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Mr. Lee's Commentary and Dairy



Inside C2

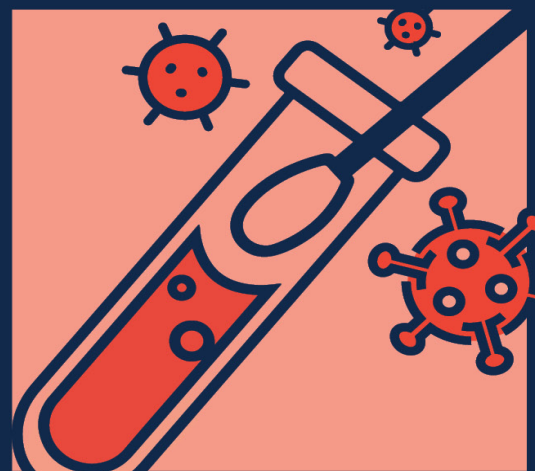
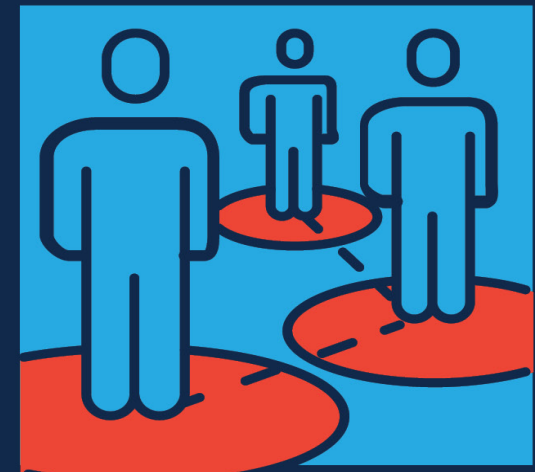
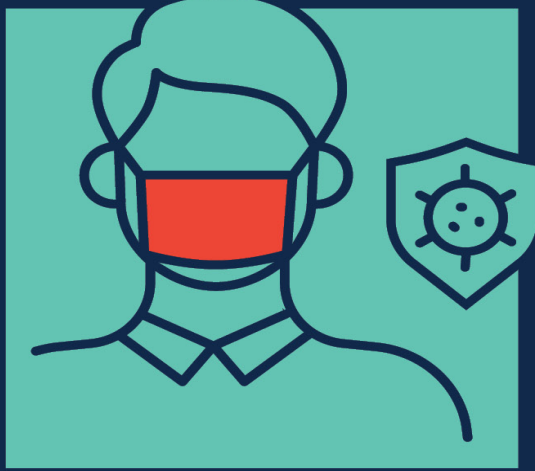
Southern DAILY

Make Today Different

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WEA LEE'S GLOBAL NOTES

12/19/2020

CORONAVIRUS DIARY

Wealee@scdaily.com

Asian-Americans In Politics

After the 1980's, many Asian immigrants came to the United States and Canada. Many years later, this group of newcomers settled down in major cities and created an economic miracle which has had a big impact on the U.S. society.

Today, in spite of our differences, Asian-Americans have carved out a relatively cohesive political coalition. It is very clear that Vice President-elect Kamala Harris, a Democrat, has been enthusiastic about mentioning her Asian heritage. Another example, the presiden-

tial candidate, Andrew Yang, who successfully joined the national political race for president.

President-elect Joe Biden has appointed Katherine Tai as the U.S. Trade Representative. She is the first Asian to serve in this high position.

In the 2020 election, Asian-Americans were suddenly in a crucial position, constituting 4.7 percent of the voting population -- enough to make a difference in the presidential contest in Georgia



where Biden won by 12,000 votes.

We are so proud that Asian-Americans are getting more attention in American

politics. We need to continue to encourage more young people to run for public office.



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

Wear Mask!

Rural America Will Have A Hard Time Getting Vaccinated



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

Rural America's weak health care infrastructure, combined with vaccine hesitancy and the complexities of the distribution process, will make it much harder to vaccinate rural America against the coronavirus.

Why it matters: Rural areas are getting slammed by the virus, with some of the highest caseloads and most overworked hospitals anywhere in the country.

The big picture: Rural health systems have long grappled with underfunding and a shortage of workers. Those same challenges will also complicate vaccination efforts.

• "It is just logistically easier to reach people in dense urban populations than sparse rural ones," said Josh Michaud, associate director of global health policy at the Kaiser Family Foundation.

Where it stands: Rural hospitals in several states were left out of this week's initial shipment. The Pfizer vaccine must be stored at ultra-cold temperatures that only a small number of facilities can achieve, and it ships in batches of almost 1,000 doses.

• "(There was) a lot of frustration and a lot of questions about why urban nurses are more valuable than a rural nurse," said John Henderson, the CEO of the Texas Organization of Rural & Community

Hospitals, told Houston Public Media. The organization argued it could have worked around the distribution challenges.



What's next: Moderna's vaccine, which the FDA will likely authorize this week, has much less stringent storage requirements and will be shipped in smaller batches. But it won't solve rural America's disadvantages.

• After health care workers and nursing home residents have been vaccinated, it'll be much harder to target the next round of doses, and make them easily available, in rural areas.

• "That's a much more dispersed population you're talking about," Michaud said. "You're needing more and more distribution points to reach a broader set of the population."

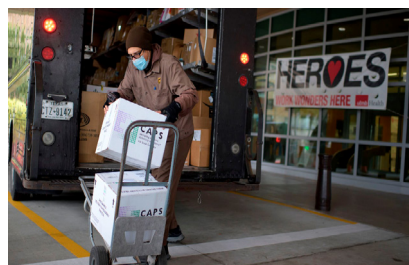
Between the lines: High levels of vaccine hesitancy among rural Americans add another layer of difficulty.

• "If you have vaccine on hand and your priority group is not showing up to receive the vaccine, you may turn to the next group to vaccinate them if they are showing up," Michaud said. "There's a tension between ease of access and reaching equity."

What they're saying: "We aren't going to be forgotten," Carly Benton, executive director of The Mercy Ministries, which runs free and charitable health clinics in southeast Georgia, told the Atlanta Journal-Constitution. "There's just going to be as much as a six-month delay to get the vaccines." (Courtesy axios.com)

Related

America's Rural Outbreaks Are Near Their Vaccine



A UPS driver delivers 2,900 doses of the COVID-19 vaccine in Galveston, Texas. (Photo/ Mark Felix/AFP via Getty Images)

America's rural and underserved areas are one step closer to an easily accessible vaccine, thanks to the FDA approaching emergency authorization for the Moderna vaccine.

Why it matters: "Moderna is the one that I would take out to rural areas and community health centers and private doctors' offices," Harvard public health professor Barry Bloom told the N.Y. Times.

• Moderna's vaccine doesn't need to be kept as cold as the Pfizer vaccine, making it far easier to distribute in smaller quantities.

By the numbers: The FDA review confirmed Moderna's 94% efficacy rate in preventing COVID infections for people with two doses.

• Moderna said it's prepared to immediately distribute 6 million doses, double what Pfizer began to roll out on Monday.



Between the lines: The FDA review showed Moderna's vaccine worked "equally well in white, Black and Hispanic volunteers, men and women, healthy participants and those at risk of severe Covid-19 with conditions like obesity and diabetes," the Times notes.

• "For people 65 and older, the trial provided an estimated efficacy of 86.4 percent, lower than the overall estimate of 94.1 percent. But the apparent difference was not statistically significant. And 86.4 percent is still very high."

The bottom line: Moderna's vaccine is a triumph for the Trump administration's Operation Warp Speed, which provided several billion in funding to help ramp up production."

Moderna has agreements with the U.S. to sell 200 million doses. (Courtesy axios.com)

Why Are Rural Cases On The Rise? Several factors have contributed to the rise in rural case numbers.

The politicization of the pandemic – and of mask-wearing – has hampered both public health efforts and collaboration among businesses, community organizations and health care entities. Political tensions have given rise to misinformation, reinforced on social media, that can be difficult to turn around. If people aren't taking protective measures, when COVID-19 does come in, it can easily and quickly spread. In some communities, the resumption of small-town activities, such as school, church and sports events, has led to more infections. Experts have pointed to social gatherings, including the nearly 500,000-strong Sturgis motorcycle rally in South Dakota in August, as sources of the recent COVID-19 surge in the upper Midwest. Working from home is also nearly impossible for many rural jobs. Paid sick

leave may also be difficult to come by, prompting some people to choose between working while sick and isolating at home without pay. Meat and poultry processing plants and other farm industries often employ immigrants whose living and commuting realities can make social distancing difficult. Many rural places are heavily dependent on recreation and service industries. When visitors arrive from out of town, they may bring COVID-19 with them.



Local health care is already short-supplied

Pinpointing COVID-19 outbreaks early and stopping the spread can also be harder in rural areas.

Funding for rural public health departments has long been anemic, crippling their ability to test, share data and conduct contact tracing. Limited resources also constrain education and outreach efforts. Many rural hospitals and primary care practices entered the pandemic in financial trouble and chronically short-staffed. They reside squarely at the end of the supply chain, making acquisition of needed personal protective equipment and testing supplies difficult. Rural hospitals have fewer ICU beds per capita than their urban counterparts. Lack of consistent broadband coverage can make access to telehealth difficult, as well.

These factors, compounded by caring for a population that is comparatively older, sicker and poorer, leave rural communities extraordinarily vulnerable as cases continue to rise. (Courtesy /theconversation.com)

Editor's Choice



A member of Lebanese army walks past the rubble at the site of a blast in Beirut's port area, Lebanon, August 7, 2020. REUTERS/Mohamed Azakir



Best Supporting Actor winner Brad Pitt waits for his Oscar statue to be engraved at the Governors Ball following the 92nd Academy Awards in Los Angeles, California, February 9, 2020. REUTERS/Eric Gaillard



People dance at a park almost a year after the global outbreak of the coronavirus in Wuhan, Hubei province, China. REUTERS/Aly Song



A migrant carries her belongings following a fire at the Moria camp for refugees and migrants on the island of Lesbos, Greece, September 9, 2020. REUTERS/Elias Marcou



Azeri service members guard the area, which came under the control of Azerbaijan's troops following a military conflict over Nagorno-Karabakh against ethnic Armenian forces and a further signing of a ceasefire deal, on the border with Iran in Jabrayil District. REUTERS/



A boy gestures as a man in a Haitian National Police uniform aims a gun during a shooting in Champ de Mars, Port-au-Prince, Haiti, February 23, 2020. REUTERS/Andres Martinez Casares



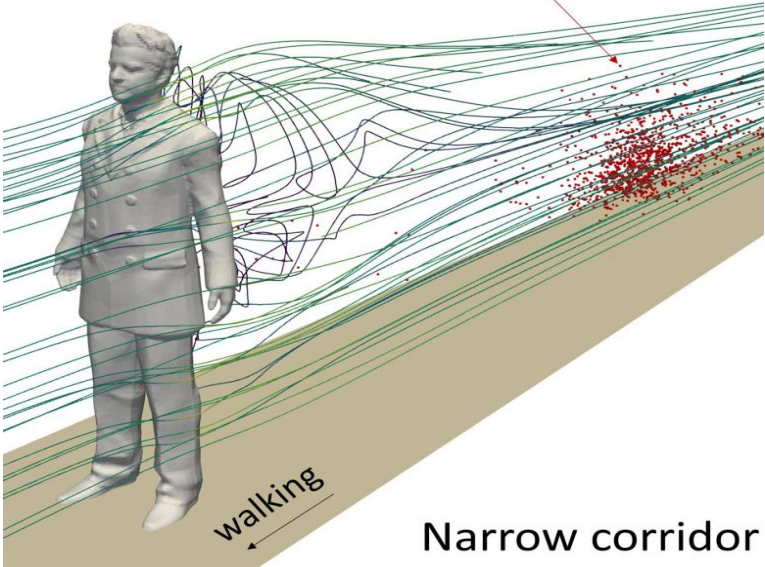
The headquarters of the Kurdistan Democratic Party (PKK) is seen after it was burnt during anti-government protests on the outskirts of Sulaimaniyah, Iraq. REUTERS/Ako Rasheed



Neonatal nurse Kirsty Hartley carries newborn Theo Anderson, who was born prematurely, to his mother Kirsty Anderson, in the Neonatal Intensive Care Unit at the Lancashire Women and Newborn Centre at Burnley General Hospital, during the coronavirus outbreak, in Burnley, East Lancashire, Britain, May 15, 2020. REU-

Streams of Virus-Laden Droplets Can Trail Behind Infected Individuals

The Importance Of Safe Social Distancing
Viral droplets



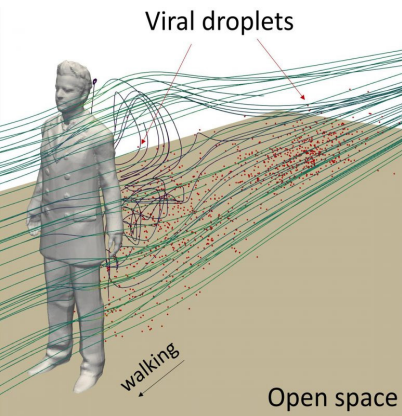
Fast walking in narrow corridors can increase COVID-19 transmission risk. Long streams of virus-laden droplets can trail behind infected individuals walking through a narrow corridor, impacting safe social distancing guidelines. The cough-generated droplets from a walking individual disperse differently in a narrow corridor and an open space. In narrow corridors, the droplets are concentrated in a small bubble and are left further behind. (Illustration Credit/ Xiaolei Yang)

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

Computational simulations have been used to accurately predict airflow and droplet dispersal patterns in situations where COVID-19 might be spread. In the journal *Physics of Fluids*, by AIP Publishing, results show the importance of the shape of the space in modeling how virus-laden droplets move through the air. The simulations are used to determine flow patterns behind a walking individual in spaces of different shape. The results reveal a higher transmission risk for children in some instances, such as behind quickly moving people in a long narrow hallway.

Previous investigations using this simulation technique have helped scientists understand the influence of objects, like glass barriers, windows, air conditioners, and toilets, on airflow patterns and virus spread. The previous simulations have usually assumed a large, open indoor space but have not considered the effect of nearby walls, like those that might exist in a

narrow corridor.

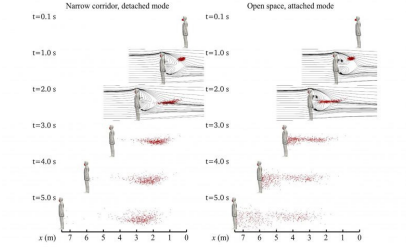


The cough-generated droplets from a walking individual disperse differently in a narrow corridor and an open space. In an open space, the droplets are dispersed in a large range attached to the person. (Illustration Credit/Xiaolei Yang)

If a person walking in a corridor coughs, their

breath expels droplets that travel around and behind their body, forming a wake in the way a boat forms a wake in water as it travels. The investigation revealed the existence of a “re-circulation bubble” directly behind the person’s torso and a long wake streaming out behind them at approximately waist height.

“The flow patterns we found are strongly related to the shape of the human body,” said author Xiaolei Yang. “At 2 meters downstream, the wake is almost negligible at mouth height and leg height but is still visible at waist height.” Once the airflow patterns were determined, the investigation modeled the dispersal of a cloud of droplets expelled from the simulated person’s mouth. The shape of the space surrounding the moving person is particularly critical for this part of the calculation. Two types of dispersal modes were found. In one mode, the cloud of droplets detaches from the moving person and floats far behind that individual, creating a floating bubble of virus-laden droplets. In the other mode, the cloud is attached to the person’s back, trailing behind them like a tail as they move through the space.



In both modes, the cloud of droplets hovers at about half-height of the infected person before reaching the ground, indicating higher risk for children to inhale the droplets. Credit: Xiaolei Yang

“For the detached mode, the droplet concentration is much higher than for the attached mode, five seconds after a cough,” said Yang. “This poses a great challenge in determining a safe social distance in places like a very narrow corridor, where a person may inhale viral droplets even if the patient is far in front of him or her.”

The danger is particularly great for children, since in both modes, the cloud of droplets hovers at a distance above the ground that is about half the height of the infected person — in other words, at mouth level for children. (Courtesy scitechdaily.com) Reference: “Effects of space sizes on the dispersion of cough-generated

droplets from a walking person” by Zhaobin Li, Hongping Wang, Xinlei Zhang, Ting Wu and Xiaolei Yang, 15 December 2020, *Physics of Fluids*. DOI: 10.1063/5.0034874

Related

Social Distancing Is Healthy Distancing

Since people can spread the coronavirus before they know they are sick, it is important to stay at least 6 feet away from others when possible, even if you—or they—do not have any symptoms. Social distancing is especially important for people who are at higher risk for severe illness from COVID-19.



Know how it spreads COVID-19 spreads easily from person to person, mainly by the following routes: Between people who are in close contact with one another (within 6 feet); through respiratory droplets produced when an infected person coughs, sneezes, breathes, sings or talks. Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth. People who are infected but do not have symptoms can also spread the virus to others.

Everyone should wash your hands often Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. Before eating or preparing food; Before touching your face; After using the restroom; After leaving a public place; After blowing your nose, coughing, or sneezing; After handling your mask; After changing a diaper; After caring for someone sick; After touching animals or pets. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact inside your home: Avoid close contact with people who are sick. If possible, maintain 6 feet between the person who is sick and other household members. Outside your home: Put 6 feet of distance between yourself and people who don’t live in your household. Remember that some people without

symptoms may be able to spread virus. Stay at least 6 feet (about 2 arms’ length) from other people. Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a mask when around others

Cover coughs and sneeze Masks help prevent you from getting or spreading the virus. You could spread COVID-19 to others even if you do not feel sick. Everyone should wear a mask in public settings and when around people who don’t live in your household, especially when other social distancing measures are difficult to maintain.

Cover coughs and sneezes Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow and do not spit. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Clean and disinfect

Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection. Then, use a household disinfectant. Most common household disinfectants will work.

Monitor Your Health Daily Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet. Take your temperature if symptoms develop. Don’t take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen. Follow CDC guidance if symptoms develop. (Courtesy www.cdc.gov)

副刊
Daily News

曾经的民间械斗有多狠？
枪炮齐发堪比真实战场



看过电影《老炮儿》的人估计还记得，里面冯小刚饰演的六爷做人做事时透出来的那股旧时代江湖气。遇上天大的事，不服就约上地方打一场呗。这个“茬架”严格来说就叫做民间私斗，在法律意识淡薄、地方管理混乱的年代，是一种简单粗暴的解决纠纷做法。打架斗殴是违法行为，但隔着时代的烟尘乍一看，似乎还真有点讲究江湖秩序那味。

但如果这事发生在以前的南方，事情的走向可能会是完全不同的另一种剧情。

在偏远的南方，历史上各种原因引起的摩擦私斗往往会演变成大规模械斗。都不用约什么地点，就是直接喊人抄家伙，然后往对方的住宅、宗祠、或者村落进攻过去。

这个，一般就叫做宗族械斗。

有一些文章喜欢以闽南地区曾经凶狠的宗族械斗史为噱头，来探讨“中国哪里的人最能打”这种永远说不清的伪命题，其实是很不科学的做法。

我国民间乡村地区从明清到90年代中期愈演愈烈的械斗冲突，时间跨度长达数百年，恩怨情仇牵扯数十代人。其中既有历史的缘由，也有地区经济的影响，更受到文化观念的左右。

一些被真实记载的案例说出来，年轻人可能都难以置信。那个处处充满危险与冲突的年代，离我们也不过只有一代人的距离。

宗族械斗，历来以福建、广东、广西这三大

沿海地区为甚。细究其根因，大概得回溯到明清交替之际。

彼时大明国力衰弱，管控难抵边陲。而福建沿海倭寇频犯，百姓不堪其扰。当时流寇可不是小偷小摸那种，经商之人遇到海贼常常是人死财沉，财产尽失。

明朝时福建有一起史称“玻寨血案”的事件，就是数千流寇于除夕夜突袭碧溪村杨姓玻寨，一夜之间几乎屠尽全村将其灭族。

在此历史背景下，沿海各地人民只能依靠加强族人间联系，相互保护共同抵御外敌。现在在广东、广西、福建各地都能找到的碉堡式楼寨，很多就是当时同宗族的大家庭一起建起来抵抗匪寇进攻的。

宗族意识加强的同时，尚武之风也盛行于这片土地。洪拳、白鹤、咏春、五祖拳……中国传统武术的诸多流派在此蓬勃发展。除了武艺，还有战阵。

传说抗倭英雄戚继光就是见了当地人的“长枪阵”受到启发，研究出了独特的抗倭战法。是否真实暂且不论，但当地人作为俞大猷“俞家军”的主力 and 戚继光“戚家军”的帮手，岂有不骁勇善战之理？

既有武艺，又习得战阵。现在你知道为什么历史上闽南人的“宗族械斗”打得那么大阵仗了吧？

光绪年间晋江的“都蔡械斗”因翻修祠堂冲突而起，两家各请来附近二十几地帮手，械斗时

间持续长达6年之久，有记载的死亡300余人。

而泉州的“东西佛械斗”始于清康熙年间，据传一开始也是由两姓口角引起。后来有一次一方持其村中大帝庙乌旗去打，大获全胜；下次对方也学着持彼村中天后庙白旗去打，反败为胜。

于是他们的后人就每次都分别举乌白旗去械斗，一直从清朝相杀到解放前夕才告终结。诸如此类从一代人的恩怨变成世仇的案例不胜枚举。

引发械斗的原因很多，但最重要的还是争夺资源的问题。

沿海地区多聚族而居，村寨之间距离很近。但可供耕种的田地不多，更重要还有水利灌溉权的争夺。水利设施不发达的情况下，上流一截下游水田就旱坏了，争端一起，械斗就生。

此外还有码头港湾的地盘争夺，甚至风水坟地、迎神赛会过程中的争执也可能演变成一场长达数年的两村械斗。

到了清末民初，各式各样的枪械弹药开始流入民间。而沿海地区与洋人贸易往来发达，进口枪火弹药也有得天独厚的优势。

据推算1924年最动荡的时候，广东一省的枪支就多达四百万支。以当时全省人口不过两千多万计，每五个人就有一支枪。而有钱的商会、军事组织发达的宗族甚至搞来了一些土炮。

于是场面变得难以控制起来。1912年花县三

华店乡与毕村械斗，双方动用了大炮互轰；1926年台山县官宴乡伍族内部械斗，动用步枪上百杆，大炮十余尊……

在1994年，广西北海市两村械斗，现场有十门土炮对轰。最终当地政府出动了武警部队、武装民兵、公安干警、县工作队共1500人冒着生命危险突入现场，才平息了这次事件。

而1993年湖南郴州也是两村械斗，五千余人携各式武器装备加入战局。当时的械斗已经发展到村委会提前组织挖战壕、利用山地步枪炮协同作战进攻了……最终也是军警顶着枪林弹雨介入现场抓人调和止战，但在现代化武器的“加持”下，其死伤数目令人咋舌。

事后，警方清点缴获物资有炮车4部，炮95门，土枪57枝，炸药233公斤，雷管2590发，土手雷255枚，导火索350米，铁砂10斤。

民间械斗是绝对不可取的违法犯罪行为，现在在全国各地也已几近消失。

最主要的原因是随着时代与经济的发展，我国农村存在了上百年的根本矛盾——生存资源不足问题才最终得到解决。

这也正印证了那句我们坚信不疑的老话：发展才是硬道理啊。