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Mr. Lee's Commentary and Dairy

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Wealthy hospitals rake in U.S. disaster aid for COVID-19 costs



FILE PHOTO: The Cleveland Clinic medical center is seen in Cleveland, Ohio, U.S. October 4, 2020. REUTERS/Aaron Josefczyk/ File Photo

(Reuters) - After collecting billions of dollars in U.S. coronavirus aid, many of the nation's wealthiest nonprofit hospitals are now tapping into disaster relief funds that critics say they don't need.

The money from the Federal Emergency Management Agency (FEMA) is going to some large health systems that have billions of dollars in cash reserves and investments, according to government records reviewed by Reuters.

FEMA has received nearly 2,200 aid requests from hospitals and thus far has approved about 15% of them, for a total of \$894 million, the agency told Reuters. Hospitals can request more money as U.S. infections surge, and FEMA officials expect total aid awards to rise significantly.

Some health policy experts say that large and well-capitalized nonprofit systems - which typically pay no taxes - do not need the additional relief money. Among the aid applicants are some of the nation's best-known health systems, including the Cleveland Clinic, Providence and Stanford Health Care.

"These are very financially successful hospitals that have already received a huge amount of taxpayer money to help with COVID-19," said Eileen Appelbaum, co-director of the Center for Economic and Policy Research in Washington. "This feels like greed for them to go to FEMA for even more money."

Some nonprofit hospitals said federal aid hasn't covered all of the lost revenue and higher expenses caused by the pandemic. The FEMA program, they said, recognizes their major investments in staff and equipment to handle the crisis.

"The COVID-19 pandemic has greatly impacted hospitals and health systems around the country, including ours," said Angela Smith, spokeswoman for the Cleveland Clinic.

FEMA funds are typically dispersed after hurricanes, floods or other natural disasters in a specific region. Nonprofit hospitals nationwide can apply now because President Donald Trump declared the pandemic a national emergency in March.

For-profit hospitals, which have faced similar challenges from the pandemic, can't tap the FEMA money because federal law governing disaster relief excludes for-profit businesses.

FEMA is reimbursing nonprofit hospitals for money spent on personal protective equipment, ventilators, employee overtime, temporary workers, testing supplies and other expenses covered as "emergency protective measures." The agency reimburses hospitals for 75% of their eligible costs.

"The dollars could be very big for hospitals. FEMA funds are uncapped," said Brad Gair, a former FEMA official and now senior managing director at consulting firm Witt O'Brien's.

The program does not consider whether applicants need the money, Gair said. "If a well-off hospital has eligible expenses, it gets money," Gair said. "There is always a question about the fairness of that, but FEMA doesn't look at the hospital's

bottom line."

Nonprofit hospitals account for about 60% of hospitals nationwide, and years of mergers have created health giants with immense market power and vast resources.

These hospitals get tax exemptions on the condition that they provide charity care and other community benefits. Some lawmakers and economists, however, increasingly criticize large nonprofit hospitals for not doing enough to help low-income patients and their communities while spending surplus cash on lavish building projects, high executive pay and expensive marketing, such as naming rights on professional sports facilities. Some critics say they're often indistinguishable from their for-profit peers.

Major nonprofit health systems counter that they collectively provide billions of dollars in charity care annually and that the community benefit they provide outweighs the value of their tax exemptions.

Keith Turi, an assistant FEMA administrator, said the agency runs an "eligibility-based program" with no cap, which means smaller hospitals are not competing for limited funds with large and wealthy health systems.

Even so, handing out aid to hospitals that don't need it is a waste, said Tim Egan, chief executive of Roseland Community Hospital, a nonprofit, 134-bed facility serving low-income patients in Chicago. Egan said his facility has struggled financially as its payroll shot up by \$5 million this year to cover coronavirus care. But big nonprofit hospitals, he said, are swimming in money by comparison.



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WEA LEE'S

GLOBAL NOTES

12/29/2020

CORONAVIRUS DIARY

Wealee@scdaily.com

Coronavirus: One Person In Every Thousand Has Died In America

Six states set records on Sunday for the most COVID-19 patients hospitalized, including Alabama, California, Georgia, Mississippi, North Carolina and South Carolina.

Approximately 2.1 million vaccine doses have been administered in the United States, still far from reaching all the victims of the pandemic.

There have now been at least 19,221, 164 cases of the coronavirus in the U.S. and at least 334,000 people have died. This figure represents one of every thousand persons in the country.

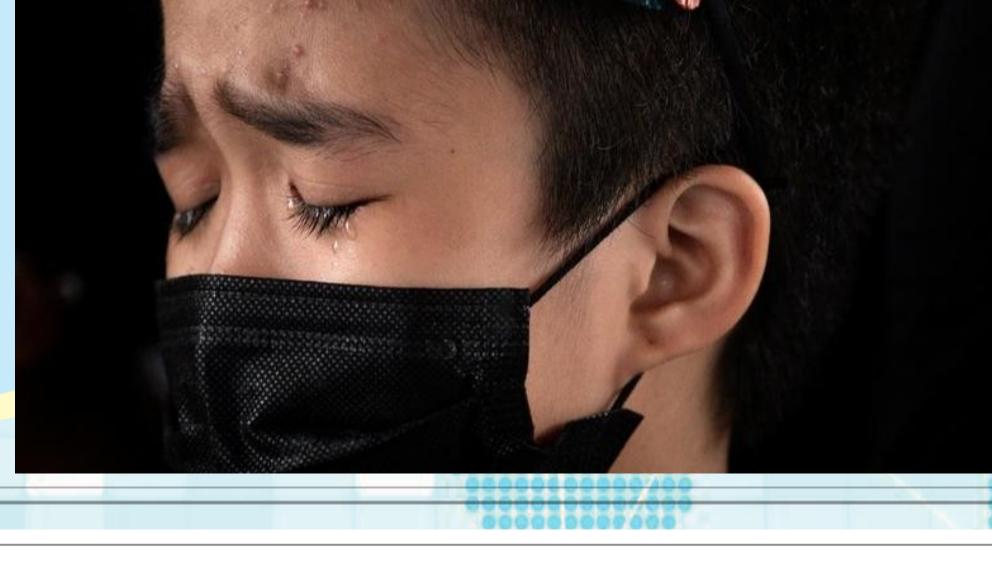
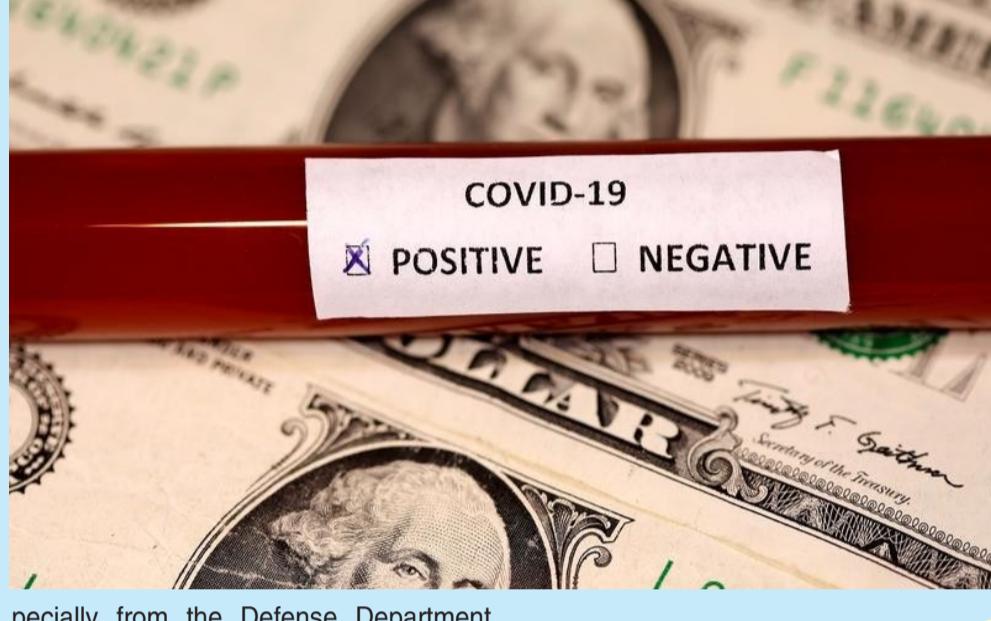
This horrible number brings us such a painful experience.

When we look back on the whole situation, we did not have a national policy about how to face and deal with the coronavirus pandemic.

President Trump signed the massive \$2.3 trillion coronavirus relief and government funding bill into law averting a government shutdown that was set to begin Tuesday and extended billions of dollars to millions.

Trump also last week vetoed the National Defense Authorization Act which passed both chambers of congress.

Today we are facing a very difficult political future. President-elect Biden says his transition team has encountered roadblocks from Trump appointees, es-



Stay Home!

BUSINESS

Wear Mask!

Easier-To-Use Coronavirus Saliva Tests Start To Catch On



An employee at Spectrum Solutions in Draper, Utah, shows tubes used in their COVID-19 saliva test kit. (George Frey/Getty Images)

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

As the coronavirus pandemic broke out across the country, health care providers and scientists relied on the standard method for detecting respiratory viruses: sticking a long swab deep into the nose to get a sample. The obstacles to implementing such testing on a mass scale quickly became clear. Among them: Many people were wary of the unpleasant procedure, called a nasopharyngeal swab. It can be performed only by trained health workers, putting them at risk of infection and adding costs. And the swabs and chemicals needed to test for the virus almost immediately were in short supply. Some places, like Los Angeles County, moved early to self-collected oral swabs of saliva and sputum, with the process supervised at drive-thru testing sites by trained personnel swathed in protective gear. Meanwhile, researchers began investigating other cheaper, simpler alternatives to the tried-and-true approach — including dribbling saliva into a test tube. But the transition has not been immediate. Regulators and scientists are generally cautious about new, unproven technologies and have an understandable bias toward well-established protocols.

"Saliva is not a traditional diagnostic fluid," said Yale microbiologist Anne Wyllie, part of a team whose saliva-based test, called SalivaDirect, received emergency use authorization from the Food and Drug Administration in August. "When we were hit by a virus that came out of nowhere, we had to respond with the tools that were available."



Eight months into the pandemic, the move toward saliva screening is gaining traction, with tens of thousands of people across the country undergoing such testing daily. However, saliva tests still represented only a small percentage of the more than 900,000 tests conducted daily on average at the end of September. Yale is providing its protocol on an open-source basis and recently designated laboratories in Minnesota, Florida and New York as capable of performing the test. Besides the Yale test, the FDA has authorized emergency use of several others, including versions developed at Rutgers University, the University of South Carolina and SUNY Upstate Medical University. A further advance, an at-home saliva test, could be headed for FDA authorization, too. Since the start of the pandemic, the Trump administration's approach to testing has been hampered by missteps and controversy. As a key health agency during an unprecedented emergency, the FDA's effectiveness relies on public trust in how it balances the need for speed in authorizing innova-

tive products, like saliva tests and vaccines, with ensuring safety and effectiveness, said Ann Keller, an associate professor of health policy at the University of California-Berkeley.

"You obviously want to get new tests into the mix quickly in order to address the emergency, but you still need to uphold your standards," Keller said. The White House's public pressure on the FDA has complicated the agency's efforts by undermining its credibility and independence, she said.

A photograph showing a person's mouth being swabbed with a long, thin stick-like swab. The person is wearing a white shirt.

Respiratory viruses colonize areas inside the nasal cavity and at the back of the throat. Besides the nasopharyngeal approach, nasal samples obtained with shorter and less invasive swabs have proven effective for the coronavirus and have become widely adopted, although they also generally require a health care worker's involvement. The millions of rapid tests that will be distributed across the country, per a recent White House announcement, rely on nasal swabs. In the early months of the pandemic, some studies reported significant levels of the virus in oral secretions. In a Hong Kong study published in February, for example, the virus was found in the saliva of 11 of 12 patients with confirmed coronavirus infection. In Los Angeles, which began using the oral swab test in late March, more than 10,000 samples are collected per day, said Fred Turner, chief executive of Curative, the company that developed it. Turner sees an advantage to the swabbing strategy. The self-swab procedure takes only 20 to 30 seconds, while producing enough saliva for testing can take people two to three minutes, and sometimes longer, he said. "That might not sound like much difference," Turner said, "but it is when you're trying to push 5,000 people through a test site."



Curative's three labs process tens of thousands

of tests from jurisdictions across the country in addition to L.A., Turner said. A test developed at SUNY Upstate Medical University, which is expected to become available at state labs around New York, also uses an oral swab. For the Curative test, a health care worker is supposed to oversee the sample collection —reminding people to cough to bring up fluids, for example. When investigators at the University of Illinois launched what they called a "Manhattan Project" to develop a saliva test by mid-June, they hoped to make it possible for people to visit a collection site, drool into a test tube, seal it and drop it off without the aid of a health care worker.

The university is now testing more than 10,000 people a day at its three campuses and is seeking to expand access to communities across the state and country, said chemistry professor Paul Hergenrother, who led the research team. Like the similar Yale test, it is being made freely available to other laboratories. The University of Notre Dame, in Indiana, recently adopted it. Like tests using na-

sopharyngeal and other kinds of nasal swabs, these saliva tests are based on PCR technology, which amplifies small amounts of viral genetic material to facilitate detection. Both the Yale and University of Illinois tests have managed to simplify the process by eliminating a standard intermediate step: the extraction of viral RNA. Their protocols also don't require viral transport media, or VTM — the chemicals generally used to stabilize the samples after collection.

A photograph showing a person's mouth being swabbed with a long, thin stick-like swab. The person is wearing a white shirt.

"You don't need swabs, you don't need health care workers, you don't need VTM, and you don't need RNA isolation kits," Hergenrother said.

In correspondence published in the New England Journal of Medicine, the Yale team reported detecting more viral RNA in saliva specimens than in nasopharyngeal ones, with a higher proportion of the saliva tests showing positive results for up to 10 days after initial diagnosis. The National Basketball Association provided \$500,000 in support for the Yale project, said David Weiss, the NBA's senior vice president for player matters. He said the Yale team's decision to eliminate the process of RNA extraction, which separates the genetic ma-

terial from other substances that could complicate detection, involved trade-offs but did not compromise the value of the test.

"Any molecular test that has an RNA extraction step is almost by definition going to be more sensitive, but it will also be more expensive and take longer and use supplies that are in shorter supply," he said. "If we're trying to look at surveillance testing to open up schools and nursing homes, a test that's still very sensitive and a lot cheaper is an important innovation."

Prices for coronavirus tests vary widely, running upward of \$100. Tests based on the Yale or University of Illinois protocols, which require only inexpensive materials, could be available for as little as \$10. The Curative testing service, which includes collection and transportation of samples as well as the laboratory component, averages around \$150 per test depending on volume, said Clayton Kazan, chief medical director of the L.A. County Fire Department, which uses the tests.



Despite the advances in sample collection, tests using PCR — polymerase chain reaction — technology still require laboratory processing. Researchers have been investigating other approaches, including saliva-based antigen tests, that could be self-administered at home and would provide immediate results. Meanwhile, scientists at Columbia University, the University of Wisconsin and elsewhere are investigating the use of saliva with other kinds of rapid-test technologies.

"There's tons of interest" in an at-home saliva test, noted Yvonne Maldonado, chief of pediatric infectious diseases at Stanford University School of Medicine.

"People really do want to get that pregnancy-type kit out there," she said. "You could basically send people a little packet with little strips, and you pull off a strip every day and put it under your tongue."

This story also ran on Los Angeles Times. (Courtesy/khn.org/)

Editor's Choice



A destroyed car is seen on a street after an earthquake in Sisak, Croatia.
Slaven Branislav Babic/PIXSELL



A Rohingya girl carries blankets as she prepares to board a ship to move to Bhasan Char island near Chattogram, Bangladesh. REUTERS/Mohammad Ponir Hossain



Investigators work near the site of an explosion on 2nd Avenue that occurred the day before in Nashville, Tennessee. REUTERS/Harrison McClary



Healthcare workers treat patients infected with the coronavirus at United Memorial Medical Center in Houston, Texas. REUTERS/Callaghan O'Hare



U.S. President Donald Trump plays golf at the Trump International Golf Club in West Palm Beach, Florida. REUTERS/Marco Bello



A rocket is launched by Palestinian militant groups into the Mediterranean Sea off the Gaza Strip at the start of their first-ever joint exercise, in Gaza City. REUTERS/Mohammed Salem



Daniela Zapata, 42, receives an injection with the Sputnik V (Gam-COVID-Vac) vaccine against the coronavirus at Dr. Pedro Fiorito hospital in Avellaneda, on the outskirts of Buenos Aires, Argentina. REUTERS/Agustin Marcarian



A car drives through the village of Keele, Staffordshire, Britain. REUTERS/Carl Recine

Contested Presidential Elections Are Part Of American History



Sen. John F. Kennedy speaks to supporters at Chicago Stadium four days before the 1960 election. (AP Photo)

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

As states continue to count their ballots in the 2020 election, it seems possible that Democrats and Republicans will end up in court over whether President Trump will win a second term in the White House. President Trump has said he's going to contest the election results – going so far as to say that he believes the election will ultimately be decided by the Supreme Court. Meanwhile, Democratic presidential candidate Joe Biden has a team of lawyers lined up for a legal battle.

Unprecedented changes in voting procedures due to the coronavirus pandemic have created openings for candidates to cry foul. Republicans argued earlier this year that extending deadlines to receive and count ballots will lead to confusion and fraud, while Democrats believe Republicans are actively working to disenfranchise voters. Should either Trump or Biden refuse to concede, it wouldn't be the first time turmoil and claims of fraud dominated the days and weeks after the elections. The elections of 1876, 1888, 1960 and 2000 were among the most contentious in American history. In each case, the losing candidate and party dealt with the disputed results differently.



1876: A compromise that came at a price
By 1876 – 11 years after the end of the Civil War – all

the Confederate states had been readmitted to the Union, and Reconstruction was in full swing. The Republicans were strongest in the pro-Union areas of the North and African-American regions of the South, while Democratic support coalesced around southern whites and northern areas that had been less supportive of the Civil War. That year, Republicans nominated Ohio Gov. Rutherford B. Hayes, and Democrats chose New York Gov. Samuel Tilden. But on Election Day, there was widespread voter intimidation against African-American Republican voters throughout the South. Three of those Southern states – Florida, Louisiana and South Carolina – had Republican-dominated election boards. In those three states, some initial results seemed to indicate Tilden victories. But due to widespread allegations of intimidation and fraud, the election boards invalidated enough votes to give the states – and their electoral votes – to Hayes. With the electoral votes from all three states, Hayes would win a 185-184 majority in the Electoral College.



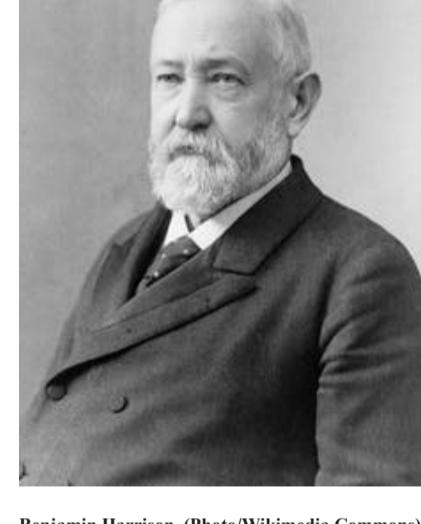
In 1876, Republicans nominated Ohio Gov. Ruth-

ford B. Hayes, and Democrats chose New York Gov. Samuel Tilden.

But in a political scheme that backfired, Davis was chosen by Democrats in the Illinois state legislature to serve in the U.S. Senate. (Senators weren't chosen by voters until 1913.) They'd hoped to win his support on the electoral commission. Instead, Davis resigned from the commission and was replaced by Republican Justice Joseph Bradley, who proceeded to join an 8-7 Republican majority that awarded all the disputed electoral votes to Hayes. Democrats decided not to argue with that final result due to the "Compromise of 1877," in which Republicans, in return for getting Hayes in the White House, agreed to an end to Reconstruction and military occupation of the South. Hayes had an ineffective, one-term presidency, while the compromise ended up destroying any semblance of African-American political clout in the South. For the next century, southern legislatures, free from northern supervision, would implement laws discriminating against blacks and restricting their ability to vote.

1888: Bribing blocks of five

In 1888, Democratic President Grover Cleveland of New York ran for reelection against former Indiana U.S. Sen. Benjamin Harrison. Back then, election ballots in most states were printed, distributed by political parties and cast publicly. Certain voters, known as "floaters," were known to sell their votes to willing buyers.



Benjamin Harrison. (Photo/Wikimedia Commons)

Harrison had appointed an Indiana lawyer, William Wade Dudley, as treasurer of the Republican National Committee. Shortly before the election, Dudley sent a letter to Republican local leaders in Indiana with promised funds and instructions for how to divide receptive voters into "blocks of five" to receive bribes in exchange for voting the Republican ticket.

The instructions outlined how each Republican activist would be responsible for five of these "floaters." Democrats got a copy of the letter and publicized it widely in the days leading up to the election. Harrison ended up winning Indiana by only about 2,000 votes but still would have won in the Electoral College without the state. Cleveland actually won the national popular vote by almost 100,000 votes. But he lost his home state, New York, by about 1 percent of the vote, putting Harrison over the top in the Electoral College. Cleveland's loss in New York may have also been related to vote-buying schemes. Cleveland did not contest the Electoral College outcome and won a rematch against Harrison four years later, becoming the only president to serve nonconsecutive terms of office. Meanwhile, the blocks-of-five scandal led to the nationwide adoption of secret ballots for voting.

1960: Did the Daley machine deliver?

The 1960 election pitted Republican Vice President Richard Nixon against Democratic U.S. Sen. John F. Kennedy. The popular vote was the closest of the 20th century, with Kennedy defeating Nixon by only about 100,000 votes – a less than 0.2 percent difference. Because of that national spread – and because Kennedy officially defeated Nixon by less than 1 percent in five states (Hawaii, Illinois, Missouri, New Jersey, New Mexico) and less than 2 percent in Texas – many Republicans cried foul. They fixated on two places in particular – southern Texas and Chicago, where a political machine led by Mayor Richard Daley allegedly churned out just enough votes to give Kennedy the state of Illinois.



The 1960 election pitted Republican Vice President Richard Nixon (right) against Democratic U.S. Sen. John F. Kennedy (left).

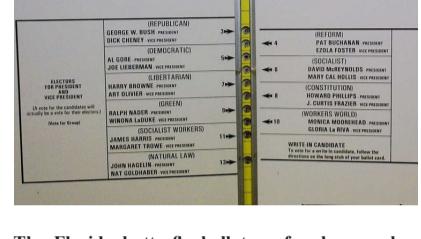
If Nixon had won Texas and Illinois, he would have had an Electoral College majority. While Republican-leaning newspapers proceeded to investigate and conclude that voter fraud had occurred in both states, Nixon did not contest the results. Following the example of Cleveland in 1892, Nixon ran for president again in 1968 and won.

2000: The hanging chads

In 2000, many states were still using the punch card ballot, a voting system created in the 1960s. Even though these ballots had a long history of machine

malfunctions and missed votes, no one seemed to know or care – until all Americans suddenly realized that the outdated technology had created a problem in Florida. Then, on Election Day, the national media discovered that a "butterfly ballot," a punch card ballot with a design that violated Florida state law, had confused thousands of voters in Palm Beach County. Many who had thought they were voting for Gore unknowingly voted for another candidate or voted for two candidates. (For example, Reform Party candidate Pat Buchanan received about 3,000 votes from voters who had probably intended to vote for Gore.) Gore ended up losing the state to Bush by 537 votes – and, in losing Florida, lost the election.

But ultimately, the month-long process to determine the winner of the presidential election came down to an issue of "hanging chads."



The Florida butterfly ballot confused a number of voters, who ended up voting for Reform Party candidate Pat Buchanan thinking they had voted for Democratic candidate Al Gore. Wikimedia Commons

Over 60,000 ballots in Florida, most of them on punch cards, had registered no vote for president on the punch card readers. But on many of the punch cards, the little pieces of paper that get punched out when someone votes – known as chads – were still hanging by one, two or three corners and had gone uncounted. Gore went to court to have those ballots counted by hand to try to determine voter intent, as allowed by state law. Bush fought Gore's request in court. While Gore won in the Florida State Supreme Court, the U.S. Supreme Court ruled at 10 p.m. on Dec. 12 that Congress had set a deadline of that date for states to choose electors, so there was no more time to count votes. Gore conceded the next day.

The national drama and trauma that followed Election Day in 1876 and 2000 could be repeated this year. Of course, a lot will depend on the margins and how the candidates react.

Most eyes will be on Trump, who hasn't said whether or not he'll accept the result if he loses. On election night, he announced he had won before all the votes had been counted in a number of battleground states. (Courtesy https://theconversation.com/)

熱門新聞

COVID-19
CORONAVIRUS DISEASE

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Ranked by physicians from the TMA COVID-19 Task Force and the TMA Committee on Infectious Diseases

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Moderate

High Risk

Very High Risk

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中疾控：國內人群處低感染水平

武漢抗體陽性率4.43% 京遼滬蘇粵川六省僅2陽性

**抗擊
新冠肺炎**

香港文匯報訊（記者 王珏 北京報道）中國疾控中心（CDC）近期組織完成的全國新冠肺炎血清流行病學調查和分析顯示，國內人群總體處於低感染水平，武漢地區的社區人群新冠抗體陽性率4.43%，湖北武漢外市州抗體陽性率0.44%，而湖北之外六省份的1.2萬餘人中僅檢測到2例抗體陽性，陽性率極低，這表明以武漢為主戰場的疫情防控取得成功，有效防止了疫情大規模擴散。調查同時發現，西班牙抗體陽性率在3.7%-6.2%範圍內，瑞士則是11%。

中國疾控中心表示，此次調查旨在了解新冠肺炎不同流行水平地區普通人群新冠病毒感染情況，加深對新冠肺炎感染特徵的科學認識，評估中國疫情防控效果。調查涵蓋三類地區，包括武漢市、湖北武漢之外市州、以及湖北之外六個省份（北京、遼寧、上海、江蘇、廣東和四川），採用抽樣調查設計選取社區人群3.4萬餘人，通過檢測調查對象的血清新冠病毒抗體，估計人群中新冠病毒的感染水平。

中國疾控中心專家指出，此次調查是國內首次對不同流行水平地區基於人群的大規模新冠血清抗體陽性率調查。這和前期武漢開展的人群大規模核酸篩查有所不同，血清流行病學調查的目的是了解人群新冠病毒既往感染狀況，而人群大規模核酸篩查的目的是搜索發現現有病毒感染者。

他國調查揭第一波後人群感染率低

此外，在其他國家開展的全國代表性調查發現，經過第一波流行後，人群感染率總體較低。西班牙於4月27日至5月11日開展的兩階段隨機抽樣調查發現，全國平均血清抗體陽性率在3.7%-6.2%範圍內。瑞士於4月6日至5月9日開展的全國代表性人群隊列的追蹤研究發現，第5周時抗體陽性率約11%。

調查採用橫斷面調查方法，調查時點選取中國遏制第一波新冠肺炎疫情的一個月後開展，結果發現武漢地區的社區人群新冠抗體陽性率4.43%，湖北武漢外市州抗體陽性率0.44%，而湖北之外六省份的1.2萬餘人中僅檢測到2例抗體陽性，陽性率極低。曾接觸過新冠肺炎確診病例的人群抗體陽性率明顯高於其他人群，中老年人群抗體陽性率高於其他年齡段人群。

調查結果顯示，中國內地人群總體處於低感染水平，表明以武漢為主戰場的疫情防控取得成功，有效防止了疫情大規模擴散。

血清流行病學調查

話你
知

血清流行病學調查是採用血清學方法和技術開展的流行病學調查，通過對人群血清中特異性抗原或抗體的分布規律及其影響因素的分析研究，闡明傳染性疾病發生與流行的規律，評價預防接種的效果等。

■整理：香港文匯報記者 王珏

此次新冠肺炎血清流行病學調查是在我國遏制第一波新冠肺炎疫情的一個月後，在代表性地區開展的橫斷面調查，通過在人群中進行有代表性的抽樣，採集血清標本進行抗體檢測，了解新冠病毒在人群中的感染水平。

■整理：香港文匯報記者 王珏

港校內地生深圳接種： 多層防護家人更安心

特稿

“就算只能接種一針，我也要趕緊先打上。”12月28日，深圳首批個人預約新冠疫苗正式在社康中心開始接種，在香港中文大學讀書的陳同學29日就要赴港，臨行的前一天她為自己接種了新冠疫苗。“按規定，完整的接種需要打兩針，可我明天就要走了，沒時間再打第二針。聽說只打一針也能有超90%的預防效果，所以我想為自己加強防護，家人也都很支持我。”

連日來，深圳、上海、陝西等地相繼啟動對重點人群的新冠疫苗接種工作。28日早上8時許，在深圳南山區醫療集團總部大沖社康中心新冠疫苗接種點，前來接種的市民已排成了一條長龍，社康中心工作人員現場按填表區、審核區為已預約好接種的市民依序做好登記。

5分鐘完成一人次接種

從測溫體、核查預約資料、填表、自助建檔，到分單元完成接種，在工作人員的指引下，平均5分鐘可完成一人次的新冠疫苗接種。接種結束後，有工作人員現場指導如何進行新冠疫苗健康信息上報並叮囑相關注意事項，在留觀區觀察30分鐘無反應即可離開，現場井然有序。新冠疫苗需接種2針，中間間隔14天-28天。

香港文匯報記者發現，接種的市民以留學生居多，更有不少人專程返深接種，多名港校內地生預約接種，為出行增添個人防護信心。陳同學直言，香港疫情持續惡化，周圍不少同學都已經提前返回內地。可為了能更好地完成

學業，她還是決定回到香港。“也很感謝深圳能開放新冠疫苗給留學生接種，讓我們這種‘不得不’離境的學生，能多一份安心。當然更希望香港疫情能轉好，經濟復甦也更利於我們就業及生活。”

深圳自26日全面啓動重點人群新冠疫苗接種工作，主要面向進口冷鏈物流相關人員、隔離場所工作人員、入境人員閉環管理從業人員等9類高風險人員。其中，在深圳地區的因公因私出國工作、學習人員可自行預約接種新冠疫苗，接種者需攜帶深圳戶籍居民身份證，或深圳居住證，或在深圳區域大學就讀的有效學生證，以及近期出國、工作或留學的證明材料，否則不予接種。目前深圳首輪接種對非深圳地區的人員暫未開放，在深圳地區，包括含持有深圳居住證的外籍人士、港澳台人士也不屬於本輪接種人群。

■香港文匯報記者 郭若溪 深圳報道



12月28日，深圳首批個人預約新冠疫苗正式在社康中心開始接種。圖為首位接種者張先生。

香港文匯報記者 郭若溪 攝

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尼可拉斯凱吉新作 學語言得先學「這個」

好萊塢男星尼可拉斯凱吉，近幾年先是被爆出7年內花光37億積蓄，時常接演大爛片，讓他演藝事業跌到谷底，最近接下了新節目，乾脆致敬自己過去許多誇張演出，也不少網友將過去模仿他的影片再翻出來回味。

雙手張開，臉部猙獰，尼可拉斯凱吉最新節目以髒話開場，表達出學語言第一步先學髒話，此話一出再度爭發議。

好萊塢男星尼可拉斯凱吉：「但是它的內部還隱藏著精緻的女性氣質，而且我什麼都不敢說，調皮。」

演起畫家角色，表情更浮誇，尼可拉斯凱吉主持的喜劇節目，走紀錄片類型，為了瞭解髒話起源，還訪問歷史學家、娛樂界人士等專家。但各種脫序演出，彷彿在致敬自己過去演的爛片集錦，畢竟他締造的爛片演技話題，例如1988年的吸血鬼之吻，還讓人津津樂道。

好萊塢男星尼可拉斯凱吉：「QRSTUWVXYZ。」

當時喜劇演員還上知名脫口秀節目，大肆調侃尼可拉斯凱吉，至今還是流傳在網路上。

脫口秀男星：「QRSTUWVXYZ，他這段肯定是脫稿演出阿，肯定是要啊。」

尼可拉斯凱吉原本從好萊塢最高票房男星之一，之後在7年內花光積蓄37億台幣，開始接戲不挑腳本，變成近年來演過無數爛片，演藝事業跌到谷底，其實他年年有作品，只是聲勢不如以往，包括開拍的新電影，乾脆自己演自己。

尼可拉斯凱吉被狗仔直擊，美國疫情嚴峻期間，依舊在街頭拍攝電影「才華不能承受之重」，講述自身演出爛片的生涯，雖然目前還未確定何時上映，看來尼可拉斯凱吉並沒有想擺脫爛片之王的稱號，反而蹭著這個名聲，再讓自己重燃話題之列。



曾說007是「非賣品」，米高梅求售 Netflix或蘋果會成爲龐德新老闆嗎？

米高梅（MGM Holdings）是製作過《亂世佳人》、《哈比人》和007系列等賣座電影的製片商，其最新電影《007：生死交戰》（No Time to Die）受疫情影響，延至明年4月才在電影院上映。

《衛報》指出，蘋果（Apple）和Netflix分別曾與米高梅進行初步談判，將《007：生死交戰》改由在串流平台直接發行，然而米高梅開出8億美元高價，蘋果和Netflix都只願意拿出一半的價錢。米高梅也向《洛杉磯時報》表示，他們會「用盡全力」讓007新電影在電影院上映，這部年度大片是「非賣品」。

雖然堅決不讓電影先在串流平台曝光，根據《華爾街日報》報導，米高梅仍然正在積極尋找買家，該公司已經找來投資銀行摩根士丹利和LionTree，展開正式的公司求售作業。知情人士說，米高梅希望找到傳統好萊塢業者以外的投資人。

《衛報》分析，龐德系列電影，是有史以來票房價值排名第五，目前上映的24部電影票房收入超過70億美元，僅次於漫威、星際大戰、哈利波特和蜘蛛人系列，詹姆斯·龐德除了有能耐讓007粉絲掏錢買票進戲院看電影之外，是否有足夠魅力吸引大咖出資接手？

《華爾街日報》指出，2018年時，當時米高梅的執行長巴伯爾（Gary Barber）突然被開除，原因是他未經批准與蘋果洽談，欲以超過60億美元的價格把米高梅賣給蘋果。但收購談判



隨著巴伯爾去職而不了了之。

米高梅董事長、最大股東Anchorage的創辦人烏爾里奇（Kevin Ulrich）宣稱，他可以在兩到三年內，將公司以超過80億美元的價格賣出去。如今已是兩年多過去，該公司的市值只剩下55億美元左右。

今年拜疫情之賜沒有太多新電影，封鎖期間，許多民眾在家看老電影，米高梅豐富的片庫由於需求增加而受惠，或許是說服買家的一大關鍵。

但是，如《彭博》分析，當前串流媒體競爭激烈，多數公司都專注於打造原創作品，建立起自己的社群以及「圍牆花園」（walled garden），讓用戶黏著在平台上，並創造附加價值，米高梅以內容作為最重要的資產，去向未知。

2020年，電影產業可說是一片死寂，許多大片都延遲上映，這一年內，不只米高梅想轉售公司求生，好萊塢巨頭也紛紛拋開對串流媒體的成見，積極擁抱改變，用各種策略來抵抗

不確定性。

據《CNBC》報導，三月份，環球影業做出重大改變，它與電影院改寫協議，顛覆傳統片商每部電影給戲院90天上映檔期的模式，將其獨占期縮短至17天，讓電影能更快上架到網路平台上。四月，迪士尼也讓自家大片《花木蘭》率先在串流平台Disney+播放。

華納兄弟也宣佈了明年全部院線片同步登上串流平台的重大決策。由12月25日於美國上映的《神力女超人1984》打頭陣，華納兄弟安排於2021年登場的17部院線片，包括《自殺突擊隊2》、《哥吉拉對金剛》、《沙丘》及《駭客任務4》等重量級電影，都將於HBO Max同步上映。

《紐約時報》指出，許多好萊塢人士認爲，不管華納兄弟的決定，是因應疫情的權宜之計還是永久改變，這項決定都「回不去了」。因為當可以線上觀影立刻獲得滿足後，沒有消費者會期望回到電影院獨占90天的時期，也可能因此促使其他片商跟進。

「槍手養成班」 一窺印度考試制度



印度電影「槍手養成班」，以「作弊」為題材，一名善於操弄考試制度的補教名師，成了劇中主角，要帶領觀眾了解印度考試制度，而這部電影也改編自印度真實事件，2015年發生在印度一處落後地區，家長爬牆丟小抄，集體作弊事件，還因此登上國際新聞版面，想要孩子出人頭地，無奈卻用錯了方式。

家長期待小孩出人頭地，卻是想透過「作弊」，期待改變孩子的人生。

一名善於操弄考試制度的補教名師，找來天才槍手代考，家長願意花大錢，補教名師也樂得賺大錢。

從操縱考試到偽造證書，他的詭計揭發了教育界弊端，印度電影「槍手養成班」，找來知名印度男星索米克森擔當主演，從一個聰明奸詐的補教名師視角，決定透過學術界擁有偉大理想，卻機會不多的天才來賺錢，從中帶領觀眾了解印度考試制度。

而整部電影改編自印度真實事件，一幕集體作弊場景，讓全世界大感震驚。

應該保持安靜的考場外，卻是鬧哄哄，超過百名家長，像是蜘蛛人一般，爬上外牆，朝教室裡丟小抄。

2015年發生在印度，一個最窮困的省分，家長冒著生命危險，來替孩子作弊追求高分，畢竟有優秀的在校成績，才能靠獎學金完成學業，成為公務員，才是唯一出路，電影「槍手養成班」，就是要讓外界一窺印度教育系統，所面臨的窘境。

類似「作弊」題材的電影，不得不提到泰國電影「模犯生」，透過懸疑的手法，描述一群善於學習，且善於交友，以及善於賺錢的團隊，如何透過作弊來牟利。國際考場上，帶領富家子弟集體作弊的天價委託，電影情節緊湊，角色詮釋入木三分，但總歸一句，電影畢竟是電影，現實生活中的考試，還是千萬不要作弊。

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揭秘《巡回》： 宋春麗爆發力太強 拍完有時要吃藥



正在優酷熱播的電視劇《巡回檢察組》首度聚焦巡回檢察制度，該劇以東川省巡回檢察組組長馮森（於和偉飾演）和駐監檢察室主任羅欣然（韓雪飾演）的調查行動為敘事主線，講述了新時代檢察官維護人民的正義和法律權威的故事。日前，該劇導演李路接受本報記者獨家專訪，對於劇中主人公馮森的創作，李路坦言，馮森並沒有原型，是編劇創造出來的形象，他是眾多檢察官集於一身創作的形象。

比《人民的名義》更偏重描寫衆生相

《巡回檢察組》中的“巡回檢察制”主要是指檢察官重勘疑錯案件。劇中講述了經驗老到的巡回檢察組組長馮森，在省政法委書記張友成的指揮下前往橙州重啟調查“930殺人案”，聯手駐監檢察室主任羅欣然抽絲剝繭剖析案情證據，明察暗訪揭開層層迷霧，多方合力最終挖出幕後潛藏勢力，成功維護法律的神聖和威嚴的故事。該劇導演李路拍《人民的名義》時就對檢察系統已經有了深入的了解，在籌備階段，李路也跑了很多的檢察院、監獄，親自跟駐監檢察官、監獄民警、監獄長、犯人做了多次的采風。

在李路看來，盡管《巡回檢察組》的核心是司法檢察體系，“巡回檢察”是這部劇的內核，但最終拍的還是活生生的壹群人，有官員、有百姓、有工人、有商人，“還是要把壹批人描摹好。”這是李路最關注的事情，這是描摹衆生相的壹部戲。

雖然同為展現公檢法系統，《人民的名義》展示的是反腐敗，《巡回檢察

組》的主題則是掃黑除惡、巡回檢察、呼喚全民的公平正義，兩部劇共同的地方是，其中都包含上到高官下到百姓的橫切面，《巡回檢察組》更偏向眾生相，劇中大多故事的主人公都是生活中的普通家庭。全劇開局就是壹場聲勢浩大的“冤案”聲討：東川省“十大法治人物”表彰大會上，壹個拿著錦旗的老婆婆卻在眾多媒體的鏡頭聚焦下，割腕相逼，為兒子討公道。由宋春麗[微博]扮演的母親是壹個“鬥爭經驗”豐富的上訪戶，她軟硬不吃，十分難纏；同時，她又是壹位令人心疼的母親，這個人物也迅速引發了觀眾的共鳴。

加入動作戲是劇本的二度創作

《巡回檢察組》的風格是多元化的，有對當下檢察制度的展現，也有挖掘真相、判明是非的描繪，劇中有掃黑除惡，還有巡回檢察以及大量的監獄戲，李路說，“這個劇強寫實，信息量極大。”

在寫實的同時，該劇的語言風格也比較生動，政法委書記在反擊“過度的清廉也是壹種腐敗”時，用到了“裝十三”——“我要是能裝壹輩子，壹直裝到死，那不就證明我這壹輩子不是裝的嗎？”劇中還有壹些片段風格偏向輕喜劇化處理，比如馮森在追證人的時候，對方在前面跑，他在後面追，《巡回檢察組》瞬間就變成了屋頂跑酷直播，還包括了跳屋頂、翻貨車、鯉魚打挺、白鶴亮翅等高難度動作。對此，李路表示，當時在拍攝到這壹段落時，就想要組織壹段追打跑酷，希望能夠在這種嚴肅正劇題材中加上壹些幽默喜劇和動感的元素，這是在劇本基礎上的二度創作。

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監獄看守所實拍是個大難題

提及本劇的拍攝難點，李路表示，此前很少有影視作品表現這麼大比重的、監獄內部的事情，在拍攝監獄過程當中也會遇到壹些問題。在什麼樣的場景下拍，怎麼拍監獄，面臨著很多挑戰。監獄和看守所的實景拍攝，這對我們來說是非常大的壹個難題。後來我們還是運氣不錯，找到合適的場景給我們拍攝了。

劇中所涉及的其他內容，李路自己多少會有壹些了解，唯獨監獄的生活，對他而言是完全未知的領域，此前都是通過影視作品，通過好萊塢的片子來了解壹些，和真實體驗過後的感受完全不同，“我帶著於震去監獄采風和體驗生活，於震出來的第一句話就講，幹什麼都行，永遠不能犯罪，犯罪就沒有自由了。我們去青島監獄體驗生活，大家體驗之後都非常震驚，我感受到把這個盲區打開了。”

內核：壹部法治題材的電視劇最重要的是普法意義

對於李路而言，拍攝《巡回檢察組》是帶著使命感的。所謂的“使命感”，在李路看來，壹部法治題材的電視劇最重要的是普法意義，對社會、對觀眾來講普及法律知識。《巡回檢察組》裏面有壹句臺詞，“人民的正義是每個人的正義。”公平正義對每個人來說都是壹生中最重要的事情，如果沒有公平正義，那麼整個社會就不會穩定，不會向前發展，公平正義是司法公正最基礎的話題。所以，《巡回檢察組》除了掃黑除惡的現實意義之外，這部劇裏更多凸

顯的是對法律、對公平正義的追求。

在李路看來，如果壹部作品要特意影響別人，或者是說教別人，本身就失敗了。他不想說教，觀眾能感悟到什麼就感悟到什麼，“劇中這些人物已經把身上所負載的正能量都寫在劇情裏、臺詞裏了。”

檢察系統確實有高手中的高手

劇中，於和偉飾演的巡回檢察組組長馮森，是個亦正亦邪的復雜個體。他起初露面時梳著油頭、嗑著瓜子，大包大攬遊說著殺人嫌犯的母親胡雪娥，要幫對方平事，在他身上兼具著江湖氣和市井氣。而隨著劇情的發展，馮森“巡回檢察組組長”的身份也逐漸顯露出來，“神勇檢察官”歸位。

馮森是熒屏上極少見的具有乖戾氣質的檢察官形象，在李路看來，馮森是壹個有壹點英雄主義色彩的檢察官，在粗獷的外表之下，他在專業上相當神勇，算是壹名破案高手。李路說，在檢察

系統確實有這樣的高手，劇組到檢察院體驗生活的時候，檢察院基本上都是各地高考的學霸，匯集了各個城市的高考狀元，他們在整個工作當中，動用智力要比動用體力的時候還多，都是高手中

的手高，這也是李路體驗生活當中感受最深的壹個地方。

馮森在全劇中是靈魂人物，是巡回檢察的代表，代表著檢察系統的普遍意義，他們信念堅定，不拘小節。李路坦言，馮森並沒有原型，是編劇創造出來的形象，他是眾多檢察官集於壹身的壹個形象。

選演員首先是合適，不僅是看張臉

在演員的選擇上，但凡是李路參與執導的作品，每次他都要親自來確定演員，“基本沒有走後門的演員。”看到

《巡回檢察組》劇本裏面的老太太，他

就覺得宋春麗特別合適，但是宋春麗當

時有壹些顧慮，因為這個戲爆發力太強

了，她怕身體扛不住，李路壹直在做她

的工作，最後還是把宋春麗請來了。

“宋老師也盡力了，有時候她心臟不太好，拍壹場戲非常用力，她是那種走心的演員，拍壹條下來之後她要吃藥，確實是不太容易。”

於和偉也是李路請來的，“當時合作方還不太能理解，為什麼要用於和偉，我說於和偉最合適，結果演下來果然

很好，壹個百變的檢察官，於和偉是壹

個有個人魅力的演員。”

作為壹部男性群像的電視劇作品，劇中的女演員受到的關註和爭議也比較多，比如韓雪飾演的羅欣然和張思樂扮演的喬逸。有網友認為作為女主角，韓雪的表現被“淹沒”在其他演員的表現中，而在李路看來，韓雪在戲裏面表現

非常好，她演繹的女檢察官身上交織著多重的線索，她和馮森承擔著全劇脈絡發展的串聯作用，“韓雪的表現整體我是滿意的。”而對於張思樂的表現，有網友則質疑，她所扮演的喬逸看上去相貌平平，不應該被張壹葦這樣的公子哥壹眼看中，很難相信這樣的事情真的會發生在現實中。對此，李路表示，張公子見過很多美女，也閱人無數，能讓他留下深刻印象的女性不只是五官的美麗，應該是喬逸單純善良的性格、過人的才華吸引了張公子。對於網友對演員的質疑，李路表示，如果是善意的他願意接受，“如果是惡意的，我個人是毫不接受的。選擇這兩個女演員的想法，我們是有我們的設定的。五官裝修得非常好的女演員也多的是，我還不找。”

李路說，選演員首先是合適，妳會覺得這個演員真的就像是劇中的這個人，所謂的“像”不僅僅是壹張臉，而在感悟、氣質、演繹度上全方位的接近人世間裏的人物。

——對話導演——

記者：之前妳曾經說過，不再做同類題材的作品了，這次是如何想到要拍攝《巡回檢察組》這樣壹部作品？

李路：《人民的名義》之後我曾經說過同類題材我就不做了。2018年，最高檢影視中心和金盾影視中心在籌備這個劇，他們非常真誠地找到我，我也看了故事大綱和六集劇本，我覺得他們的真誠打動了我。我記得在我們開的第壹次關於這個項目的論證會上，我跟編劇說，放下包袱，解放思想，不能簡單地寫檢察院的壹個巡回檢察，要往深入走壹點，在對現實的關照、對時代話題的回應上要有高度有深度，絕不做壹個平庸之作。

記者：這部劇的寫實性很強，當時創作的時候有考慮過對於現在的年輕觀眾而言，要針對他們設置壹些什麼元素嗎？

李路：我做的劇壹般是全域的，觀眾群包括年齡大的年齡小的，學歷高的學歷低的，都有。我覺得像《人民的名義》那麼幹枯的東西，很多年輕人都會去看，主要是劇的內容要好看，足夠吸引人才行。沒有對年齡層次進行有針對性的設計。

記者：作為壹部以強寫實為創作基礎的劇集，如何權衡《巡回檢察組》當中的現實性和戲劇性？

李路：像這樣壹部劇首先是書寫當下的情況，現實性大於它的戲劇性。首先要關照當下，寫好當下故事，做好當下這些人。至於戲劇性是它的手段，通過編劇、導演和演員共同呈現出來，所以它的現實性和戲劇性相比，首先是要把現實性做好，通過手段實現它的戲劇性。

主演——張頌文，他將精準展現李大釗的鮮活形象，描繪他為理想奮鬥的熱血青春。除此之外，影片還將陸續曝光多位老、中、青三代實力派演員。

開機儀式上，監制管虎表示，《革命者》的英文名為“先鋒”，李大釗身上有少見的堅定信仰和單純的對革命事業的追求，我希望能夠把這種精神傳遞給現在的年輕人。

導演徐展雄坦言，雖然拍攝時間緊任務重，但跟壹百多年前以李大釗同誌為首的仁人誌士，為了祖國，為了民族而奮鬥，甚至犧牲自己生命的壯舉相比，我們再辛苦也不算什麼。

建黨百年獻禮片《革命者》定檔明年7月

近日，由中宣部電影局主抓，北京光線影業有限公司、河北電影制片廠等出品，中共河北省委宣傳部、中共北京市委宣傳部等聯合攝制的建黨100周年獻禮重點影片《革命者》在上海舉辦開機儀式。

電影《革命者》由導演管虎監制、青年導演徐展雄執導，梁靜[微博]任總制片人，同時官宣首位主演——張頌文[微博]，飾演片中最重要

的“壹——李大釗一角。據悉，正式宣布定檔2021年7月1日。

作為壹部重大歷史題材故事影片，《革命者》創新地使用了多個主觀視角並聯的結構。故事立足於對李大釗偉大形象的刻畫，卻不僅僅局限於對其個人經歷的書寫，而是力圖通過對李大釗生平的回顧，勾勒出壹幅建黨前後的時代群像。

該電影圍繞1912至1927年波瀾壯闊的歷史展開，影片劇本創作歷時壹年多時間。主創團隊深入李大釗故鄉河北省唐山市樂亭縣採訪采風，調集數千萬字的文獻資料，查閱數萬份圖片檔案資料，深度研究每壹個歷史細節，努力打造壹部深受各年齡觀影圈層喜愛的精品力作。

開機儀式現場，電影《革命者》也公布首位

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美南国际电视 15.3《美南时事通》 新冠疫苗到了 你敢打吗？

(本報記者黃梅子) 在經歷了差不多一年的lockdown之後，輝瑞製藥公司研發的新冠病毒疫苗終於開始大批量供應給美國民眾，輝瑞疫苗顯示出95%的有效性，並且沒有出現重大的副作用。第壹批疫苗已經於日前到達休斯頓，並接種醫療第壹線人員。輝瑞公司計劃2021年生產13億只，所有的美國人全部接種完大約要到2021年7/8月份。



值得註意的是，輝瑞提交的安全數據包括了100名12–15歲兒童。疫苗上市後將分階段，人群接種。接種的順序為：

- 第壹批：既存病史的新冠高風險的人群，65歲以上老人，醫護人員，重要和關鍵行業人員；
- 第二批：所有民衆。

根據美國衛生和公共服務部長亞歷克斯·阿紮爾(Alex Azar)和Fauci博士的預計，2021年4月份全美民衆都可開始接種疫苗。疫苗面向公眾後，CVS、Rite Aid、Walgreens、Kroger以及Walmart等藥房均可進行接種。休斯頓在第壹輪疫苗分發中的過程中，壹天就收到了500封電子郵件，有人甚至願意出1萬美元買壹劑疫苗。

據CNN的民調顯示，美國人對接種疫苗的態度是：

- 30%的受訪人士表示會馬上接種，
- 50%表示會考慮接種，
- 20%的人表示不會接種。

在表示不會接種的人之中，除了本身反對接種疫苗的人士以外，還有部分人是對疫苗研發太快表示不信任。

美南國際電視 15.3《美南時事通》主持人蓋軍，美南新聞記者肖永群與您討論，疫苗出來了，妳敢打嗎？



拜登獲得選舉人團投票確認成為下屆美國總統！疫苗來了 你敢打嗎？
請關注美南國際電視 15.3 頻道《美南時事通》，也可以通過 iTalkBB 平臺收看。美南新聞網站 scdaily.com，也可以在 youtube 上搜索 S15.3 Houston，訂閱美南新聞頻道，隨時收看美南國際電視的節目。

美南国际电视 15.3《美南时事通》 S386排华法案、H1B薪资新规遭撤回、限缩中共党员入境...

包傑生律師解析最新移民動向！

(本報記者黃梅子) 目前，美國的新冠疫情越來越嚴重，而疫苗全面施打至少要大半年的時間。失業率越來越高，很多美國人失去了工作。12月初，參議院全票通過《高技能移民公平法案》，它又名為S386法案，目標是確保申請美國永久居留權(俗稱「綠卡」)的外籍人士享有平等的等待時間與移民權利。華人擔心，法案一旦通過立法，中國人的綠卡等待時間將會大大延長。法案在通過前夕新增了一個條款：與中國軍方及共產黨有關聯的(affiliated with)外國人，不得在美國境內調整移民身份，獲得綠卡。

這隨即引發S386法案可能成為「第二個《排華法案》」的擔憂。美國政府明確共產黨移民禁令，重現冷戰意識形態對抗。這是否是第二個《排華法案》？

《排華法案》在1882年生效，美國對華人勞工關上大門。該法直到1943年才正式廢除，至今仍是美國唯一項針對特定族裔的移民法。

美南國際電視 15.3《美南時事通》節目邀請德州自身律師包傑生談移民法案，包律師是美國人，他認為，S386法案可能成為「隱秘的排華法案」。包律師說，19世紀的《排華法案》是針對華人的全面移民禁令，明顯帶有種族歧視色彩；S386有壹定限制性，但仍可能堵上數以百萬計的人的移民之路。Affiliated(隸屬、關聯)是壹個非常寬泛的詞語

，如果行政機關有意而為，條文可被延伸到極點。

12月7日早上，特朗普政府關於 H-1B 的新政策讓本就艱難的留美工作道路變得更加琢磨不定。壹時間，各大華人微信群裏都有人在討論新規的影響。

根據特朗普政府今天發布的最新關於 H-1B 的規定，無論是在申請或者延長 H-1B 簽證，通過的標準都發生了巨大的變化：

大幅度提供 H-1B 簽證持有者的申請薪資門檻

為了保證美國本地的就業市場，所有 H-1B 簽證的申請者必須達到美國移民局所審定的標準，而其中最為重要的壹項就是基本工資水平要超過美國本地平均工資水平。

而且根據工作經驗和學歷高低，可以分為 4 個不同的 Level，Level 1 為零工作經驗的畢業生；Level 4 則是有比較豐富經驗的職場人士。

H-1B 請求中的薪資要求，是基於相關部門對各個行業薪水範圍的問卷調查結果之上。在過去，壹個剛畢業，沒有任何工作經驗的人 (Level 1) 請求 H-1B 的薪資門檻只需要落在他所申請行業的薪水範圍的 17% 的位置，而在新的規定下，則必須達到 45%；與之相對應的，Level 2 是 62%，Level 3 是 78%，而 Level 4 則必須達到 95%。

舉壹個例子，如果妳大學剛畢業，申請了灣區壹家公司的程序員工作，那麼在新規下妳的年收入必須要在 \$140K 左右，才可以符合 H-1B 的申請薪資

標準，這即使在灣區很多大廠也是非常高了。而對於創業公司來說，這將會加大他們招聘的難度。

考慮到目前美國仍然處於 Covid 19 疫情困擾之下，絕大公司並沒有漲薪計劃，因此短期來看，勢必會影響到很多人在美簽證和移民申請。同時，從長遠來看，公司可能會受限於薪資，而減少對於剛畢業學生的招募。

特朗普政府此次關於 H-1B 的規定申請中，將會對申請者的專業做更加嚴格的限制。

雖然在官方的文件裏並沒有明確的規定到底對於所學專業和未來工作之間到底需要有什麼樣的緊密聯繫。但根據《華爾街日報》的分析，即使是電子工程專業的學位也不能讓妳去申請壹個軟件工程師的職位。這對於很多跨專業找工作的人有非常大的影響。過去幾年裏，因為科技公司對於技術人才的大量需求，許多人雖然來美學習的是物理、化學等其他專業，畢業之後都會優先選擇大公司的程序員崗位。

對於這部分人來說，新的政策無疑大幅度地減少了很多留美工作的選擇。而從公司層面來看，這也將限制他們從其他領域招募相應的人才進行創新的研究，例如生物科技。

還有，縮短某些特定合同工的 H-1B 簽證的時長，某壹類公司的員工 H-1B 的有效期限將會從 3 年變成 1 年。

特朗普關於 H-1B 的最新規定將會作為臨時最

終規則發布，因此所有的新政策將不會有任何的公眾評論，也不需要經過其他部門的監管和審查，而這壹切背後最為充分的理由是「在新冠疫情對於經濟的影響下，最大限度地保護美國人的工作」。

美國國土安全局高級官員 Ken Cuccinelli 稱：「新的規定下，將會有 1/3 的 H-1B 申請者將會被拒絕」。

在過去幾年來，雖然特朗普政府並沒有發布任何實際的政策，但在實際的申請過程中，申請 H-1B 簽證已經變得越來越難。

根據美國公民及移民局的官方數據顯示，H-1B 簽證的拒簽率已經從 2016 年的 6.1% 升到 2019 年的 15.1%。而到了 2020 年，6 月份特朗普政府更是以疫情下美國失業率居高不下，暫停了包括 H-1B 在內的許多移民工作簽證的入境，這壹法案將會壹直到 2020 年結束。

不過，事情也許還有轉機。拜登 2021 年上臺之後，也許會有對現有政策有所寬松？請收看美南國際電視 15.3《美南時事通》，美南新聞記者肖永群、達拉斯記者 Clara 采訪德州自身律師包傑生。

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SC 休城畫頁 Daily News



江岳副會長發起，美南山東同鄉會共同舉辦 給豐建偉醫生贈送牌匾活動，表達無盡感謝



牌匾的贈送人江岳副會長，感恩豐建偉醫生救回父親一命，並幫助他迅速康復。



「美南山東同鄉會」新任會長孫建義期望同鄉會是更團結、更友愛、更溫馨的大家庭。



理事王琦的母親(右一)也在會上講話，感謝豐建偉醫生(左一)救治她的經過。



「美南山東同鄉會」前會長房文清表示豐建偉醫生是他的救命恩人，曾於多年前他的心臟停止跳動，被豐建偉醫生救回一命。



現場出席的山東老鄉，在豐建偉醫生(中)的帶領下，演唱豪氣十足，代表「山東精神」的「好漢歌」。



豐建偉醫師強調生命只有一次，他願意犧牲一點個人的休息時間，為民眾健康把關。



「美南山東同鄉會」修宗明首先致詞，表示當天的贈匾儀式有三大內容。



美南山東同鄉會副會長江岳(右二)以贈送牌匾感謝豐建偉醫生(左二)近期救治其父親，並使其迅速康復。並與「美南山東同鄉會」會長修宗明(右一)，新任會長孫建義(左一)共同舉辦贈送牌匾活動。