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Southern DAILY

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Southern Daily News is published by Southern News Group Daily

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Wednesday, November 18 2020 | www.today-america.com | Southern News Group

Biden names top White House aides as doctors urge Trump to cooperate on COVID-19



WILMINGTON, Del. (Reuters) - President-elect Joe Biden on Tuesday named several senior staffers for his White House, while his top coronavirus advisers warned President Donald Trump's stalling of the official transition could compromise the country's pandemic response. Democrat Biden has been preparing to take over the presidency on Jan. 20, meeting with advisers and mapping out his plans to combat the disease, despite Republican Trump's increasingly dubious effort to reverse the outcome of the Nov. 3 election.

Campaign manager Jen O'Malley Dillon, the first woman to lead a winning Democratic presidential bid, will serve as deputy chief of staff in the Biden administration, his transition office said in a statement.

Longtime advisers Mike Donilon and Steve Ricchetti will join as senior advisor to the president and counselor to the president, respectively. Dana Remus, the campaign's top lawyer, will be counsel to the president.

Another close adviser, Ron Klain, was

already named chief of staff. U.S. Representative Cedric Richmond, who was a national co-chair of Biden's campaign and former chair of the Congressional Black Caucus, will vacate a House seat in Louisiana to join as a senior adviser and director of the White House Office of Public Engagement. The five-term lawmaker has some experience bridging gaps between the parties, which could help Biden advance his priorities in Congress.

Biden could still be weeks away from naming his Cabinet.

His administration will face an intensifying pandemic that has killed more than 247,000 people in the United States and shows no sign of slowing.

Trump's refusal to concede has put the normal transition to an incoming administration in limbo, with federal funding and office space still on hold until the administration recognizes Biden as election winner.

RELATED COVERAGE

The Biden administration: Top staff and Cabinet contenders

Trump campaign drops suit against Wisconsin NBC affiliate over ad In a call with reporters on Tuesday, former U.S. Surgeon General Vivek Murthy, who co-chairs Biden's COVID-19 task force, said blocking Biden transition advisers from meeting with government experts could harm their ability to confront the pandemic next year.

Several doctors and nurses associations published a letter on Tuesday urging the Trump administration to share critical COVID-19 data, such as equipment inventories, medical supplies and hospital bed capacity, with Biden's team.

Biden has also not been able to receive the classified intelligence briefings normally afforded a president-elect. He met instead with his own panel of national security experts, including several under consideration for top foreign policy posts, such as former Deputy U.S. Secretary of State Antony Blinken, former Deputy National Security Adviser Avril Haines and former U.S. Ambassador to the United Nations Samantha Power.

"You know that I've been unable to get the briefings that ordinarily would have come by now," Biden said during a brief

glimpse of the meeting offered to a small pool of reporters. "And so I just want to get your input on what you see ahead."

Biden said he had spoken to 13 foreign heads of state thus far, telling them, "America's back. And it's no longer America alone." He spoke on Tuesday to Israeli Prime Minister Benjamin Netanyahu, a Trump ally, as well as the leaders of India, South Africa and Chile. CLEAR BIDEN VICTORY Trump has repeatedly claimed without evidence he is the victim of widespread voter fraud, and his campaign has filed a flurry of lawsuits in battleground states. Election officials in both parties have said they see no evidence of serious irregularities.

Biden won the national popular vote by more than 5.6 million votes, or 3.6 percentage points, with some ballots still being counted. In the state-by-state Electoral College that determines the winner, Biden has secured 306 votes to Trump's 232.

A hearing here on one of Trump's legal challenges was underway on Tuesday in a Pennsylvania federal court, where another setback would likely doom his

already slim chances.

U.S. District Judge Matthew Brann was weighing arguments in a Trump campaign lawsuit that seeks to block the state's top election official from certifying Biden as the winner.

To remain in office, Trump would need to overturn results in at least three of the closely contested states in unprecedented fashion, and has no apparent legal means to do so.

Trump supporters are also clinging to hope that recounts could reverse state results, even though experts have said Biden's margins appear insurmountable.

Georgia is undertaking a manual recount on its own, but in Wisconsin the Trump campaign would have to pay for a recount in advance. The Wisconsin Elections Commission on Monday estimated such a recount would cost \$7.9 million; Trump has till Wednesday to decide.

Georgia's Republican secretary of state, Brad Raffensperger, accused Republican Senator Lindsey Graham of appearing to suggest he find a way of discounting legally cast ballots, an allegation Graham called "ridiculous."

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WEA LEE'S GLOBAL NOTES

11/17/2020

CORONAVIRUS DIARY

Help Is On The Way

A second U.S. vaccine has arrived with a high rate of success to fight COVID-19.

Moderna announced today its vaccine was 94.5% effective against the coronavirus.

Vaccinations could begin in the nation in the second half of December, starting with high-risk groups and becoming available for the rest of the population in spring.

President-elect Joe Biden is moving forward with his transition plans, but he needs access to the current Trump government's vaccine distribution

plans as COVID-19 cases worsen in the U.S.

Over a million children under the age of 18 have been diagnosed with COVID-19 in the United States since the start of the pandemic. The U.S. has now surpassed 11 million cases with 1 million cases recorded in less than a week as the virus continues to spread at an unprecedented speed.

In Washington, D.C., President Trump insists that he is not conceding the U.S. election, despite seemingly acknowledging for the first time that Democrat Joe Biden won. Trump said,



"He won because the election was rigged."

We are so glad the vaccine is on the way. We all hope this will end this human tragedy in our current history.



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BUSINESS

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Covid-19 Hits Rural Nursing Homes



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

Covid-19 deaths among vulnerable nursing-home residents are surging again, with the virus increasingly spreading to rural facilities that are struggling with staff shortages and other challenges. Nursing homes reported more than 1,900 resident deaths from Covid-19 in the last week of October, as well as more than 32,000 confirmed and suspected cases among staff and residents, according to newly released federal data analyzed by The Wall Street Journal. Those nationwide totals at the facilities were the highest since early August, when states including Texas and Florida were seeing increases. This time, the virus is infiltrating a far-flung range of facilities, with a growing share of the deaths occurring in rural and small-town communities in states such as Wisconsin, North Dakota and Montana, where case counts have climbed rapidly. The pattern tracks how the virus is spreading more broadly throughout the U.S., hitting regions that had been largely spared earlier in the pandemic.

"Nursing homes are not isolated from what happens in the community," said Carrie Henning-Smith, an associate professor at the University of Minnesota School of Public Health. "We're seeing this run rampant through rural communities."



Facilities in rural counties reported 18% of nursing-home Covid-19 deaths in the week ending Nov. 1, though they housed only 10% of the overall population, according to the Journal's analysis of weekly survey data from the Centers for Medicare and Medicaid Services. Small-town counties saw 17% of the nursing-home deaths, though facilities there have only 12% of the total residents. At Lutheran Sunset Home, a 91-bed facility in Grafton, N.D., 55 residents and 46 staffers have been infected since an outbreak started in late October, after Covid-19 infections hit a high rate in the surrounding county. Five residents infected with the coronavirus have died. Staffers following recommended precautions, but "it still spread like wildfire," said Trevor Tompkins, the administrator of the nonprofit facility. "To put it bluntly, we're in hell."

The trend is a turnaround from the spring, when nursing homes in large cities such as New York were seeing major outbreaks. Facilities in the most urban counties represented around one-third of nursing-home deaths in late May and early June, and only 9% in the most recent week of the data. Rural nursing homes were tied to only 4% of the deaths in late May, compared with their recent share of 18%.



Overall, U.S. long-term-care facilities have been

tied to more than 90,000 Covid-19 deaths since the start of the pandemic, according to a Wall Street Journal tally of recent state, local and federal data. Over time, long-term care deaths have tended to represent around 40% of all Covid-19 deaths. Northern Montana Care Center, in Havre, didn't have a single case of Covid-19 through the spring and summer, even as the virus devastated facilities on both coasts. But after Covid-19 began spreading in the region, the nursing home saw its first positive test in late September. Eventually, the outbreak spread to 35 of the facility's 68 residents, killing 16.

"It came into our community and it came strong, and it just found its way into our facility," said Christen Obresley, the nursing home's administrator. She said the infection likely arrived through an asymptomatic staff member, though the facility had followed state and federal guidelines on testing and infection control. The resurgence in nursing-home cases and deaths comes despite new federal requirements that facilities in counties with high Covid-19 rates test staff as often as twice a week, in an effort to detect and stem outbreaks quickly. Many nursing homes have declined to use federally provided rapid-testing equipment, citing concerns including accuracy, yet face delays in getting results from labs. Some facilities have continued to report shortages of protective gear such as N95 masks, a major problem earlier in the pandemic.



Staffing for many nursing homes outside large metropolitan areas has long been a particular problem, according to researchers and nursing-home administrators. The pandemic has created a crisis for some facilities that can't find temporary workers to fill in when employees must stay home to quarantine. "The more isolated the community, the harder it is to bring in workforce," said Shawnda Schroeder, a research associate professor focused on rural health at the University of North Dakota. Other challenges rural nursing homes face, researchers said, can include smaller buildings that make it hard to isolate infected residents. Rural nursing homes sometimes lack easy access to a hospital or doctor, after closures of many rural hospitals in recent years. A CMS spokeswoman said the agency has "taken an

unprecedented number of public health actions to support nursing homes on Covid-19," including regulatory moves to ease staffing crunches and allow more use of telehealth, which can help rural facilities that aren't close to physicians or hospitals. Guardian Angels Health & Rehabilitation Center in Hibbing, Minn., drew on employees from other facilities owned by the same nonprofit. It put nursing administrators to work in front-line positions and brought in some temporary agency workers, who had to be put up in hotels. Still, in an outbreak that affected 39 residents and 30 employees in September and October, the facility needed help from five National Guard members, who filled in for nine days in early October. Ten residents died.



"Staffing was tight in the first place," said Scot Allen, a vice president at St. Francis Health Services of Morris, which owns the Hibbing facility. "Then you add in the impact of Covid...It's very precarious."

Some rural facilities have been overwhelmed. After an outbreak beginning in early October that sickened all 61 residents, Andbe Home, in Norton, Kan., received an Oct. 26 letter from CMS threatening it with removal from the Medicare program. State and federal regulators found the nursing home's response to the outbreak, which has led to 20 deaths through Nov. 10, had placed residents in "immediate jeopardy."

An outside company, Mission Health Communities LLC, is now temporarily overseeing the facility. Cheri Kauset, a Mission Health vice president, said the company is working to help Andbe get back into compliance with regulatory requirements. "We have seen good progress," she said. (Courtesy msn.com)

Related

Why rural cases are 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)

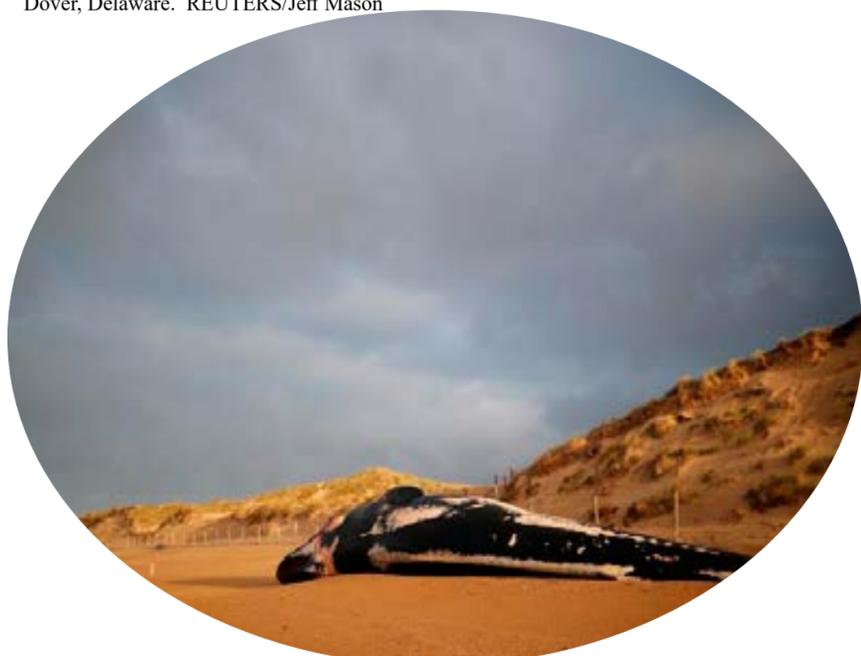
Editor's Choice



U.S. Vice President Mike Pence, with acting U.S. Defense Secretary Christopher Miller, Joint Chiefs of Staff General Mark Milley and other military leaders and officials, greet the transfer case holding the remains of U.S. Army Staff Sgt. Kyle R. McKee, of Painesville, Ohio, who was killed in a helicopter accident in Egypt, during a dignified transfer at Dover Air Force Base, in Dover, Delaware. REUTERS/Jeff Mason



An El Paso County Sheriff's Officer tries to block photographs from being taken as bodies are moved to refrigerated trailers, deployed during a surge of coronavirus deaths, outside the County of El Paso Medical Examiner's Office in El Paso, Texas. REUTERS/Ivan Pierre Aguirre



A view shows the dead body of a fin whale which was found stranded on a beach last Saturday in Saint-Hilaire-de-Riez, France. REUTERS/Stephane Mahe



A healthcare worker wearing personal protective equipment (PPE) collects a swab sample from a woman amidst the spread of the coronavirus, at a wholesale market, in the old quarters of Delhi, India. REUTERS/Adnan Abidi



Alexei Dudoladov, student and popular blogger, is seen on a birch tree for better cellular network coverage in his remote Siberian village of Stankevichi, Russia. REUTERS/Alexey Malgavko



A man parks his low rider car as two boys look on outside one of the city's most popular restaurants amid the coronavirus outbreak, in El Paso, Texas. REUTERS/Ivan Pierre Aguirre



A man walks in front of water cascades over the Caban Coch dam in the Elan Valley, Wales, Britain. REUTERS/Carl Recine



Issa Kassissieh, wearing a Santa Claus costume, sits next to a Christmas tree on a salt formation in the Dead Sea, in an event organized by Israel's tourism ministry, near Ein Bokeq, Israel. REUTERS/Amir Cohen

Efforts Underway To Develop Safe And Effective Drugs To Treat COVID-19

Melatonin, An Over-the-Counter Sleep Aid, May Help Prevent And Treat COVID-19



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

Results from a new Cleveland Clinic-led study suggest that melatonin, a hormone that regulates the sleep-wake cycle and is commonly used as an over-the-counter sleep aid, may be a viable treatment option for COVID-19.

As COVID-19 continues to spread throughout the world, particularly with cases rising during what some have termed the "fall surge," repurposing drugs already approved by the U.S. Food and Drug Administration for new therapeutic purposes continues to be the most efficient and cost-effective approach to treat or prevent the disease.

According to the findings published today in PLOS Biology, a novel artificial intelligence platform developed by Lerner Research Institute researchers to identify possible drugs for COVID-19 repurposing has revealed melatonin as a promising candidate.

Melatonin usage may help prevent COVID-19 infection

Analysis of patient data from Cleveland Clinic's COVID-19 registry also revealed that melatonin usage was associated with a nearly 30% reduced likelihood of testing positive for SARS-CoV-2 after adjusting for age, race, smoking history and various disease comorbidities. Notably, the

reduced likelihood of testing positive for the virus increased from 30 to 52 percent for African Americans when adjusted for the same variables.



"It is very important to note these findings do not suggest people should start to take melatonin without consulting their physician," said Feixiong Cheng, PhD, assistant staff in Cleveland Clinic's Genomic Medicine Institute and lead author on the study. "Large-scale observational studies and randomized controlled trials are critical to validate the clinical benefit of melatonin for patients with COVID-19, but we are excited about the associations put forth in this study and the opportunity to further explore them."

Here, the researchers harnessed network medicine methodologies and large-scale electronic health records from Cleveland Clinic patients to identify clinical manifestations and pathologies common between COVID-19 and other

diseases. Specifically, they measured the proximity between SARS-CoV-2 host genes/proteins and those well-associated with 64 other diseases across several disease categories (malignant cancer and autoimmune, cardiovascular, metabolic, neurological and pulmonary diseases), where closer proximity indicates a higher likelihood of pathological associations between the diseases.

They found, for example, that proteins associated with respiratory distress syndrome and sepsis, two main causes of death in patients with severe COVID-19, were highly connected with multiple SARS-CoV-2 proteins. "This signals to us, then," explained Dr. Cheng, "that a drug already approved to treat these respiratory conditions may have some utility in also treating COVID-19 by acting on those shared biological targets."



Overall, they determined that autoimmune (e.g., inflammatory bowel disease), pulmonary (e.g., chronic obstructive pulmonary disease and pulmonary fibrosis) and neurological (e.g., depression and attention-deficit hyperactivity disorder) diseases showed significant network proximity to SARS-CoV-2 genes/proteins and identified 34 drugs as repurposing candidates, melatonin chief among them.

"Recent studies suggest that COVID-19 is a systematic disease impacting multiple cell types, tissues and organs, so knowledge of the complex interplays between the virus and other diseases is key to understanding COVID-19-related complications and identifying repurposable drugs," said Dr. Cheng. "Our study provides a powerful, integrative network medicine strategy to predict disease manifestations associated with COVID-19 and facilitate the search for an effective

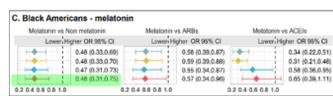
treatment." (Courtesy https://consultqd.clevelandclinic.org/)

Related

Does Melatonin Offer Promise In Treating COVID?

By now you've all heard the news that the Moderna vaccine for COVID-19 has been 95 percent effective in early testing. Obviously this is great to hear, and the only thing I have to add is that it's good news for more than just its success against the coronavirus. Both Pfizer and Moderna employed an innovative mRNA technique to develop their vaccines, and the fact that they appear to be spectacular successes provides us with a ton of hope that this might usher in a whole new era of vaccine development. It's too early to say anything for sure, but the prospects of a huge breakthrough in vaccine development are pretty exciting. Now, a recent study has provided another bit of good news. A team of researchers led by the Cleveland Clinic took a dive into a database of 26,779 individuals looking for possible associations between COVID-19 and other diseases and found something pretty interesting:

We found that melatonin was significantly associated with a 52% reduced likelihood of a positive laboratory test result for SARS-CoV-2 in black Americans after adjusting for age, sex, race, smoking, and various disease comorbidities.



A 52 percent reduction in positive tests is pretty spectacular. (White patients also benefited, but showed only a 23 percent reduction.)

WARNING: Every research result like this is tentative. It's only one study, it might be biased, etc. In this case, though, the warnings need to be doubled or tripled. The researchers essentially just fed some data into a computer and looked for any two variables with significant correlations. This is normally a big no-no and can't be taken to prove much of anything. So take this result as very, very

tentative.

So why did they do it? That's easy: the purpose of a study like this is to identify things that deserve further study. By itself it might not provide strong evidence about melatonin, but it clearly identifies melatonin as something that should be the subject of a good RCT or other, more reliable, study designs:

Large-scale observational studies and randomized controlled trials are needed to validate the clinical benefit of melatonin for patients with COVID-19. It would be important, however, that the trials be designed with the understanding of the mechanism of the drug to be repurposed. For example, it would be obvious that drugs that decrease viral entry, e.g., part of melatonin's action, would be beneficial in preventing infection or very early in the COVID-19 course, but may be inconsequential when utilized in severe or end-stage infection. Several randomized controlled trials are being performed to test the clinical benefits of melatonin in patients with COVID-19.



If the results eventually pan out, they will provide us with two things. First, we'd have a cheap and easy way of reducing the risk of COVID-19. Second, it might provide a clue about why COVID is so devastating to Black patients. And in the meantime, melatonin is cheap and harmless. Nobody should start taking without talking to a doctor. And don't misunderstand and assume that if you're taking it you don't have to wear a mask or socially distance yourself anymore. (Courtesy www.motherjones.com)

Advertisement for Tang Ho, M.D., M.Sc., a plastic and reconstructive surgeon. Includes contact information for his clinic in Houston and a list of services such as rhinoplasty and eyelid surgery.

Advertisement for CHIRO 1ST REHABILITATION, P.A., a chiropractic clinic. Features a list of services, a photo of a patient being treated, and contact information for Dr. Wang Jian Sen.

Advertisement for ALLCARE MEDICAL CENTER, featuring Dr. Shengjun Xie and Dr. Gao Feng. Lists various medical services and contact details for their respective clinics.

Advertisement for CLAREWOOD CHIROPRACTIC CLINIC, featuring Dr. Eric S. Liu. Promotes chiropractic and acupuncture services for various conditions like back pain and injuries.

Large advertisement for HOUSTON INDEPENDENT SCHOOL DISTRICT NOTICE TO PROPOSERS. Details the process for submitting proposals for various projects, including deadlines and contact information for David Teer.