

川無罪 習抗疫 美中關係開新局?

◎張文基

過去兩年美中關係持續惡化，在經貿，科技，南海，港臺不同領域，美國對中國都施行全面的壓力，幾天前的慕尼黑安全會議國務卿Pompeo,國防部長Esper,眾院議長Pelosi史無前例的把中國當成會議的焦點和攻擊的靶子，似乎美中關係看不到任何改善的曙光！然而，二月五日美國參議院投票裁決川普無罪，第二天慶祝勝利感謝支持者並重申他的政治立場的白宮聚會後，川普在當天晚上立即與習近平打電話，清晰稱讚習近平抗擊新冠病毒戰役的強大領導力，表達對中國戰勝疫情的信心，並期待美中的交流和合作。在新的國際形勢下川習的英雄相惜能為美中關係開展新的前景嗎？

三年來川普在對華關係，以及更廣泛的外交政策似乎都展示缺乏一致性，這是川普團隊為實現「美國第一」的策略運用？還是他與他的幕僚及閣員間矛盾的真實反映？厘清這個問題對制定和預測未來的中美關係是最重要的事。

川普決定參政的最重要原動力是他認為過去二十年美國兩黨精英走錯了路，背離了建國初衷，犧牲了美國人民的利益也導致了美國的衰退，因此他一直受到兩黨精英階層包括大多數媒體的排擠，抹黑和反對。由於他之前沒有從政經歷，沒有班底，因此在艱困的挑戰下必須使用理念不盡相同的各方豪傑，導致政策經常出現內部矛盾，也造成白宮團隊及重要閣員歷史上最頻繁的更換。

在二月六日的白宮招待會上他就毫不含糊的指出眾院的彈劾案就是從2016以來他所受到全方位不公正待遇的終級審判，但是他勝利了，展示他已經牢牢的掌控了共和黨。跡象顯示他在傳統民主黨票倉的黑人和西裔的支持率大幅上升，預示他極大可能會在今年成功連任下屆總統，因此他將有近五年的時間執行他的抱負！

無可否認美國精英階級對中國的迅速崛起無限恐懼，問題是如何應對這個無法避免的事實！在兩黨鷹派的主導下，過去兩年美國對中國可以說做出了各種挑戰，但是中國沉著應對沒有失敗，沒有屈服，而且在各方面保持快速增長。就以最近慕尼黑會議為例，在上百個美國傳統盟邦領袖面前，美方的指控沒有得到認同，而代表中方的王毅和傅瑩的論點得到更多的掌聲！

二月十三日白宮會議中對華鷹派提出將禁止GE出售中國自主研發的新民航機，C919，所需的發動機，並決定在二月底的會議做出最後決定，消息經過持不同意見的出席者洩露給媒體，二月十八日川普公開發文反對濫用國安理由限制外國企業購買美國產品，直接打臉兩黨鷹派脫鉤中美各合作關係的企圖！

武漢發生疫情以來，西方及台灣不少人士企圖轉移焦點把這一個不幸的瘟疫事件轉變成對大陸制度的攻擊。是的，湖北當局在疫情開始的幾周犯了一些錯誤，導致疫情的

擴大，但是中國立即修正，封閉許多城市，超過6000萬人口，控制病毒傳播，造福全球，也得到絕大多數國家的讚賞和支持。臺灣誇誇其言，卻以沒有足夠醫療能力為藉口，拒絕接受武漢豪胞返台，能力相差天淵之別。

此次疫情，許多國家給予支援，尤其是日本人民更從中華古文明的高度展現兩國深層次的深厚情誼，在運送物資的盒子上寫下「山川異域 風月同天」「豈曰無衣與子同裳」「青山一道同雲雨 明月何曾是兩鄉」「遼河雪融 富山花開 同氣連枝 共盼春來」，自民黨議員更決議從3月的薪水中每人捐出5000日元，這些表現預示中日關係將進入一個新的合作時期。

殷優啟聖多難興邦，在巨大的挑戰前中國人民展現了少見的紀律、友愛和包容，喧囂的大地突然變成寂靜，而警務人員和物資從各地有序的支援武漢人民，很難想像美國能否這麼有力的應對。最令我感動的是透過自媒體的報導，瞭解中國80後年青的一代所展現的犧牲，奉獻和大愛精神，積極自願的投入救災戰場，這是中國未來的希望！這次災難也必將導致大陸深層次的改變和自我提升！

中國復興是大勢所趨不可避免，也不必然是美國的危機，透過合作甚至是美國的機遇。川普自2016年即一再公開宣稱要為未來40年的美中關係奠定新局，不忘初心，執政為民就是兩國，甚至世界，和平繁榮的基礎！

國已禁止來自中國大陸、香港、澳門及台灣的旅客入境。意大利也暫停往來意大利和中國的航班，包括香港、澳門及台灣。

瘟疫面前，大家只認人種，不認立場，假使港獨頭領梁天琦今天出獄，要申請政治庇護到美國去，我相信，只要他被踢暈原來湖北琦是生於武漢市，擔保西方各國會對這個政治犯要手擰頭。

至於第二個瘟疫帶來的感悟：港獨死路一條，更是明顯不過了。

一句「內地廁紙工廠即將停產」的謠言，已把香港人嚇得屁滾尿流，掀起一陣搶廁紙搶米搶物資「瘋」潮。瘟疫來了，我們連一個口罩都自給自足了，日前特首林鄭就宣佈，國家會給香港輸出1700萬個口罩解燃眉急。

之前威風八面說香港可以不用東江水、自己搞海水化淡的港獨友哪裡去了？你們不是說要光復到小漁村年代自耕自種自己嗎？誰知今日一坨屎一個病就把你們難倒了，連廁紙口罩都要伸手靠國家援助的人，還有什麼資格說獨立？



網址: <http://www.us-chinaforum.org>
<http://www.us-chinaforum.com>
投稿信箱: uschinaforum138@gmail.com
社務委員: 張紹運 周友道 水秉和 張一飛 陳立家 陳惠中 馬在莊 佟秉宇 高志雲 陳耀華 范湘濤 張文基 蔡社長
每星期六出刊 第342期

推進中美相互瞭解合作 促成海峽兩岸和平統一 倡導和諧平等多元世界

武漢疫情為何喪失先機？ 中國二元衛生體系缺陷

◎韋三水

編者按：在SARS慘痛教訓後，中國加大了對傳染病防控體系的建設，將重大傳染病防治專項作為「十一五」以來的16個重大專項之一，並成為中國的驕傲。那麼，到底是什麼原因讓事情糟糕到如此地步？大陸資深媒體人韋三水在2月15日發表萬字長文深度解密：高福之過、疾疫之惑與公共衛生未來之變，做出了精彩的分析，本文引述了該文中「深夜之問」一節，完整文章請點擊[us-chinaforum.com](http://www.us-chinaforum.com)。

2月2日，楊功煥這位中國疾控中心原副主任、公共衛生和流行病學專家，或許是忍無可忍，在這一天的深夜，她親自撰寫了一篇文章，直指二元衛生體系缺陷，呼籲反思和追責。

「有人說，現在重要的是戰勝病毒，而不是反思或追責。我覺得，反思和追責，是戰勝病毒的一部分。我們不知道錯在哪裡，又怎知如何戰勝病毒？」這篇文章從起筆開始就直言不諱地提出了這樣的問題。楊功煥在首先強調病毒溯源的重要性之後，同時也肯定了中國的公共衛生體系：「不可否認的是，在面對傳染病方面，我們國家有非常先進的一面，因為中國的公共衛生體系，肯定是比許多國家好得多，整體指揮和調度的能力也很強。」但其筆鋒接著就立即轉到了這個至關重要的疑問上，話裡話外意味深長：

「但也確實有一些因素影響了疫情的發展。那就是一些人員，從官員到專業人員，在疫情開始的時候沒有意識到這個傳染病的危害，以及發生爆發流行會帶來多大的損失，反而是更多的是考慮政治上的穩定。所以就出現訓誡醫生的舉動。」

什麼意思？不是疫情直報系統和傳染病防控體系本身的問題，而是人的問題——一切政治掛帥的結果。楊功煥說：其實，我們的直報系統在幾個小時就能把資訊上達國家機構。很多國家沒有中國的直報系統，世界衛生組織就是依靠追蹤當地的媒體報導、學術雜誌等手段來發現疫情。「我們有直報系統，這是我們中國的優勢，遺憾的是，我們的優勢沒有發揮出來。如果儘早知道疫情，一些控制措施可以在疫情在較小規模時得到控制，然而，走到了不採取「封城」這樣的措施就無法控制的地步。這些都是有待改進的一面。」

此次疫情為何會擴散蔓延？這位中國疾控中心前官員同樣直言不諱：武漢市衛健委12月31號通報說沒有人傳人，所以我覺得這個是犯了大忌，影響到後邊的防控措施

了。在傳染病的面前，怎麼可以這樣做？這必然會引發大問題。因為，「在傳染病防控的時候，即使這個病毒還沒有搞清楚，還在討論判斷過程中，但是必需的防控就必須開始了。因為事實上早在2019年12月26日，湖北省中西醫結合醫院醫生張繼先報告的病例中，就存在人傳人，特別是家庭聚集性的傳染。」

既然這樣，為什麼疾控部門自己就不能直接發佈疫情通報呢？對此，楊功煥也說了，中國的疾控體系不是行政部門，而是事業單位，所以沒有權力來發佈疫情資訊。

「把專業技術人員的工作和政府的行政管理完全分開，衛生體系這樣做其實是有不合理的。如果我們要參照其他國家，其實沒有中國這樣二元的做法。美國疾控中心只有國家一級，在州以下它就是衛生局，所有的疾控任務都是衛生局的人在做。」楊功煥接著表示，「我們應該把疾控工作詳細分解以後，某些部門合併到衛生局，這樣的話衛生局就不僅僅只是一個行政管理工作，就像公安局也會有很多刑偵技術人員一樣。」

但疾控部門就沒有失職嗎？「我覺得他們失職主要是，第一，有些專家出來說了一些不太負責任、不嚴謹的話。第二要問他們內部是不是跟武漢市衛生部門提了建議，當然也可能疾控中心提了建議，我們不知道而已。」楊功煥在其親自撰寫的文章裡最後寫道。

楊功煥說的失職的「第一條」可能暗有所指。比如，1月22日，也就是武漢封城前，在國新辦當日舉行的新聞發佈會上高福還言之鑿鑿的說，目前證據確實顯示兒童、年輕人對病毒不易感。而恰恰在兩天前的1月20日，鐘南山院士已經明確公開表示「人傳人」了。即使在對外宣佈新冠疫情後，高先生依然樂觀的說，「預計元宵節情況就能好轉」。

至於此前的國家衛建委高級別專家組成員王廣發就更被成為「冷笑話」了——這位專家一邊說，「可防可治」「不會人傳人」，一邊自己又遭到了感染，簡直是太雷了。

科學家務必嚴謹慎言，不能一時興起胡亂拍胸脯，否則真的是有毒。

一場瘟疫讓港澳台人發現...

◎屈穎妍

這是一條沒有標準答案的開放式命題：一場瘟疫，讓你發現什麼？

很多人說，一場瘟疫，讓香港人露了底，原來這個文明城市背後，有這麼多野蠻人。又有人說，一場瘟疫讓我們看到人性陰暗面，香港人自私、貪婪、愚蠢的個性盡現……

然而，我認為這次瘟疫的最大發現，也是給香港黃絲最重的當頭棒喝，就是：一，你是個逃不掉的中國人；二，港獨是一條死路。

這星期，一班朋友本來訂好了機票酒店到法國遊酒莊，因為疫情，整個旅程要推倒取消。我奇怪，法國沒事吔，為什麼不去了？朋友說：不是我們不想去，是人家不歡迎我們來，本來訂好參觀的幾個酒莊都來訊息說：不會招待中國人，有些法國餐廳也講明不歡迎中國人了，那我們去來幹嗎？

朋友這團人的成員全是生於香港

的中國人，大部分甚至拿著加拿大護照或者BNO，但到了異國，人家只會以貌取人，一個中國人外貌，管你能說十國語言拿幾本護照，管你有沒有去過武漢有沒有踏足內地，在外國人眼中你就是一個新冠肺炎大毒菌，你就會因為「中國人」三個字被拒諸門外。

一場瘟疫讓我們發現，無論你入籍哪國、無論你能說多流利的英語、無論你多痛恨自己的基因，在別國人面前，在病毒面前，你就逃不掉被列為中國人，沒有例外。

看看停靠在日本橫濱港被拒入境的遊輪「鑽石公主號」就是最佳說明，前日王家加勒比遊輪公司已公開表示：「持有中國、香港或澳門護照的任何旅客，無論居住何地，都將無法登上我們任何的遊輪。」菲律賓、越南、科威特、孟加拉等

The Letter that the Wall Street Journal did not Publish

I wrote the letter below and sent it to the Wall Street Journal on 2/5/20 after the Journal published an article entitled "China is the Real Sick Man of Asia" on its opinion page on 2/3/20.

I am appalled by the title of Walter Russell Mead's Feb. 3 article -- "China is the Real Sick Man of Asia" -- regarding the impact of the coronavirus on China and the world.

"Sick Man of Asia" refers to the period in the late 19th and early 20th centuries when China was humiliated by Western powers and Japan into signing a series of Unequal Treaties, culminating in the Japanese invasion of China during World War II. The way The Wall Street Journal uses this phrase to describe the current situation in China not only carries racist and imperialist undertones, but also shows great lack of compassion and empathy toward people who contract this devastating virus.

Mr. Mead's article focuses on what the U.S. should do if China's economy weakens as the result of the spread of this virus. He talks about the possibility of the return of unipolarity if the only possible great-power rival to the U.S. were to withdraw from the game.

Predictions of this kind are not only wishful thinking, but clearly demonstrate lack of moral integrity. When the H1N1 virus epidemic

Christine Mei

erupted in 2009 that killed 18,000 worldwide and 4,000 in the US, did anyone talk about the collapse of the US economy as a result of the spreading virus?

Politicizing a public health hazard to suit one's political agenda is not only wrong but also morally reprehensible!

Sincerely,

Christine Mei
Rancho Palos Verdes, CA

Editor's note:

An online petition to the White House demanding an apology from the Wall Street Journal to the Chinese community and either a retraction of the article or a rectification of the title was created on 2/6/20. Thus far, 115377 people have signed the petition.

<https://petitions.whitehouse.gov/petition/racially-discriminatory-article-title-wall-street-journal>

What have We Learned from Coronavirus? A Lot!

The coronavirus (2019-nCoV, CV in short in this article) discovered in Wuhan City of 14 million people is a new virus causing over one thousand death and spreading with RO (basic reproductive number of infectious case) greater than 2 but the scientists are closing in on precisely identifying it, discovering curing medicine and developing vaccine preventing it to become epidemic or to reoccur. The world-wide media are covering coronavirus as a sensational news with typical exaggeration, rumors, sarcastic remarks, racial prejudice, and criticisms with some good and some bad intentions. In this article, we will, report only the facts and scientific knowledge to correct fake news and to reduce fear, panic and prejudice, such as headlines discriminating Chinese people on Wall Street Journal.

First, we start with the WHO Geneva conference (Feb 6 2020, <https://www.who.int/news-room/detail/06-02-2020-who-to-accelerate-research-and-innovation-for-new-coronavirus>). Scientists now have identified CV as a close cousin of viruses that infect bats, jumping from unconfirmed wild bats to intermediate host, possibly pangolins or other small mammals sold in Wuhan food market. Unfortunately, the rapid action of closing the Wuhan animal food market cut off the opportunity for scientists to collect more samples and observe more transmission cases to characterize more precisely what is the CV's origin, intermediate host and incubation process. Reading genomes of virus RNA studies, the scientists now know CV's genome has only 80% similarity with SARS virus (2003) but has closer similarity with virus found in bats in Zhoushan (舟山 90%) and Yunan (雲南96%). The 4% difference is still a big deal since we know human genome (DNA) has 98% similarity with Ape's. However, with today's scientific research capability, CV's ID and origin will soon be ascertained. We should be hopeful that cure and vaccine will come soon.

From epidemiology point of view, lethality, means of transmission and speed of spread (RO: the number of people infected from one virus carrier) are key information to estimate the impact, to devise prevention measures and to adopt a plan for handling the worst scenario. We already know that CV could have more impact on older and weaker people and nearly none on children (stronger natural immune system). From lethality data, we know fatality with early hospitalized CV patients was 15%, considering only severe cases, the fatality was as high as 30%, higher than the 10% cited for SARS in 2003 but less than 35% cited for MERS in 2012. If we include light cases of CV, the fatality drops to about 3%. If including no-symptom cases, the rate is even less.

Scientists have essentially understood the transmission means of CV through past experience and current studies of its molecular nature. Close

Mainstream and Organic Views Dr. David Wordman

contacts (about 6 feet) between person-to-person allow spread via respiratory droplets produced by an infected person from coughs or sneezes, making droplets to land in people's mouths or noses or eyes or possibly be inhaled into their lungs. Touching a surface or object having CV virus on it can transmit into one's own mouth, nose, or eyes, but the virus has a short lifespan (minutes) when ambient temperature is higher than 15 degree C or the object surface was sprayed with disinfectant. Based on the initial data, the RO range of CV is 1.4-2.5 (Jan 23, 2020 estimate which is being reduced as people separation and closing of cities took effect) comparing to missiles 12-18, smallpox 3.5-7, SARS 2-5 and flu 1.2-2.4. Hence, paying attention to disinfection, wearing mask and staying away from the sick and the crowd would be quite effective to prevent being infected.

Professor of Hygiene, Robert Koch (born 12-11-1843), a German scientist, had defined a standard for infectious virus: 1. Large number in patient; 2. Can be extracted out; 3. Can put in healthy person to cause sickness; and 4. Can find them in new patient. Rule 1 and 2 have been verified for CV by scientists with electronic microscope and DNA studies. (Zhu N et al, NEJM 2020, rule 1 and 2, and Huang C et al, Lancet 2020, rule 1). Rule 3 and 4 are partially proven by mice experiment (Zhou P et al, bioRxiv, 2020). Scientists knew that SARS came from bats (origin) through civet cats (middle host) and MERS from camel (Kau B et al, J. Virol 2005 and Samir JSM et al Science 2015), thus it is hopeful that soon the carriers of 2019-nCoV will be identified. Quick closing of Wuhan animal market did help stopping the spread of virus but also cut off its middle host trail unfortunately. However, scientists do know that CV did not come directly from bats (Huang C et al, Lancet, 2020).

The public reaction to the 2019-nCoV is quite varied; a large population were influenced by mass media and also by considerable information, correct or not, real or fake, and positive or negative discussions from the Internet. There are very wide range of sentiment towards the Wuhan outbreak of Coronavirus. Among China's close neighbors, the timely and sincere support came from Cambodia whose Prime Minister even visited Wuhan and Japan who had sent medical supplies despite of a number of Japanese citizens were diagnosed with CV on a cruise ship now being quarantined in Yokohama. The remote

countries like Australia and the U.S. seemed to be far more nervous championing early drastic measures and contemplating evacuating American citizens from China and stopping all travels to China despite of WHO's advice not to do so. The UN team did declare Wuhan as an emergency case but praised China's effective effort in containing the spread and her efficient actions in providing medical care, including building several hospitals with thousands of beds in a matter of ten days as well as mobilizing hundreds of thousands of voluntary medical professionals nationwide to join Wuhan and Hubei Province to battle the viral disease.

Among many criticisms, few are valid or reasonable. One fair criticism is that the early action of the officials in Wuhan as well as people in the know (as Wuhan's direct superiors or relevant health, medical and scientific professionals) are not excusable in not immediately recognizing the danger of this coronavirus. Over concern of early disclosure of information, which may cause public panic, might have delayed finding more effective measures in dealing with CV. For example, quarantining the Wuhan animal food market instead of just shut it completely down may be a smarter action allowing valuable leads to scientific research for understanding, cure and prevention of CV.

Judging from the many scientific publications by the Chinese scientists in the various prestigious international journals such as Nature, NEJM, J. of Virology, etc., one can appreciate the amount of hard work the scientific teams devoted to CV. However, in the situation of potential epidemic or pandemic disease, time and knowledge are the essence in solving the problem. The archaic publication rules of most prestigious journals - only accepting and publishing firsthand, original, complete and 'expert refereed' articles are the culprit for delaying vital information to be disseminated and shared. These rules may be useful for Nobel Prize Winner determination years down the road but they are destroying the scientific and medical community's opportunity to share early information and work collaboratively to save the society and thousands of lives. After all, saving human lives must be more valuable than winning a Nobel Prize.

I would like to suggest that organizations like WHO should maintain an open online website, called the Journal of Emergency, to allow and accept information submission pertaining to serious health and medical emergencies. Let the urgent information be openly shared with the world with no time delay. A large panel of experts can be invited to review such submissions and to validate their accuracy. This Internet open journal would be a great source of information to dispel the erroneous and inflammatory articles and rumors that flood our public mass media and private news or chat rooms. A recent good news revealed that doctors had found anti-CV agent in recovered CV patient's blood. Hopefully, the current 2019-nCoV crisis will be soon solved by Chinese researchers with the help of international scientific community. Hopefully, we can document what we have learned from the 2019-CoV all in the Journal of Emergency.