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Inside C2

Southern DAILY

Make Today Different

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COVID-19 surge hits Asia; Tokyo, Thailand, Malaysia post record infections

July 31 (Reuters) - The Olympics host city Tokyo, as well as Thailand and Malaysia, announced record COVID-19 infections on Saturday, mostly driven by the highly transmissible Delta variant of the disease.

The surge in Delta variant cases is rattling parts of Asia previously relatively successful in containing COVID-19, such as Vietnam, which will from Monday impose strict curbs on movement in several cities and provinces. [read more](#)

Cases also surged in Sydney, where police cordoned off the central business district to prevent a protest against a strict lockdown that will last until the end of August.

Police in Sydney closed train stations, banned taxis from dropping passengers off downtown and deployed 1,000 officers to set up checkpoints and to disperse groups.

The government of New South Wales reported 210 new infections in Sydney and surrounding areas from the Delta variant outbreak. [read more](#)

Tokyo's metropolitan government announced a record number of 4,058 infections in the past 24 hours. Olympics organisers reported 21 new COVID-19 cases related to the Games, bringing the total to 241 since July 1.

A day earlier Japan extended its state of emergency for Tokyo to the end of August and expanded it to three prefectures near the capital and to the western prefecture of Osaka.

Olympics organisers said on Saturday they had revoked accreditation of a Games-related person or people for leaving the athletes' village for sightseeing, a violation of measures imposed to hold the Olympics safely amid the pandemic.

The organisers did not disclose how many people were involved, if the person or people were athletes, or when the violation took place. [read more](#)

Malaysia, one of the hotspots of the disease, reported 17,786 coronavirus cases on Saturday, a record high.



More than 100 people gathered in the centre of Kuala Lumpur expressing dissatisfaction with the government's handling of the pandemic and calling on Prime Minister Muhyiddin Yassin to quit.

Protesters carried black flags and held up placards that read "Kerajaan Gagal" (failed government) – a hashtag popular on social media for months.

Thailand also reported a daily record high of 18,912 new coronavirus infections, bringing its total cases to 597,287. The country also reported 178 new deaths, also a daily record.

The government said the Delta variant accounted for more than 60% of the cases in the country and 80% of the cases in Bangkok. The variant is not necessarily more lethal than other variants, but much more transmissible, said Supakit Sirilak, the director-general of Thailand's Department of Medical Sciences.

At Thammasat University Hospi-

tal near the capital Bangkok, a morgue overwhelmed by COVID-19 deaths has begun storing bodies in refrigerated containers, resorting to a measure it last took in a 2004 tsunami, a hospital director said. [read more](#)

China is battling an outbreak of the Delta variant in the eastern city of Nanjing which has been traced to airport workers who cleaned a plane which had arrived from Russia. [read more](#)

Vietnam, grappling with its worst COVID-19 outbreak, announced that from Monday it will impose strict curbs on movement in its business hub Ho Chi Minh City and another 18 cities and provinces throughout its south for another two weeks.

COVID-19 infections have increased by 80% over the past four weeks in most regions of the world, WHO Director-general Tedros Adhanom Ghebreyesus said on Friday.

"Hard-won gains are in jeopardy or being lost, and health systems in many countries are being overwhelmed," Tedros told a news conference. [read more](#)

The Delta variant, first detected in India, is as contagious as chickenpox and far more contagious than the common cold or flu, the U.S. Centers for Disease Control said in an internal document reported this week. [read more](#)



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Cuba receives food, medicine donations
from allies to ease crisisOpen Air Film

HAVANA, July 30 (Reuters) - Cuba this week received shipments of food and medical supplies from allies Mexico, Russia and Bolivia in a bid to ease shortages and discontent amid the island's worst economic crisis in decades and a surge in coronavirus cases.

The donations, which authorities started distributing on Friday, come nearly three weeks after unprecedented protests broke out nationwide, spurred by frustrations with dire economic conditions and curbs on civil freedoms.

Cuba blames the unrest on U.S.-backed mercenaries exploiting hardships it says were largely brought about by decades of U.S. sanctions and disguising attempts at unrest through the campaign #SOSCuba calling for humanitarian aid.

Now it has taken back the humanitarian relief narrative, with the help of allies that have also blamed the U.S. trade embargo for much of Cuba's woes.

On Friday, a Mexican navy ship carrying 1,000 tonnes of beans as well as medical equipment and oxygen for COVID-19 patients arrived in the country, which currently has one of the highest infection rates per capita in the world. Two more will arrive shortly, Interior Commerce Minister Betsy Díaz said late on Friday on state television.

"I want to personally thank President Andrés Manuel López Obrador who ... has ratified Mexico's traditional rejection of the blockade and its will to help Cuba," Cuban Trade Minister Rodrigo Malmierca said at the ship-receiving ceremony.

Pedro Monreal, author of a popular blog on Cuban economics, said the relief was "positive as an emergency measure" given the seriousness of the simultaneous health, economic and political crises.

"This has a humanitarian and political angle," he said. "But when you look at the long term, its relative weight is low."



Ricardo Torres, an economist with the Havana-based Center for the Study of the Cuban Economy, calculated, for example, that Vietnam's promised donation of around 12,000 tonnes of rice would yield some 2 pounds per Cuban.

Cuba's Minister of Foreign Trade and Foreign Investment Rodrigo Malmierca delivers a speech next to Mexico's Navy multipurpose ship Arm Libertador Bal-02, that just arrived with humanitarian aid at the port of Havana, Cuba, July 30, 2021. REUTERS/Alexandre Meneghini

Editor's Choice



Gold medallist Elaine Thompson-Herah of Jamaica celebrates after winning the women's 100m final. REUTERS/Phil Noble



Rim Nakamura of Japan in action during the BMX freestyle. REUTERS/Christian Hartmann



Gold medallist Caeleb Dressel of the United States poses with his medal during the men's 100m butterfly medal ceremony. REUTERS/Carl Recine



An aerial view shows houseboats anchored in low water levels at Lake Oroville, which is the second-largest reservoir in California and according to daily reports of the state's Department of Water Resources is near 35% capacity, near Oroville, California, June 16, 2021. REUTERS/Aude Guerrucci



Edie Armstrong reacts when she hears that her son, U.S. swimmer Hunter Armstrong, will be moving on after just making it through the men's 100m backstroke preliminary race during the Olympic Games, in Dover, Ohio, July 25, 2021. "That gave me a small...MORE



A Miami-Dade County police boat sits at anchor as emergency workers conduct search and rescue efforts at the site of a partially collapsed residential building in Surfside, near Miami Beach, Florida, June 30. REUTERS/Joe Skipper

Needed Or Not, COVID Booster Shots Are Likely Coming In The Near Future



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

The drugmaker Pfizer recently announced that vaccinated people are likely to need a booster shot to be effectively protected against new variants of covid-19 and that the company would apply for Food and Drug Administration emergency use authorization for the shot. Top government health officials immediately and emphatically announced that the booster isn't needed right now — and held firm to that position even after Pfizer's top scientist made his case and shared preliminary data with them last week. This has led to confusion. Should the nearly 60% of adult Americans who have been fully vaccinated seek out a booster or not? Is the protection that has allowed them to see loved ones and go out to dinner fading? Ultimately, the question of whether a booster is needed is unlikely to determine the FDA's decision. If recent history is predictive, booster shots will be here before long. That's because of the outdated, 60-year-old basic standard the FDA uses to authorize medicines for sale: Is a new drug "safe and effective"? The FDA, using that standard, will very likely have to authorize Pfizer's booster for emergency use, as it did the company's prior covid shot. The booster is likely to be safe — hundreds of millions have taken the earlier shots — and Pfizer reported that it dramatically increases a vaccinated person's antibodies against SARS-CoV-2. From that perspective, it may also be considered very effective. But does that kind of efficacy matter? Is a higher level of antibodies needed to protect vaccinated Americans? Though antibody levels may wane some over time, the current vaccines deliver perfectly good immunity so far. What if a booster is safe and effective in one sense but simply not needed — at least for now?



(IRFAN KHAN / LOS ANGELES TIMES VIA GETTY IMAGES)

Reliance on the simple "safe and effective" standard — which sounds reasonable — is a relic of a time when there were far fewer and simpler medicines available to treat diseases and before pharmaceutical manufacturing became one of the world's biggest businesses. The 1962 Kefauver-Harris Amendments to the Federal Food, Drug and Cosmetic Act set out more specific requirements for drug approval: Companies must scientifically prove a drug's effectiveness through "adequate and well-controlled studies." In today's pharmaceutical universe, a simple "safe and effective" determination is not always an adequate bar, and it can be manipulated to sell drugs of questionable value. There's also big money involved: Pfizer is already projecting \$26 billion in covid revenue this year. The United States' continued use of this standard to let drugs into the market has led to the approval of expensive, not necessarily very effective drugs. In 2014, for example, the FDA approved a toenail fungus drug that can cost up to \$1,500 a month and that studies showed cured fewer than 10% of patients after a year of treatment. That's more effective than doing nothing but less effective and more costly than

a number of other treatments for this bothersome malady.



It has also led to a plethora of high-priced drugs to treat diseases like cancers, multiple sclerosis and Type 2 diabetes that are all more effective than a placebo but have often not been tested very much against one another to determine which are most effective. In today's complex world, clarification is needed to determine just what kind of effectiveness the FDA should demand. And should that be the job of the FDA alone? In most industrialized countries, broad access to the national market is a two-step process, said Aaron Kesselheim, a professor of medicine at Harvard Medical School who studies drug development, marketing and law and recently served on an FDA advisory committee. The first part certifies that a drug is sufficiently safe and effective. That is immediately followed by an independent health technology assessment to see where it fits in the treatment armamentarium, including, in some countries, whether it is useful enough to be sold at all at the stated price. But there's no such automatic process in the U.S.



When Pfizer applies for authorization, the FDA may well clear a booster for the U.S. market. The Centers for Disease Control and Prevention, likely with advice from National Institutes of Health experts, will then have to decide whether to recommend it and for whom. This judgment call usually determines whether insurers will cover it. Pfizer is likely to profit handsomely from a government authorization, and the company will gain some revenue even if only the worried well, who can pay out-of-pocket, decide to get the shot. To make any recommendation on a booster, government experts say they need more data. They could, for example, as Dr. Anthony Fauci has suggested, eventually green-light the additional vaccine shot only for a small group of patients at high risk for a deadly infection, such as the very old or transplant recipients who take immunosuppress-

sant drugs, as some other countries have done. But until the United States refines the FDA's "safe and effective" standard or adds a second layer of vetting, when new products hit the market and manufacturers promote them, Americans will be left to decipher whose version of effective and necessary matters to them. (Courtesy <https://khn.org>)

Related
'Now they want the vaccine': Houston ER Docs Speak From Front Line Of Latest COVID Surge

The fourth COVID-19 wave is like a sequel to a movie that no one ever wanted to watch in the first place, said Dr. Gina Blocker, attending emergency physician at Baylor St. Luke's Hospital. "This feels like a part two with additional scenes," said Blocker, who feels this recent surge could have been avoided had more Houstonians been vaccinated. In Harris County, the number of active coronavirus cases has nearly tripled — from 3,076 to 8,431 — since the beginning of July, as the hypercontagious delta variant spreads rapidly among young, and primarily unvaccinated, Texans.



Signs for Harris County Health Dept., mass vaccination site at NRG on Monday, July 26, 2021. (Photo: Elizabeth Conley, Houston Chronicle / Staff photographer)

Blocker sees an average of 20-25 patients a day, at least half of whom test positive for COVID. Every COVID patient she has seen in the last three weeks has been unvaccinated. And doctors throughout the Houston area, where only slightly more than half the eligible population is fully vaccinated, are seeing a similar pattern. Dr. Hilary Fairbrother, associate professor of emergency medicine at UTHealth and Memorial Hermann, said nearly 100 percent of people testing positive for COVID at Memorial Hermann are unvaccinated or partially vaccinated with only one Pfizer or Moderna shot. A single shot of Pfizer or Moderna is only about 30 percent effective in protecting from COVID symptoms, Fairbrother said. While the delta variant is much more contagious than the original coronavirus strain, Fairbrother said it has many of the same symptoms: fever, cough, shortness of breath, vomiting and diarrhea. "The virus, while we are calling it something different, is remarkably the same," Fairbrother said. "We have changed the population of peo-

ple who are at risk of getting really sick. We can expect people who are not vaccinated to be more likely to get the delta variant because it's twice as infectious as the original."



The Texas Medical Center is seen looking south from the Warwick Tower, Friday, Jan. 19, 2018, in Houston.

Fourth COVID wave on the horizon, could overwhelm emergency rooms, Houston medical leaders warn.

While vaccine hesitancy remains a big hurdle in Houston, Blocker says many of her patients are desperate for a shot after learning their diagnosis.

"Most people are shocked when I tell them they have COVID," Blocker said. "I've had a handful of people beg me for the vaccine — now they want the vaccine. The time of diagnosis is not when we administer the vaccine."

Last week, the number of lab-confirmed COVID hospitalizations statewide broke 4,000 for the first time since March, a figure that coincided with a White House announcement that 40 percent of all new cases were recorded in Texas, Missouri and Florida. More than 1,000 people are testing positive per day for COVID-19 in the greater Houston region, which is more than seven times last month's daily average, according to the Texas Medical Center.



Dr. Richina Bicette, assistant professor of emergency medicine at Baylor College of Medicine, has been treating COVID patients since March 2020.

Bicette said the latest wave will be different because doctors know what they are fighting. And there are vaccines that prevent the worst COVID outcomes, she said.

"At this point, there is little excuse for people to get severely ill from COVID-19; we have something to combat this," Bicette said. "I don't understand why people would choose otherwise. This is a public health crisis at this point." (Courtesy <https://www.houstonchronicle.com/>)

COMMUNITY

For Health Care Workers, The Pandemic Is Fueling Renewed Interest In Unions



Nurses at Albany Medical Center picketed on Dec.1, asking for more personal protective equipment. They say they're having to reuse N95 masks up to 20 times. (Photo/Hans Pennink)

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

In September, after six months of exhausting work battling the pandemic, nurses at Mission Hospital in Asheville, N.C., voted to unionize. The vote passed with 70%, a high margin of victory in a historically anti-union state, according to academic experts who study labor movements. The nurses had originally filed paperwork to hold this vote in March but were forced to delay it when the pandemic began heating up. And the issues that had driven them toward unionizing were only heightened by the crisis. It raised new, urgent problems too, including struggles to get enough PPE, and inconsistent testing and notification of exposures to COVID-positive patients. They're far from alone in their complaints. For months now, front-line health workers across the country have faced a perpetual lack of personal protective equipment, or PPE, and inconsistent safety measures. Studies show they're more likely to be infected by the coronavirus than the general population, and hundreds have died, according to reporting by KHN and The Guardian. Many workers say employers and government systems that are meant to protect them have failed. Research shows that health facilities with unions have better patient

outcomes and are more likely to have inspections that can find and correct workplace hazards. One study found New York nursing homes with unionized workers had lower COVID-19 mortality rates, as well as better access to PPE and stronger infection control measures, than nonunion facilities.



Members of the Union of American Physicians and Dentists went on a two-day strike in November asking for more N95 masks. MultiCare found another vendor for N95s and said it would provide them by mid-December.

"The urgency and desperation we've heard from workers is at a pitch I haven't experienced before in 20 years of this

work," said Cass Gualvez, organizing director for Service Employees International Union-United Healthcare Workers West in California. "We've talked to workers who said, 'I was dead set against a union five years ago, but COVID has changed that.' " Labor experts say it's too soon to know if the outrage over working conditions will translate into an increase in union membership, but early indications suggest a small uptick. Of the approximately 1,500 petitions for union representation posted on the National Labor Relations Board website in 2020, 16% appear related to the health care field, up from 14% the previous year. In Colorado, SEIU Local 105 health care organizing director Stephanie Felix-Sowy said her team is fielding dozens of calls a month from nonunion workers interested in joining. Not only are nurses and respiratory therapists reaching out, but dietary workers and cleaning staff are as well, including several from rural parts of the state where union representation has traditionally been low.

"The pandemic didn't create most of the root problems they're concerned about," she said. "But it amplified them and the need to address them."



In response to union actions, many hospitals across the country have said worker safety is already their top priority, and unions are taking advantage of a difficult situation to divide staff and management, rather than working together.

Inside Mission Hospital

The nurses at Mission Hospital say administrators have minimized and disregarded their concerns, often leaving them out of important planning and decision-making in the hospital's COVID-19 response. Early in the pandemic, staffers struggled to find masks and other protective equipment, said nurses interviewed for this story. The hospital discouraged them from

wearing masks one day and required masks 10 days later. The staff wasn't consistently tested for COVID-19 and often not even notified when exposed to COVID-positive patients. According to the nurses and a review of safety complaints made to federal regulators, the concerns persisted for months. And some nurses said the situation fueled doubts about whether hospital executives were prioritizing staff and patients, or the bottom line.

In a statement, Mission Health said it has adequate staffing and is aggressively recruiting nurses. "We have the beds, staffing, PPE supplies and equipment we need at this time and we are well-equipped to handle any potential surge," spokesperson Nancy Lindell wrote. The hospital has required universal masking since March and requires staff members who test positive to stay home, she added.



Although the nurses didn't vote to unionize until September, Waters said, they began acting collectively from the early days of the pandemic. They drafted a petition and sent a letter to administrators together. When the hospital agreed to provide advanced training on how to use PPE to protect against COVID transmission, it was a small but significant victory, Waters said. "Seeing that change brought a fair number of nurses who had still been undecided about the union to feel like, 'Yeah, if we work together, we can make change,'" she said.

Old concerns heightened

Even as union membership in most industries has declined in recent years, health workers unions have remained relatively stable: Around 7% of health care and social services workers are in unions Experts say it's partly because of the focus on patient care issues, like safe staffing ratios, which resonate widely and have only

grown during the pandemic.

At St. Mary Medical Center outside Philadelphia, short staffing led nurses to strike in November. Donna Halpern, a nurse on the cardiovascular and critical care unit, said staffing had been a point of negotiation with the hospital since the nurses joined the Pennsylvania Association of Staff Nurses and Allied Professionals in 2019.



In Colorado, where state inspection reports show understaffing led to a patient death at a suburban Denver hospital, SEIU Local 105 has launched a media campaign about unsafe practices by the hospital's parent company, HealthOne. The union doesn't represent HealthOne employees, but union leaders said they felt compelled to act after repeatedly hearing concerns.

In a statement, HealthOne said staffing levels are appropriate across its hospitals and it is continuing to recruit and hire staff members. COVID-19 is also raising entirely new issues for workers to organize around. At the forefront is the lack of PPE, which was noted in one-third of the health worker deaths catalogued by KHN and The Guardian. Nurses at Albany Medical Center in New York picketed on Dec. 1 with signs demanding PPE and spoke about having to reuse N95 masks up to 20 times.

"An experience like treating patients in this pandemic will change a health care worker forever," Givan said, "and will have an impact on their willingness to speak out, to go on strike and to unionize if needed." (Courtesy <https://www.npr.org/>)

KHN (Kaiser Health News) is a nonprofit news service covering health issues. It is an editorially independent program of KFF(Kaiser Family Foundation) that is not affiliated with Kaiser Permanente.