, this is the time for all of us to unite to fight for our own future because this is our home.



Southern News Group 40th Anniversary 1979-2019

STV KVVV15.3
美南國際電視

Southern News Group Chairman / CEO
Chairman of International Trade & Culture Center
Chairman of International District Houston Texas



Publisher Southern Daily Wea H. Lee

Stay Home!

BUSINESS

Wash Your Hands!

Texas Hospitals Are Running Out Of Drugs, Beds, Ventilators And Staff

Texas – The State Of Medical Siege In 2020



Nurses look over the charts of patients in the COVID-19 unit at Doctors Hospital at Renaissance Health System in Edinburg. (Photo/The Texas Tribune)

Compiled And Edited By John T. Robbins, Southern Daily Editor

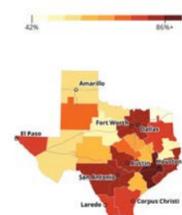
Many Texas hospitals are no longer accepting transfer patients in order to maintain space for a surge that's expected to come. In some parts of the state, it's already here. A coronavirus patient in Anahuac was flown by helicopter to a hospital in El Campo — 120 miles away — because closer facilities could not take him. Ambulances are waiting up to 10 hours to deliver patients to packed Hidalgo County emergency rooms. And short-staffed hospitals in Midland and Odessa have had to turn away ailing COVID-19 patients from rural West Texas facilities that can't offer the care they need.

As the tally of coronavirus infections climbs higher each day, Texas hospitals are taking extraordinary steps to make space for a surge of patients. Some facilities in South Texas say they are dangerously close to filling up, while hospitals elsewhere are taking precautionary measures to keep their numbers manageable. Doctors warn of shortages of an antiviral drug that shows promise for treating COVID-19 patients. And epidemiologists say the state's hospitals may be in for a longer, harder ride than places like New York, where hospitals were stretched to capacity in the spring and some parked refrigerated trailers outside to store bodies of people who died from COVID-19.

Cases of the new coronavirus have surged in Texas since Memorial Day weekend at the end of May, one month after Gov. Greg Abbott allowed a phased reopening of businesses. In June, Abbott scaled back parts of that plan, first pausing elective procedures in the state's big-

gest cities in an attempt to conserve hospital capacity for COVID-19 patients, then ordering bars to close and capping restaurant occupancy at 50%. Last week, he expanded the ban on elective procedures to more than 100 counties across broad swaths of the state, a sign of the increasing urgency of the virus' toll on Texas hospitals. Then he warned that if the trend continues, he might order another economic lockdown.

Hospital beds in use. The percentage of hospital beds in use shows the strain the coronavirus can put on hospitals. The data is broken down into trauma service regions, showing how the virus has impacted different parts of the state. These regions are administered by Regional Advisory Councils (RACs).



the hardest-hit regions include most of Texas' biggest cities, as well as large swaths of South and Central Texas and the Gulf Coast. Local officials in urban centers throughout Texas say more restrictions are needed now to slow the virus' spread and keep hospitals from being overwhelmed in the future. On Sunday, Houston Mayor Sylvester Turner called on the governor to shut down businesses for two weeks. Many Texas hospitals have stopped accepting transfer

patients in order to maintain space for a surge that's expected to come. In the Rio Grande Valley, that moment has already arrived, with hospital beds in short supply.

"The tsunami is here," Hidalgo County Judge Richard Cortez said last week.

DHR Health, based in Edinburg, the county seat, is creating a third special COVID-19 ward in a facility normally used for physical therapy — after spending more than \$9 million to convert a hospice center and rehabilitation facility into COVID-19 units. In neighboring Cameron County, all of the hospitals were at or above capacity and holding patients in their emergency departments Monday, said Dr. James Castillo, the county health authority. Some were converting or eyeing areas not typically used for patient care, like conference rooms or lobbies, he said.



At Valley Baptist Medical Centers in Brownsville and Harlingen — which keep opening new units to care for critically ill patients — there were people waiting in the emergency room hallways for treatment this week, said Dr. Jamil Madi, medical director of the ICU in Harlingen. The hospitals are nearly out of ventilators and are starting to consider older models and disaster ventilators that are less optimal for treating the virus, he said.

Ambulances are sometimes waiting hours to deliver patients to the emergency rooms, said Mack Gilbert, chief operating officer of Med-Care EMS, which services most of Hidalgo County. Normally, the wait is less than 30 minutes, he said. The extended delay also leaves medics in the confined space of an ambulance with a COVID-19 positive patient for longer, increasing their risk of exposure to the virus even though they wear full protective gear, Gilbert said. The state sent hundreds of medical personnel to South Texas earlier this month to alleviate staffing shortages. It also deployed a fleet of 10 ambulances to Hidalgo, of which Med-Care can use two for 12 hours a day. Gilbert is grateful — "these guys are doing a great job." But in a 12 hour shift, "they're only able

to do three calls, because each call is taking four hours," he said.

In Houston, major hospitals have had to treat hundreds of COVID-19 patients in their emergency rooms as they await space in intensive care units. Data shows the dozen busiest hospitals in the area are increasingly telling emergency responders that they cannot safely accept new patients. Ripple effects can be felt throughout the region, including at El Campo Memorial Hospital, about 75 miles southwest of Houston.



Under normal circumstances, hospitals in Houston's world-renowned Texas Medical Center would accept transfers of medically complex patients from smaller regional hospitals that are less equipped to handle them. But with many Houston hospitals diverting patients away, smaller facilities like the 49-bed El Campo Memorial Hospital have taken them on.

In Dallas, some hospitals are gearing up for crisis as the number of admitted patients climbs. After requests from Abbott and Dallas Mayor Eric Johnson, federal medical teams are heading to Parkland Memorial Hospital, one of the city's biggest facilities, to help treat an onslaught of patients.

"Additional staff is our primary need," said Donna Richardson, chief nursing officer for Parkland Health and Hospital System. Similar teams were already sent to Houston and San Antonio.

And for the next two weeks, Medical City Healthcare is suspending elective surgeries at 10 of its 16 North Texas facilities, even though the governor's order allows such surgeries to take place outside Dallas County. Meanwhile, short-staffed West Texas hospitals have been forced to turn away patients from rural areas, where small regional hospitals lack the resources to treat the sickest patients. Earlier this month, Medical Center Health System in Odessa went on "diversion" — meaning it did not accept transfer patients from regional hospitals outside the county — as it faced severe staffing shortages. Currently, more than 20 staff mem-

bers are out because either they or their family members have been exposed to COVID-19, said Trevor Tankersley, a spokesperson for the Medical Center Health System in Odessa.



"We know what it's like to be in a small hospital outside of this area and not have the resources, and it's difficult to turn down a request for a transfer to a higher level of care," said Dr. Rohith Saravanan, Odessa Regional Medical Center's chief medical officer. "There is really no option for that patient at that point — there's no care they can provide that would give these patients a good fighting chance."

Farther west, El Paso's University Medical Center is "doing OK on capacity and ... able to handle all patients" under a surge planning process that was set up early on, said Ryan Mielke, the hospital's director of public affairs. Neighboring El Paso Children's Hospital is prepared to offer up a number of its own units for adult COVID-19 patients if that becomes necessary, but "we are not close to reaching that right now," said Audrey Garcia, director of marketing for El Paso Children's. But even larger hospitals face severe staffing limitations. At ORMHC, nurses in the intensive care unit are working with twice as many patients as they normally would. In remote West Texas, there is a severe shortage of nurses, respiratory therapists, and radiology and medical technicians, he said. So the hospital is turning to more expensive contract labor. Health care workers urged Texans to wear masks, wash their hands frequently and avoid contact with others as much as possible to help prevent new coronavirus infections.

"The community has an expectation of us as a hospital. The expectation is that we'll have beds to take care of them, staff to take care of them, medications," Saravanan said. "They need to have an expectation of themselves to say, 'We're gonna do everything we can so we don't have to utilize those resources.' The only way we can do that is by preventing the spread of this disease." (Courtesy https://www.texas-tribune.org)

Editor's Choice



People wearing face masks walk along the beach as California reported its largest number of new coronavirus infections in a single day, in Del Mar, California. REUTERS/Mike Blake



Visitors view panoramic city scenes from the 1,815 feet high CN Tower, which reopened for the first time since coronavirus restrictions were imposed in Toronto, Ontario, Canada. REUTE



Visitors withstand a strong gust of wind created by Marine One as they watch the helicopter ascend with U.S. President Donald Trump aboard departing for travel to Atlanta, Georgia from the South Lawn at the White House.



Students wearing protective face masks clap along instead of singing during a music class at Takanedai Daisan elementary school in Funabashi, east of Tokyo. REUTERS/Kim Kyung-Hoon



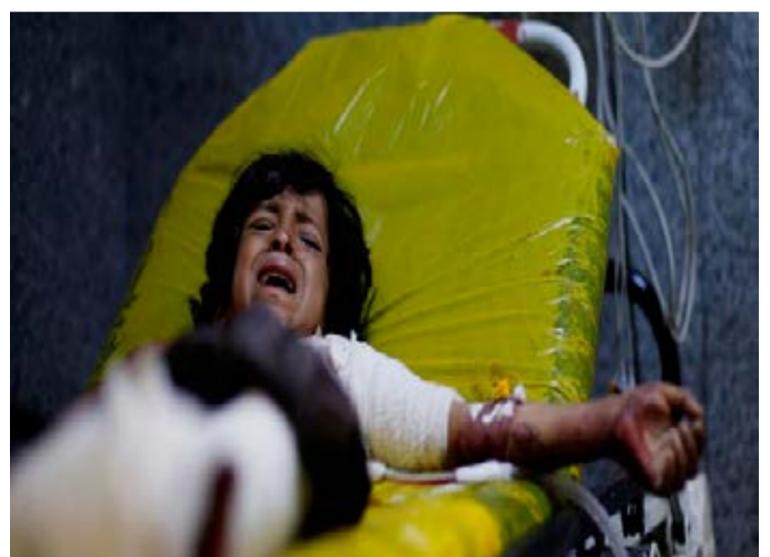
Men grieve by the open casket of Brandon Hendricks-Ellison, who was shot and killed in the Bronx of New York City on June 29th days after his graduation from high school, during his funeral service at the First Baptist Church of Bronxville



First visitors arrive at Disneyland Paris as the theme park reopens its doors to the public in Marne-la-Vallée, near Paris, France. REUTERS/Charles Platiau



A hand of actor Johnny Depp is pictured as he arrives at the High Court in London. REUTERS/Toby Melville



Manea Abdul-Latif Marzouq, 12, cries as he lies on a stretcher at a hospital in Sanaa to which he was rushed after he was injured in an air strike in the northern province of al-Jawf, Yemen. REUTERS/Khaled Abdullah

How COVID-19 Is Affecting The Globe



World Economic Forum COVID-19 Overview

Compiled And Edited By John T. Robbins, Southern Daily Editor

Global confirmed coronavirus cases have passed 13.1 million, according to **Johns Hopkins University**. More than 573,000 people are known to have died from the virus, while over 7.2 million are known to have recovered. **Singapore** has entered a recession, as GDP growth in the second quarter fell by 41.2% - a record contraction for the city state's economy. **California** Governor Gavin Newsom announced sweeping closures, including a ban on bars opening and indoor dining in restaurants, as the state tackles a resurgence of COVID-19 cases. **South Africa** has reintroduced a ban on the sale of alcohol, imposed a night-time curfew and made masks compulsory, in an effort to ease pressure on its healthcare system. The **French government** has agreed to a pay rise for healthcare workers as part of an \$8.5 billion package. It means nurses and care workers will get an average monthly raise of \$208. The **UK** could see as many as 120,000 hospital deaths in a winter resurgence of coronavirus cases between September and June 2021 - more than double the first wave in spring 2020 - according to worst-case scenario modelling.

coronavirus cases in the UK from September. (Image: The Academy of Medical Sciences)

2. Restrictions are being reimposed across Asia-Pacific as cases rise From 15 July, **Hong Kong** is introducing strict new measures to tackle a third wave of coronavirus cases. Indoor dining in restaurants will be banned from 6:00pm to 5:00am, masks on public transport will be mandatory and public gatherings will drop from 50 people down to four. The move comes after Hong Kong reported a record number of 41 locally transmitted infections on 13 July. It's a similar story across much of the **Asia-Pacific region**, where countries who had success at containing the initial outbreak of the virus - which first emerged in China in December 2019 - have had to tighten measures after cases spiked. **South Australia** has cancelled plans to reopen its border to New South Wales on 20 July, reports Reuters. Melbourne is in the second week of a six-week lockdown and in Queensland anyone who has visited two areas in Sydney's western suburbs must quarantine for two weeks. In **India**, the tech capital Bengaluru has begun a week-long lockdown after a surge in cases from 1,000 on 19 June to nearly 20,000.



Scientists have modelled a resurgence of

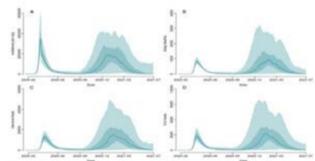


Figure 4. Our reasonable worst-case scenario for the winter COVID-19 epidemic in the UK. The model assumes that R_t rises to 1.7 from September 2020 through to July 2021. (A) Early infections, (B) COVID-19-attributable deaths in hospital (i.e. excluding care homes and excess deaths in the community), (C) general R_t dropped and (D) critical care beds occupied. The solid line above the median, dark band the interquartile range, and pale band the 95% credible interval (CrI). Less severe epidemic scenarios where R_t is 1.1 or 1.5 from September 2020 through to July 2021 are presented in Annex A.

While in the **Philippines**, parts of Manila will return to lockdown after the country recorded the biggest rise in daily COVID-19 deaths in Southeast Asia.

3. WHO chief: Mixed messages from leaders are undermining trust Unless governments do more to communicate clearly with their citizens and take life-saving steps, the COVID-19 pandemic will only get worse. This was the stark message from the World Health Organization's Director-General Tedros Adhanom Ghebreyesus at a media briefing on 13 July. "Let me blunt, too many countries are headed in the wrong direction," he said. "The virus remains public enemy number one, but the actions of many governments and people do not reflect this. The only aim of the virus is to find people to infect. Mixed messages from leaders are undermining the most critical ingredient of any response: trust." He said there would be no return to the "old normal" for the foreseeable future.



But he added, every leader and individual can "do their bit to break chains of transmission and end the collective suffering". The roadmap to controlling the pandemic requires three things: a focus on reducing mortality and suppressing transmission; an empowered, engaged community that takes individual behavioural measures; and strong government leadership and coordination of comprehensive strategies that are communicated clearly and consistently. (Courtesy <https://www.weforum.org/>)

Related

The Forum's COVID Action Platform: Over 1,000 organizations are working together in response to the pandemic

The impact A wide range of stakeholders, including global business leaders, are working together through the World Economic Forum's COVID Action Platform to minimize the impact of the coronavirus pandemic. Since its launch on 11 March, the Forum's COVID Action Platform has brought together 1,667

stakeholders from 1,106 businesses and organizations to mitigate the risk and impact of the unprecedented global health emergency that is COVID-19. These stakeholders are regularly convening through virtual meetings to deliver projects and share their insight and expertise on how the world can move forward through this crisis. **What's the challenge?** The dramatic spread of COVID-19 has disrupted lives, livelihoods, communities and businesses worldwide. The International Monetary Fund has estimated that the Great Lockdown recession will drag global GDP lower by 3% in 2020. The economic fallout will hit developing countries and vulnerable communities hardest. By the end of this year, 265 million people could be facing starvation, according to research by the United Nations World Food Programme. The sum of many individual actions will not add up to a sufficient response. Only coordinated action by business, combined with global, multistakeholder cooperation - at exceptional scale and speed - can potentially mitigate the risk and impact of this unprecedented crisis. **Our approach.** The spread of COVID-19 demands global cooperation among governments, international organizations and the business community.



As the International Organization for Public-Private Cooperation, the World Economic Forum is well positioned to play a leading role in the global response and has launched the COVID Action Platform, which is focused on achieving impact through three priorities:

- Galvanize the global business community for collective action
- Protect people's livelihoods and facilitate business continuity
- Mobilize cooperation and business support for the COVID-19 response

How can you get involved? **The platform was created with the support of the World Health Organization and other key global health partners. It is open to all businesses**

and industry groups, as well as other stakeholders, aiming to integrate and inform joint action. Mission-driven organizations from around the world are invited to partner with the World Economic Forum's COVID Action Platform, which ensures global cooperation among governments, international organizations and the business community in response to the spread of COVID-19. (Courtesy <https://www.weforum.org/>)

About The World Economic Forum
The **World Economic Forum (WEF)**, based in Cologny-Geneva, Switzerland, is an NGO, founded in 1971. The WEF's mission is cited as "committed to improving the state of the world by engaging business, political, academic, and other leaders of society to shape global, regional, and industry agendas". It is a membership-based organization, and membership is made up of the world's largest corporations.



The WEF hosts an annual meeting at the end of January in Davos, a mountain resort in Graubünden, in the eastern Alps region of Switzerland. The meeting brings together some 3,000 business leaders, international political leaders, economists, celebrities and journalists for up to five days to discuss global issues, across 500 public and private sessions.

The organization also convenes some six to eight regional meetings each year in locations across Africa, East Asia, Latin America, and India and holds two further annual meetings in China and the United Arab Emirates. Beside meetings, the organization provides a platform for leaders from all stakeholder groups from around the world - business, government and civil society - to collaborate on multiple projects and initiatives. It also produces a series of reports and engages its members in sector-specific initiatives.



陈嘉映：微信，是对文字时代的最后一击

本文节选自



自信息大爆炸以来，信息的传播、词汇的发展、阅读的方式、读书的功效都在时代的炒锅里变化翻滚，对这些命题的讨论也从未停止。我们无法看到历史的终结点，也无法对种种变化的好坏做出绝对的定论，但如果你对文字时代仍抱有精神向往，或许应该走出"被时代裹挟"这个看似唯一的选择，尝试对变化保持旁观者的冷静，对那些热火朝天、实则空无一物的讨论保持疏离，去找到阅读对你个人的意义，在书中挖掘你所需要的信仰，最终你会发现，自己与两千多年前的亚里士多德，也只有一本书的距离。

陈嘉映想在《走出唯一的真理观》中传达给我们的是，无论

美元一本的，三天后撤场，一袋

十年过去，盛况不再。这两年在美国逛社区图书馆，也都有卖日书的，也摆在长条桌上，价钱更便宜，无人问津，也就是老头老太过去去瞎翻翻。我自己读书，读过了大多数就送人一一没住过大宅子，只放得下那么几个书架，新添一批就得送出去一批。从前，年轻人还挺稀罕你送的书，现在都改网上阅读了，人家看你面子才接受这些书。

总的来说，我们这一代人比你们更爱读书。倒不是说我们多么读书上进，主要是因为我们那时候，读书差不多是汲取知识的唯一途径

时代的浪花如何翻滚，既然历史的远景我们很难看清，那么我们要做的，是了解自己具体的处境，知道自己真实相信的是什么，握住这一点信仰的光源，并尽力为它做些什么。这应该被我们运用到一生中的很多命题，而不仅仅是关于阅读。

跟从前的时代相比，读书这事儿变化很大。我在美国读书的时候，学校里每年都办旧书大卖场，还没开门，门口就挤满了穷学生，开门，冲进去挑自己要的书。成千上万本书，书脊朝上摆在大长条桌上，谁抢到算谁的，美国学生眼快手疾，我们留学生眼慢，吃亏。一

现在年轻人更多网上阅读，或者读读微信什么的，所谓碎片化阅读。有了网络，流传的文字多了，流传得快了。"作者"多了，更新率大大加速，每篇文字的读者就少多了。即使哪篇文章有几十万点击率，也不是共同文本，很少有人会认真读，多半是草草溜一眼吧。我自己上网，主要是搜索信息。网上阅读本身就有点儿像信息搜索，我是说，网上阅读好像你只是在读重要的东西，而不是完整的东

我们以前不大说信息这个词，说消息，消息里蕴含着真义，呼唤你去理解。密集的信息不一

我们那时候连电视都没有，更别再说微博微信了。电影翻来覆去就地道战、地雷战那几个。我们那时有共同文本一一有它可悲的一面，我们有共同文本，一个原因是那时候能够找来读的书数量有限。今天很难凑到几个人，都读过同样的书，大家的共同谈资不再是书，大家都看过的多半是同一个电影什么的。那时候，天南地北的年轻人，聚到一起，都读过同一批书，说起读过的书，立刻就可以交流了。书是我们这一代人最好的交流平台。三四年前我在这个图书馆做过另一场关于读书的报告，题目好像是"我们青年时代的阅读"。我说，那时候，读书对我们来说是一种信仰。在当时，读书几乎是一切知识的来源，但远不止于知识，我们靠读书保持自己的精神高度，靠读书来抵制那个恶劣愚昧的时代，在谎言的汪洋大海里寻找真理。

我们那时候连电视都没有，更别再说微博微信了。电影翻来覆去就地道战、地雷战那几个。我们那时有共同文本一一有它可悲的一面，我们有共同文本，一个原因是那时候能够找来读的书数量有限。今天很难凑到几个人，都读过同样的书，大家的共同谈资不再是书，大家都看过的多半是同一个电影什么的。那时候，天南地北的年轻人，聚到一起，都读过同一批书，说起读过的书，立刻就可以交流了。书是我们这一代人最好的交流平台。三四年前我在这个图书馆做过另一场关于读书的报告，题目好像是"我们青年时代的阅读"。我说，那时候，读书对我们来说是一种信仰。在当时，读书几乎是一切知识的来源，但远不止于知识，我们靠读书保持自己的精神高度，靠读书来抵制那个恶劣愚昧的时代，在谎言的汪洋大海里寻找真理。

我们以前不大说信息这个词，说消息，消息里蕴含着真义，呼唤你去理解。密集的信息不一

定带来相互理解。一切都在 bit 的平面上传播，深心的交流难遇。于是，一方面信息爆炸，另一方面每个人愈发感到隔绝与孤单。读书当然要求我们有点儿寂寞，但我们在这种寂寞里跟伟大的心灵交流。

我们说"实体书"、"实体书店"，这里说的"实体"，可以逐步去想。书在那里，它是个实体，读者围绕着这个实体，搜索信息的时候呢，我是中心，信息本身没有组织，今天根据我的这个需要组织起来，明天根据你的那个需要组织起来。从前的经典是共同文本，是把读书人联系到一起的实体。从前有经典，今后不再有经典——从前的经典当然还有人读，但只是很少人。经典不再是读书人的共同文本就不再是经典了，更宜叫做古文献，从读书人床头进了博物馆。从前的经典是成篇的文章，是一大本一大本的书，现在的"经典"是经典段子、经典广告词，一两句话，理解起来、传播起来都容易。它们多半跟时事联系得紧，也更适应于老百姓的理解力。那些段子有的的确很精彩，不过，要紧的不是隽永深邃，要紧的是惊警甚至惊悚，一时振奋发聩、来得快，去得也快，草草溜一眼吧。我自己上网，主要是搜索信息。网上阅读本身就有点儿像信息搜索，我是说，网上阅读好像你只是在读重要的东西，而不是完整的东

不仅是读书，人与人之间交流思想的途径也发生着日新月异的变化，从前，地远天长，交流要靠书信，于是有鸿雁传书，现

在，你在美国，他在广州，发个手机短信发个微信就好了。眼前有景道不得，发张照片就好了。

你生活在一个新的时代。文字时代正在落幕。差不多六十年前，先知先觉的人就谈论新时代的到来，有一本书，叫《图像时代》。但那时的图像还不能跟现在比，毕竟，图像制作起来比较费劲，也就是广告、电视热闹点儿，现在有了电脑，有了手机照相有了互联网，铺天盖地都是图像，而我们不是。我们小时候，照个全家福是件大事儿，现在，一人一天可以产出多少照片？那时中国刚开始有电视，大多数人没见过。街头也没有五颜六色的广告。要看图像，就看连环画。想学油画，当然不可能到国外去看美术馆，运气好的也只能看看画册，而且多半是一些印刷很劣质的画册。今天生产图像变得非常容易。从文字时代转变到图像时代，其中有什么更容易？这要看技术的发展。刚才说，有了造纸术、印刷术，文字变得便宜了，现在是好的文字越来越少。图像和文字当然很不一样，我们想知道林黛玉长什么样子，写上好几页也写不清楚，拿张照片来一看就知道了，但照片无法取代"一双似泣非泣含露目"这样的文字意象。文字转变为图像，会在好多方面带来巨大的改变，我们了解世界的方式，我们的思考方式，都会剧烈改变。同样还有社会生活方面的改变，比如说吧，读书人以往的优势差不多没有了。在文字时代盛期，大本大本的著作写出来；写出来，是因为有人读。后来，文字越来越短，而且开始从纸面上转到屏幕上，从博客变到微博。文字已是强弩之末。我一用上微信，就说这是对文字时代的最后一击，短信都不用写，直接说话，发照片，发表情包。文字的两千多年就结束在微信手里。好坏再说。