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or contact
John Robbins **832-280-5815**
Jun Gai **281-498-4310**

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Make Today Different
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Publisher: Wea H. Lee
President: Catherine Lee
Editor: John Robbins, Jun Gai
Address: 11122 Bellaire Blvd., Houston, TX 77072
E-mail: News@scdaily.com

Oil in the age of coronavirus: a U.S. shale bust like no other

Inside C2

With U.S. divided on masks, Georgia governor refuses to back down

(Reuters) - Georgia Governor Brian Kemp on Friday urged everyone in his state to wear a mask for four weeks to halt the spread of the coronavirus but stood firm on banning state and local authorities from mandating the wearing of masks.

FILE PHOTO: U.S. President Donald Trump is greeted by Georgia Governor Brian Kemp as he arrives at Hartsfield-Jackson Atlanta International Airport in Atlanta, Georgia, U.S., July 15, 2020. REUTERS/Jonathan Ernst
With the state experiencing a spike in COVID-19 infections and the country divided over expert medical advice to wear masks, the governor conceded that face coverings would help slow infections but said mandates were unenforceable and suggested they would hobble the economy.

"While we all agree that wearing a mask is effective, I'm confident that Georgians don't need a mandate to do the right thing. I know that Georgians can rise to this challenge and they will," Kemp told a news conference where he urged everyone to wear a mask for at least four weeks.

RELATED COVERAGE
Trump wants tuition help for private school students in next coronavirus bill, Conway says
He also urged Georgians to voluntarily maintain physical distancing, wash their hands frequently and heed his executive order, which also calls for those measures and bans gatherings of more than 50 people for the rest of July.

The coronavirus has infected more than 3.5 million Americans and killed nearly 140,000, both figures leading the world, and cases have spiked in many states including Georgia. The country shattered a daily record on Thursday, reporting more than 77,000 new cases, according to a Reuters tally.

Kemp, a fellow Republican and supporter of President Donald Trump, issued an executive order on Wednesday suspending local regulations that require masks, and on Thursday sued the city of Atlanta to stop it from enforcing its mask mandate.

The governor said the lawsuit was filed on behalf of business owners and their employees who would be affected by what he called "disastrous policies," contending that Atlanta Mayor Keisha Lance Bottoms' policy would "shutter businesses and undermine economic growth."

The Georgia conflict played out amid a wider cultural divide in the United States, in which public health experts have pleaded with politicians and the public to cover their faces to help stop the spread of infection.

Trump and his followers have resisted a full-throated endorsement of masks and have been calling for a return to normal economic activity following pandemic-induced shutdowns.

FILE PHOTO: U.S. President Donald Trump is greeted by Georgia Governor Brian Kemp as he arrives at Hartsfield-Jackson Atlanta International Airport in Atlanta, Georgia, U.S., July 15, 2020. REUTERS/Jonathan Ernst

Videos on social media show people across the country irately declaring their right to shop or congregate in public without masks, with many disputing evidence that masks are effective.

Kemp's lawsuit names as a defendant the Atlanta mayor, 50, a rising star in the Democratic Party who disclosed this month that she tested positive for the coronavirus.

"Brian Kemp does the bidding of President Trump," Bottoms told CNN on Friday. "It's unfortunate because meanwhile over 130,000 people in our state have tested positive for COVID-19. Over 3,100 people have lost their lives and ... this governor is taking taxpayer money to sue me personally."

WEA LEE'S GLOBAL NOTES

07/17/2020 CORONAVIRUS DIARY

We Are Still On The Front Line

Since the end of January, the coronavirus has been attacking the world now for almost six months. Our colleagues in different cities have stayed on the job. Our media service, Southern Daily, Southern TV and other media services have never been interrupted during this most challenging of times. I really want to express my sincere gratitude and appreciation to all of them.

Since Southern News was established in 1979, for the past several decades we have reported on so many political and economic stories as well as community news. We are rooted in the local immigrant society. We also grow together, but never before have we faced anything like this coronavirus pandemic. The disaster has changed our lives in many ways.

We saw a local medical doctor in McAllen, Texas, who told the story about how this border city has been fighting with the pandemic. He said he has lost so many dear friends and relatives and the death rate in his city was five times larger when compared with the state level. And now, because of the lack of space, they have ordered refrigerated trucks for storing the growing number of dead bodies.

Today on the world stage there are many conflicts that have been created by different countries which have brought us to the real possibility of an all out war.

Dear brothers and sisters, this is a very critical time for all of us. We need to fully understand what is going on around the world and also right here in our own society.

Every day when I come back to my office I see all of my colleagues still working in our press room, TV studio and on the front line reporting the news. I tell them their hard work and sacrifice will be written in history.

Southern News Group Chairman / CEO
Chairman of International Trade & Culture Center
Chairman of International District Houston Texas

Publisher Southern Daily Wea H. Lee

Stay Home! **BUSINESS** *Wash Your Hands!*

Covid Vaccine Front-Runner Oxford Is Months Ahead Of The Competition

Sarah Gilbert is a British vaccinologist who is Professor of Vaccinology at the University of Oxford and co-founder of Vaccitech. (Photo/J.CAIRNS/UNIVERSITY OF OXFORD)

KEY POINTS

University of Oxford candidate, led by Sarah Gilbert, might be done with human trials by September. AstraZeneca has lined up agreements to produce 2 billion doses. Could this be the one?

By Stephanie Baker, Guest Writer

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

With safety low on her list of worries, Sarah Gilbert, Professor of Vaccinology at the University of Oxford and co-founder of Vaccitech, is focused on quickly determining how effective the vaccine will be and how it will be made. In April, Oxford struck a deal with British pharmaceutical giant AstraZeneca Plc to spearhead global manufacturing and distribution and help run more trials around the world. AstraZeneca has agreed to sell the vaccine on a not-for-profit basis during the crisis if it proves effective and has lined up deals with multiple manufacturers to produce more than 2 billion doses.

Gilbert has been all over the British press, but she appears to regard public attention as a distraction. For more than two decades she worked anonymously, developing vaccines while also, of necessity, churning out endless grant applications. Her research was rarely discussed outside scientific circles. Now she's leading one of the most high-profile and advanced vaccine candidates against Covid-19, with Phase III, or final-stage, trials under way involving thousands of people in Brazil, South Africa, the U.K., and, soon, the U.S. Money is no longer a struggle.

A bioreactor at Oxford Biomedica, one of numerous companies contracted to make the Jenner Institute's vaccine. (SOURCE: OXFORD BIOMEDICA)

At the end of April, crunching a process that normally takes about five years into less than four months, Gilbert and her colleagues at Oxford's Jenner Institute started a human trial on 1,100 people. When Gilbert testified before a parliamentary committee in early July, one member compared her effort to going into a shed and coming out with a jet engine. Gilbert's team has leapfrogged other vaccine contenders to the point where it will likely finish vaccinating subjects in its big 10,000-person efficacy trial before other candidates even start testing on that scale, Kate Bingham, chair of the U.K. government's Vaccine Taskforce, told the parliamentary committee in early July. "She's well ahead of the world," Bingham said. "It's the most advanced vaccine anywhere."

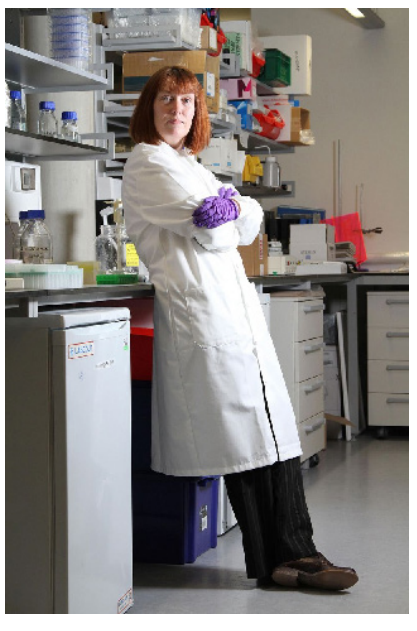
Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID), has sounded a note of caution about Oxford's front-runner status. "You've got to be careful if you're temporarily leading the way vs. having a vaccine that's actually going to work," he told the BBC recently. Most vaccines in development fail to get licensed. Unlike drugs to treat diseases, vaccines are given to healthy people to prevent illness, which means regulators set a high bar for approval and usually want to see years' worth of safety data. In the Covid-19 pandemic, it's not yet clear what regulators will accept as proof of a successful and safe vaccine.

The institute's home at the edge of Oxford. (PHOTO/G.BLATCHFORD/SHUTTERSTOCK)

The U.S. Food and Drug Administration has said a vaccine would need to be 50% more effective than a placebo to be approved and would need to show more evidence than blood tests indicating an immune response. Regulators in other countries haven't spelled out what would be acceptable.

Gilbert has voiced remarkable confidence in her chances, saying the Oxford vaccine has an 80% probability of being effective in stopping people who are exposed to the novel coronavirus from developing Covid-19. She has said she could know by September. Asked by MPs in early July whether the world would have to struggle through the winter without a vaccine, Gilbert said, "I hope we can improve on those timelines and come to your rescue."

"We could say, 'OK, we can start tomorrow.' We don't have to make 10 different varieties of this.We knew it could be manufactured."



Gilbert in her lab, pre-Covid and pre-fame. (PHOTO/SHUTTERSTOCK)

Gilbert, who is 58, has the hyperefficient, serious demeanor you'd expect from someone who might be on the cusp of a breakthrough and hasn't a minute to spare. When I first called her in early March, she abruptly ended the conversation after 10 minutes to speak to someone about the technical process of manufacturing the vaccine. It would have been crazy to take offense. Gilbert says she wakes up at around 4 a.m. most days "with lots of questions in my head," works from home for a few hours, then rides her bicycle to the institute, where she works into the evening. The Oxford team, just a handful of people in January, now comprises roughly 250.

Gilbert's approach is similar to a viral vector vaccine developed by the Chinese company CanSino Biologics Inc.

A member of the lab team prepares an assay that will count T cells produced in response to vaccination. (PHOTO/J. CAIRNS/UNIVERSITY OF OXFORD)

That one is in Phase II human trials. Early tests showed that people with preexisting antibodies to the adenovirus neutralized the vaccine before it could elicit a strong immune response to SARS CoV-2—the Trojan horse is destroyed before the troops can get out. Johnson & Johnson is developing a similar vaccine based on a human adenovirus; it will begin human trials in the second half of July. All these adenovirus-based vaccines have an advantage over other candidates: They only need to be kept chilled rather than frozen, making them easier to distribute worldwide. A successful vaccine likely won't be 100% effective, no matter who wins the race, and success might have different definitions. Not all vaccines produce what's called sterilizing immunity, in which the body produces neutralizing antibodies that block a virus from getting into cells. Some vaccines don't prevent infection but trigger the immune system to protect against illness. Jonas Salk's polio vaccine doesn't stop infection but prevents the disease that crippled millions. (Courtesy https://www.bloomberg.com/news)

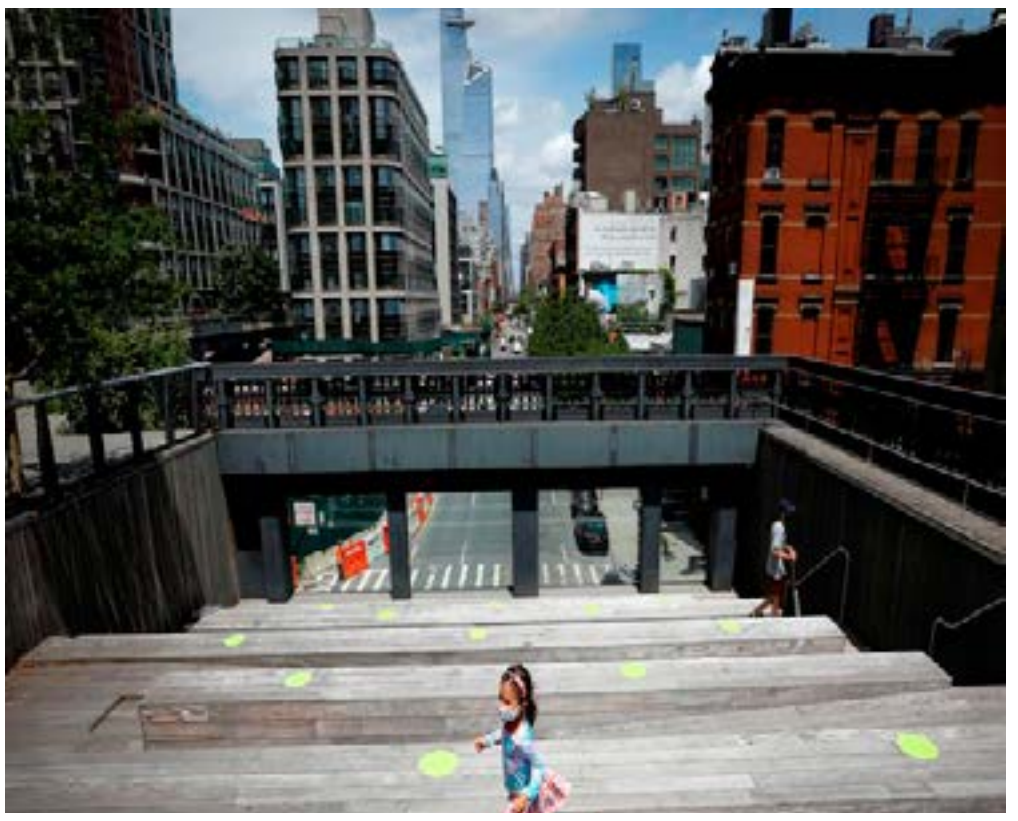
Southern DAILY Make Today Different

Editor's Choice

Cars line up at a drive-thru coronavirus testing site at Dodger Stadium in Los Angeles, California. REUTERS/Lucy Nicholson

Airplanes of the Scandinavian Airshow draw a heart in the sky, above the Turning Torso building, in Malmo, Sweden. Johan Nilsson/TT News Agency

A woman stays in a house, which locals said was damaged during a recent shelling by Armenia's forces, in armed clashes on the border between Azerbaijan and Armenia, in the village of Dondar Quschi, Azerbaijan. REUTERS/Aziz Karimov



A child plays on the elevated High Line Park in Manhattan on the first day of the park's re-opening New York City. REUTERS/Mike Segar

European Union leaders take part in the first face-to-face EU summit since the coronavirus outbreak, in Brussels, Belgium. REUTERS/Francois Lenoir/Pool

Medical workers tend to a patient suffering from the coronavirus in the Intensive Care Unit at Lok Nayak Jai Prakash hospital in New Delhi, India. REUTERS/Danish Siddiqui

Britain's Prince Charles meets the graduates after the Graduation Ceremony of The Queen's Squadron and Sovereign's review at RAF College Cranwell, in Cranwell, Britain. Julian Simmonds/Pool via REUTERS

Protesters clash with police officers during a rally against a bill, which offers to extend the use of the Russian language in the educational system of Ukraine, near the parliament building in Kyiv, Ukraine. REUTERS/Gleb Garanich

Southern DAILY Make Today Different

COMMUNITY

Sickle Cell & COVID: What You Need to Know

By Guest Writer Robert Preidt HealthDay Reporter

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

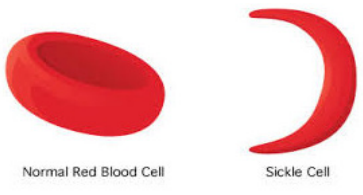
(HealthDay News) -- People with sickle cell disease are at increased risk for severe complications from COVID-19, an expert says.

"Many patients experience a pain crisis, also known as a vaso-occlusive crisis, early in COVID-19 infection before respiratory symptoms develop," said Dr. Jennie Hart, clinical director of pediatric hematology/oncology at Herman and Walter Samuelson Children's Hospital at Sinai in Baltimore.

COVID-19 can cause severe inflammation and lung injury. And that can have a greater impact on people with sickle cell disease, a group of inherited red blood cell disorders, Hart said.

People with the disease, which most commonly affects Black people, have misshapen red cells that can get stuck and clog blood flow, inhibiting oxygen delivery, damaging blood vessels and causing inflammation.

Some conditions -- including respiratory infections such as COVID-19 -- increase formation of sickle-shaped cells, because infections in the lungs lead to lower oxygen levels and worse inflammation.



"This increase in sickled red blood cells makes patients with sickle cell disease and COVID-19 infection particularly vulnerable to developing acute chest syndrome, a rapid and deadly lung injury," Hart said in a news release.

People with sickle cell disease should stay home unless travel is essential, according to the Sickle Cell Disease Association of America.

"Patients who can work from home are strongly encouraged to do so. Your physician can provide a letter to your employer," Hart said. Social distancing is a must, she added.

If you have sickle cell disease, call your doctor immediately if you develop a fever or chest pain, have difficulty breathing, or are experiencing a pain crisis, she advised.

Take all your medications as prescribed, especially if you're taking hydroxyurea, which reduces certain complications from sickle cell disease, she added.

Stay well hydrated, wash your hands often and avoid close contact with people who have symptoms of a respiratory infection, Hart said. (Courtesy https://www.webmd.com/)

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FOR IMMEDIATE RELEASE

THE FIRST RAPID COVID-19 TESTING CENTER OPENS IN HOUSTON

To respond to the pressing needs in our community, the Houston-based GMED Global, LLC, is proud to announce its rapid COVID-19 testing operation. On Friday, July 17th the company will launch its first testing operations at 5556 Gasmer Dr., where Houstonians can be tested for COVID-19 in the comfort of their own cars, by simply driving through the center. The center also has the capacity to serve those who wish to drop-in and have no prior appointments. While individuals wait in the center's parking lot, the results will be available to them in under 30 minutes. The goal of this initiative is to make testing fast, anxiety free, and highly efficient, so anyone with positive results can act quickly and appropriately, before the disease reaches an acute stage and requires hospitalization.

Rapid COVID-19 Testing Unit

This unique test, manufactured by Quidel, is one of the only rapid antigen tests in the country. It provides a pain-free nasal swab that can be self-administered, and therefore, minimizes the exposure between test takers and providers. The test directly detects the presence of COVID-19. GMED can also provide COVID-19 screening to area businesses, federal clinics, and schools.

The test does not require a doctor's referral. Individuals can simply make an online appointment or drive to the testing site. The cost of each test is $135, payable by credit card. Appointments can be made online at www.rapidcovidclinic.com. CONTACT: DR. RAMIN AHMADI at 281-336-1331.

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Related

What If COVID Vaccine Arrives And Many Say No?

(HealthDay News) -- With several potential COVID-19 vaccines now in clinical trials, U.S. policymakers need to plan for the next hurdle: Ensuring Americans actually get vaccinated.

That's according to a new report from the Johns Hopkins Center for Health Security. It lays out recommendations for winning the public's trust of any future vaccine, and helping them access it as easily as possible.

The U.S. government's so-called Operation Warp Speed has laid its goal out: Deliver 300 million doses of a safe, effective COVID-19 vaccine by January 2021.

As of July 11, 22 vaccines were in some stage of human clinical trials, according to The New York Times coronavirus vaccine tracker.

The race to develop a safe, effective vaccine against the new coronavirus has been record-setting. Normally, vaccines take years to move from initial research to approval. In this case, scientists got a boost from having the genetic makeup of SARS-CoV-2 (the virus that causes COVID-19) in hand early in the pandemic.

Some of the leading vaccine candidates, including the Moderna Inc. vaccine now in clinical trials, are based on that genetic information.

"But it's one thing to make a clinically successful vaccine," said Monica Schoch-Spana, a senior scientist with the Hopkins center. "It's another to make it socially acceptable."

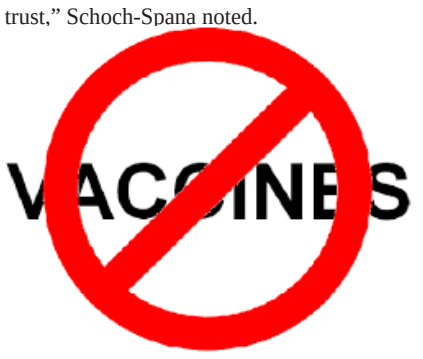
Exactly how Americans will greet a COVID-19 vaccine is unknown, but polls have suggested many will be wary. In an Associated Press survey in late May, only half of respondents said they would get vaccinated.

Polls, of course, can be wrong. But, Schoch-Spana said, past experience has some lessons, too: In 2010, during the H1N1 flu pandemic, many Americans refused to be immunized -- even though that vaccine involved only a modification of the existing flu shot, and no new technology.

"Because there was a rush to production, some people had safety concerns," Schoch-Spana said.

This time, she added, with both the disease and any vaccine being entirely new, the public's misgivings could be amplified.

Add to that a general erosion of trust that has come with the government's response to the pandemic. "We need to earn back the public's trust," Schoch-Spana noted.



It is easy to imagine resistance to a future COVID-19 vaccine, agreed Dr. Paul Offit, director of the Vaccine Education Center at Children's Hospital of Philadelphia.

"When the first vaccine comes out, we will have some safety data from clinical trials," said Offit, who was not involved in the new report. "But we won't have data on enough people to detect any rare side effects."

Beyond that, most people infected with SARS-CoV-2 do not become seriously ill. So younger, healthy people might decide their personal benefit from vaccination is not worth any unknown risks.

But vaccination is not only about yourself, both Offit and Schoch-Spana stressed. It's about creating the "herd immunity" that protects the most vulnerable people in a community.

To "stop the spread of this disease and get our lives back," Offit said, most of the population will need to be vaccinated. (Courtesy websmd.com)

SC 副刊 Daily News

图纸上的巨舰Ⅱ——“蒙大拿”级战列舰 下

无论是多大吨位的巨舰，影响一级战舰的基本性能指标往往是固定的，以下便结合外文资料从从火力、防护、动力等关系战舰性能的几个基本方面来为大家阐述一下“蒙大拿”级战列舰的性能概要。

1、火力系统

“蒙大拿”级战列舰的火力系统主要分为主炮武器系统及防空武器系统二大部分，主炮火力系统方面，选用了Mk7型406毫米50倍径舰炮作为本级舰的主炮，12门火炮装配在4座三联装炮塔中，以前二后二的方式沿舰体中心线配置（前后主炮群均为背负式配置）。该炮设计于1939年，改良自1920年为“南达科他”级战列巡洋舰设计的Mk2型406毫米50倍径舰炮，通过应用当时最先进的冶金技术，简化了炮身结构并减轻了身管重量。

Mk7型火炮单炮（不含炮塔）重121.5吨，身管长20.32米，膛压2910公斤/平方厘米，膛线96条，射界左右各150度，旋回速度4度/秒。单炮战斗射速2发/分，仰角度-2度到+45度，俯仰速度12度/秒。每门炮设计携弹量为130发。

Mk7型火炮主要配备有Mk8型穿甲弹（超重弹）和Mk13型高爆弹。其中前者重1225公斤，发射此弹时炮口初速762米/秒，最大射程38720米。在32004米距离上可击穿329毫米厚的垂直装甲或215毫米厚的水平装甲；在18288米距离上可击穿509毫米厚的垂直装甲或99毫米厚的水平装甲。后者重重862公斤，发射时炮口初速可达820米/秒，最大射程38059米。通过6个发射药包进行发射，执行岸轰任务时对混凝土工事攻击效果良好，击中地面目标时可形成宽15米，深6.1米的弹坑。

“蒙大拿”级战列舰上配备有2座Mk38型射击指挥仪负责引导406毫米舰炮射击，其上还附带有MK8型火控雷达，可以对敌方目标进行较为精确的打击。以同样装备了此套射控装置的“依阿华”级战列舰为例，其于1944年2月19日于实战中在34747米距离上打出了一轮跨射，创下了世界海战史上最远距离跨射记录，可以说当时世界上任何依靠光学观瞄的舰炮都无法达到这个水平。与日本的“大和”级战列舰装备的九四式460毫米45倍径舰炮相比，依靠相对较高的射速、超重弹在远距离作战上的优势和先进的火控系统加持，本型火炮在综合实力上完全不落下风。

Mk16型127毫米54倍径高平两用炮，单炮（不含炮塔）重2.4吨，身管长6.86米，膛压2914公斤/平方厘米，初速808米/秒，单炮战斗射速15发/分，最大射程23691米，最大射高15728米。仰角度-10度到+85度，俯仰速度15度/秒。“蒙大拿”级上的20门该型火炮分装在10座双联装Mk41型全封闭炮塔内，全部配置于上层建筑两侧。火炮配用的弹种有高爆弹、高射弹、照明弹等。为引导Mk16型舰炮射击，“蒙大拿”级还配备有4座Mk37型射击指挥仪（配备有Mk4型火控雷达），该型控制装置能自动将数据传送至甲板下的Mk1A型火控计算机以引导火炮对抗时速在400千米/时以上的飞机，堪称第二次世界大战中性能最好的射击控制装置之一。

在中近程防空武器方面则是经典的厄利孔20毫米70倍径高射机关炮及博福斯40毫米56倍径高射机关炮的经典组合。大名鼎鼎的博福斯高射机关炮堪称第二次世界大战中最优秀的中口径防空炮之一，此型火炮单炮（不含炮塔）重0.522吨，身管长2.24米，初速881米/秒，最大射速120发/分，最大射程10180米，最大射高6950米。

2、防护系统

除了火力系统，战列舰的防护系统也需要精确的设计和配置，其与舰船的稳定性有着密切的关系。通常情况下战列舰在设计时都要求自身的防护系统能在一定距离上能够抵御自身装备的火炮的轰击。但此前的“南达科他”级战列舰在设计时只要求能够抵御弹重为1016公斤的Mk5型穿甲弹的轰击，而无法抵御自身配备的超重弹的轰击。实际上，“蒙大拿”级号是唯一一级在设计时就考虑到能够抵御超重弹攻击的美国战列舰，这也得益于在吨位及尺寸上较“依阿华”级有了重大提升。

3、动力系统

动力系统由高温高压锅炉、汽轮机、减速装置、蒸汽管线等部分组成，整个动力系统进行了精心设计与配置，每座锅炉和轮机都有单独的舱室，同时采用了交错式布局，极大地提高了舰艇动力系统的生存性。“蒙大拿”级战列舰动力舱段的具体位置在舰体中部，8台巴伯考克·威尔考克斯公司生产的重油焚烧锅炉可以为4台带减速装置的西屋高性能汽轮机提供饱和蒸汽（蒸汽压力39.7公斤/平方厘米，蒸汽温度454.4度），四轴驱动（双舵），轮机合计输出功率172000马力，最大航速28节，续航力15000海里（15节状态下），全舰载重油7600吨。

为了给全舰各种用电设备提供电力（特别考虑到用电设备的增加进行了强化），“蒙大拿”级配备了10台1250千瓦发电机及用于应急电力供应的2台500千瓦柴油发电机。

4、舰载机

“蒙大拿”级战列舰预定可搭载3-4架舰载水上飞机用于侦查或校射，搭载的机型推测为“钱斯沃特”公司生产的OS2U“翠鸟”式水上侦察机。该机设计于1937年，使用450马力发动机，最大平飞速度264千米/时，航程1296千米，配备有7.62毫米固定及旋回机枪各1挺，在太平洋战争中该机被广泛用于搜索、校射、救援等任务，是美国海军标准的水上飞机。、

三、大航空时代下的抉择

1942年5月，美国海军正式订购了5艘“蒙大拿”级战列舰，预定舰名分别为：“蒙大拿”号（首舰）、“俄亥俄”号、“缅因”号、“新罕布什尔”号及“路易斯安纳”号。预定承建船厂为：纽约海军造船厂、诺福克海军造船厂及费城海军造船厂。然而，由于已经认识到太平洋战争将以海空立体战为主要战争模式，因此，“蒙大拿”级战列舰的建造优先顺序排在“依阿华”级战列舰和“埃塞克斯”级航空母舰之后，“依阿华”级战列舰凭借较高的航速及完备的防空武器可以编入航母特混舰队以支持航空作战，而“埃塞克斯”级航空母舰则是可以决定太平洋战局走向的关键战舰，美国海军必须将有限的资源集中起来用于建造这些战舰。1942年6月，美国海军在中途岛海战中取得决定性胜利之后，海军航空力量的地位再次飞速提升，美国海军开始以航母为核心打造海上战力，“蒙大拿”级战列舰的建造工作随之全部停工，预定建造的5艘战舰甚至连一根龙骨都没有安放。

与英日等海上强国一样，当时的美军高层中也有一批保守派，他们还是希望可以将“蒙大拿”这样一级世界顶尖的超级战列舰建造出来。因此他们曾向罗斯福总统提议只停工尚未完工的“衣阿华”级5号及6号舰，继续建造“蒙大拿”级。但强势的航母派代表罗斯福总统没有妥协，坚持停工了全部5艘“蒙大拿”级。1943年7月，美国海军完全确立了以航空母舰为舰队核心，以海空立体战为主要战法的战术思想，“蒙大拿”级战列舰的建造工作正式下马，蒙大拿州也因此成为了当时美国唯一一个没有同名战列舰的州。

四、结语

70000多吨的满载排水量，12门406毫米重炮，先进的雷达与火控系统，假如“蒙大拿”级能够顺利建成，无疑将成为世界上数一数二的顶级战列舰，从某种程度上看，甚至具备了挑战“大和”级史上战列舰最强霸主地位的能力。与此同时，美国海军也将拥有17艘装备有406毫米重炮的战列舰，是其他海上列强同类战舰数量总和的好几倍，无疑将稳坐世界第一的宝座。然而，随着太平洋战争的爆发，海战的模式已经发生了根本性的转变，制海权的取得已经与制空权的获取紧密地联系在一起，失去飞机掩护的巨舰在对手航空力量的打击下显得异常脆弱，锡布延海的“武藏”号及坊之岬的“大和”号都给出了活生生的例证。因此，没有坚持建造“蒙大拿”级可能确实失去了拥有世界顶级战列舰的机会，但与此同时，将有限的资源集中于建造航空母舰则为美国海军最终赢得太平洋战争打下了坚实的基础。