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Southern Daily News is published by Southern News Group Daily

Wednesday September 23 2020 | www.today-america.com | Southern News Group

U.S. surpasses grim milestone of 200,000 COVID-19 deaths



(Reuters) - The death toll from the spread of the coronavirus in the United States exceeded 200,000 on Tuesday, by far the highest number of any nation. The United States, on a weekly average, is now losing about 800 lives each day to the virus, according to a Reuters tally. That is down from a peak of 2,806 daily deaths recorded on April 15. (Graphic: tmsnr.rs/2ZH76z6)

During the early months of the pandemic, 200,000 deaths was regarded by many as the maximum number of lives likely to be lost in the United States to the virus.

"The idea of 200,000 deaths is really very sobering and in some respects stunning," Dr. Anthony Fauci, the top U.S. infectious diseases expert, told CNN.

Fauci said that it was not inevitable that the United States will fall into another dire situation with coronavirus cases surging during cold weather months, but that he was worried about parts of the country where public health measures were not being implemented. On Monday, U.S. President Donald Trump said he had done a phenomenal job on the pandemic that has infected nearly 6.9 million Americans.

"It affects virtually nobody. It's an amazing thing," Trump told supporters at a Swanton, Ohio, campaign rally Monday night. "It affects... elderly people with heart problems and other problems - if they have other problems that's what it really affects, that's it."

Trump has admitted to playing down the danger of the coronavirus early on because he did not want to "create a panic."

With barely six weeks left before the election on Nov. 3, Trump is behind Democratic rival Joe Biden nationally in every major opinion poll and is neck and neck in key swing states. Trump's handling of the pandemic and subsequent economic downturn has battered his standing among many voters. Trump has frequently questioned the advice of scientific experts on everything from the timing of a vaccine to reopening schools and businesses to wearing a mask. He has refused to support a national mask mandate and held large political rallies where few wore masks.

U.S. Centers for Disease Control and Prevention (CDC) Director Robert Redfield recently told Congress that a face mask would provide more guaranteed protection than a vaccine, which would only be broadly available by "late second quarter, third quarter 2021."

Trump refuted the timeline for the vaccine and said that it may be available in a matter of weeks and ahead of the Nov. 3 election.

Biden, who often wears a mask and has said he would require masks nationwide, has warned against a rushed release of a vaccine, saying, "Let me be clear: I trust vaccines, I trust scientists, but I don't trust Donald Trump."

The University of Washington's health institute is forecasting

coronavirus fatalities reaching 378,000 by the end of 2020, with the daily death toll skyrocketing to 3,000 per day in December.

Over 70% of those in the United States who have lost their lives to the virus were over the age of 65, according to CDC data bit.ly/32C1doQ.

The southern states of Texas and Florida contributed the most deaths in the United States in the past two weeks and were closely followed by California. (Graphic: tmsnr.rs/33MNdYD)

California, Texas and Florida - the three most populous U.S. states - have recorded the most coronavirus infections and have long surpassed the state of New York, which was the epicenter of the outbreak in early 2020. The country as a whole is reporting over 42,000 new infections on average each day and saw cases last week rise on a weekly basis after falling for eight weeks in a row. Deaths rose 5% last week after falling for four weeks in a row, according to a Reuters analysis.

Six out of every 10,000 residents in the United States has died of the virus, according to Reuters data, one of the highest rates among developed nations.

Brazil follows the United States in the number of overall deaths due to the virus, with over 137,000 fatalities. India has had the world's highest daily death rate over the last week with total deaths now approaching 100,000.

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WEA LEE'S GLOBAL NOTES

09/22/2020

CORONAVIRUS DIARY

The UN Is Changing

The United Nations annual assembly will host from New York virtually because of the coronavirus pandemic. This is the first time in history many heads of state will deliver their speeches through the internet.

The United Nations was born after World War II in order to keep peace in the world. We are so fortunate that in the last seventy years we didn't have another world war with the exception of the Korean conflict. Today most UN resolutions are powerless simply



because many countries will not obey the UN's decisions.

Today we as the richest country in the world have lost 200,000 human lives in this health crisis, but we still insist on withdrawal from the World Health Organization. As the most powerful nation, this is not the right decision at all.

Many poor people are suffering in this pandemic. Most people on the globe are just fighting for survival. They all need a helping hand.

Let's hope the UN will lead the world into recovery at such a tragic time as this so the world will be peaceful again.



Southern News Group Chairman / CEO
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Publisher Southern Daily Wea H. Lee

Stay Home!

BUSINESS

Wear Mask!

Judge Hidalgo: Harris County Trending Toward COVID-19 Threat Level Downgrade

Coronavirus Dashboard 09/23/20



Illustration: Sarah Grillo/Axios

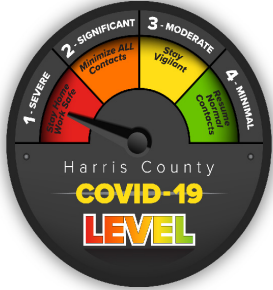
Compiled And Edited By John T. Robbins, Southern Daily Editor

- Global:** Total confirmed cases as of 1:30 p.m. ET: 31,120,980 — Total deaths: 961,656— Total recoveries: 21,287,328 .
- U.S.:** Total confirmed cases as of 1:30 p.m. ET: 6,819,651 — Total deaths: 199,606 — Total recoveries: 2,590,671 — Total tests: 95,108,559 .
- Health:** CDC says it mistakenly published guidance about COVID-19 spreading through air.
- Politics:** House Democrats file legislation to fund government through Dec. 11.
- Business:** Unemployment concerns are growing.
- World:** “The Wake-Up Call” warns the West about the consequences of mis-handling a pandemic.

Judge Hidalgo: Harris County trending toward COVID-19 threat level downgrade

Harris County has been at the highest possible COVID-19 threat level since late June, but the data related to the number of new cases per day, hospitalizations and testing positivity mean the threat level could be downgraded in the near future, Harris County Judge Lina Hidalgo said Sept. 15.

Speaking at the Sept. 15 meeting of the Harris County Commissioners Court, Hidalgo said testing positivity is the main metric in which improvement is still needed before the threat level can be lowered, adding that hospitalization rates have been improving. Daily case counts are high as well, Hidalgo said, but she said that can be attributed in part to a lag in when data comes back from the Texas Department of State Health Services.



Level 1: Stay Home (Current Level)

Level one signifies a severe and uncontrolled level of COVID-19 in Harris County, meaning outbreaks are present and worsening and that testing and contact tracing capacity is strained or

exceeded. At this level, residents take action to minimize contacts with others wherever possible and avoid leaving home except for the most essential needs like going to the grocery store for food and medicine.

New case data for Sept. 15 had not been updated as of 4:30 p.m., but Hidalgo said the county was expecting around 3,000 cases due to the backlog, which would be a significant increase from the totals over the past week, which ranged between 350-1,400 new cases per day. “That’s an ongoing problem, and we’re working on figuring out how to present the case data in a way that accounts for the backlog,” Hidalgo said. The most recent data on testing positivity showed the rate at around 8.7%, Hidalgo said, which is above the 5% target. Harris County’s testing positivity rate is higher than the city of Houston’s, which Hidalgo said is because the city counts any test with inconclusive results as a negative.

“Their denominator is larger, so the positivity rate is smaller,” she said. “We don’t take inconclusive responses into account; they are not positive or negative.”

If trends continue in the right direction, Hidalgo said she is hopeful the threat level can be downgraded from red to orange—or from Level 1 to Level 2—within “a matter of days.” Under Level 1, residents are advised to stay home and avoid all nonessential travel. By comparison, Level 2 advises residents to minimize contact with others and avoid large gatherings.



Harris County Judge Lina Hidalgo. However, Hidalgo pointed out that Harris County remains behind many other countries and cities that have reopened, where she said positivity rates can be

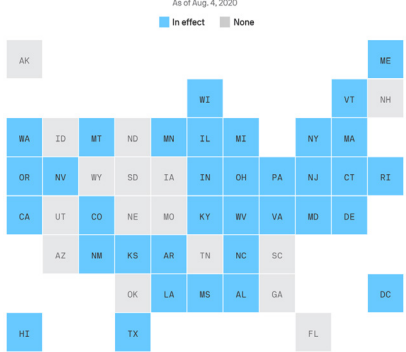
around 1% and new cases per day can be 50 or fewer.

Moving forward, the county is preparing to launch a survey process that Hidalgo said will provide a better idea of the current state of COVID-19 in the community and help identify pockets where the virus is spreading earlier on. The academic survey will involve recruiting a randomized sample of people to test for the virus as opposed to strictly testing people who request a test, she said. The survey, which will be conducted by the University of Texas Health Science Center at Houston, will be carried out through Dec. 31, with the possibility for two six-month renewals in the future. (Courtesy <http://communityimpact.com/>)

Related

The states where face coverings are mandatory

States with mandates for mask-wearing in public



Data: Compiled by Axios; Map: Danielle Alberti/Axios

Mississippi Gov. Tate Reeves issued a statewide mask mandate on Tuesday for people in public, as well as teachers and students going back to school.

The big picture: 34 states, in addition to the District of Columbia, have issued some form of a mask mandate as infections surge across the country.

- “I want to see college football,” Reeves said at a press conference. “The best way for that to occur is for us all to realize is that wearing a mask, as irritating as that can be and I promise I hate it more than anyone watching, is critical.”
- Florida, a domestic epicenter of the pandemic, has not issued a mask

mandate, though some of its cities have.

Why it matters: Face masks are essential to slowing the coronavirus’ spread, but have become politicized in recent months. (Courtesy [axios.org](https://www.axios.com/))



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Editor's Choice



A volunteer places American flags representing some of the 200,000 lives lost in the United States to the coronavirus disease, on the National Mall in Washington. REUTERS/Joshua Roberts



A moon is seen above President Trump during a campaign event at Toledo Express Airport in Swanton, Ohio. REUTERS/Tom Brenner



A view of fog surrounding a road in Kvaerndrup on the island of Funen, Denmark. Ritzau Scanpix/Michael Bager via REUTERS



Protesters against President Trump rally outside the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. REUTERS/Elijah Nouvelage



People walk a dog past a destroyed home after a wildfire came through the area in Talent, Oregon. REUTERS/Jim Urquhart



People sing and dance in Leicester Square in London amid the coronavirus outbreak, as cases are sharply increasing in Britain, September 12, 2020. REUTERS/Simon Dawson



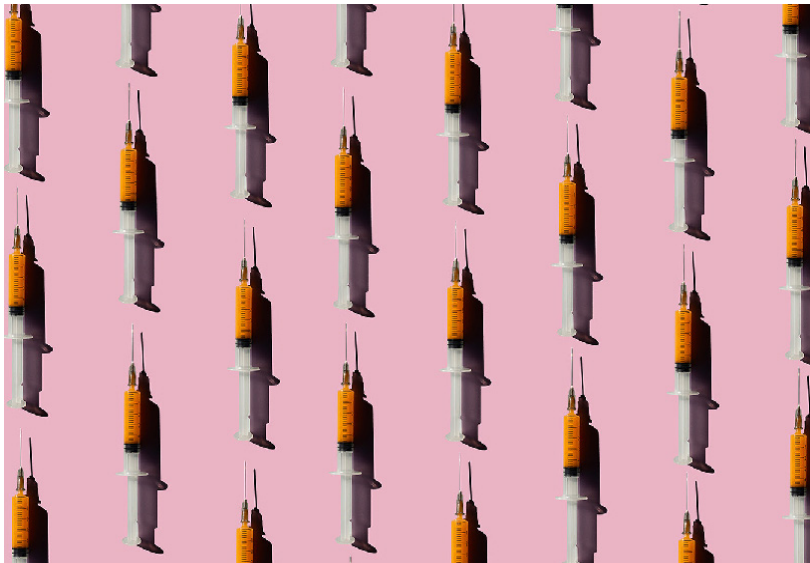
President Trump is seen on a screen in an empty conference room as he delivers a pre-recorded address to the 75th annual U.N. General Assembly at the United Nations headquarters, which is being held mostly virtually, in New York. REUTERS/Mike Segar



A woman touches hands of a child through a fence at a new temporary camp for migrants and refugees, on the island of Lesbos, Greece. REUTERS/Yara Nardi

Health-Care Workers And Those In
Front-Line Jobs Will Be Prioritized

Who Gets The COVID Vaccine First?
Access Plans Are Taking Shape



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

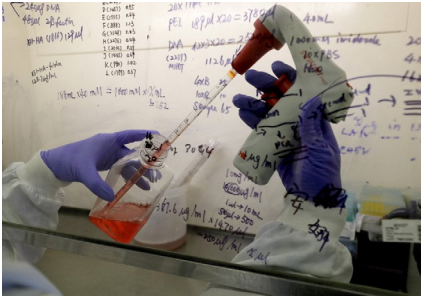
Whether it takes weeks, as US President Donald Trump has hinted, or months, as most health-care experts expect, an approved vaccine against the coronavirus is coming, and it’s hotly anticipated. Still, it will initially be in short supply while manufacturers scale up production. As the pandemic continues to put millions at risk daily, including health-care workers, older people and those with pre-existing diseases, who should get vaccinated first? This week, a strategic advisory group at the World Health Organization (WHO) weighed in with preliminary guidance for global vaccine allocation, identifying groups that should be prioritized. These recommendations join a draft plan from a panel assembled by the US National Academies of Sciences, Engineering, and Medicine (NASEM), released earlier this month. Experts praise both plans for addressing the historic scale and unique epidemiology of the coronavirus pandemic. And they commend the NASEM for including in their guidance minority racial and ethnic groups — which COVID-19 has hit hard — by addressing the socio-economic factors that put them at risk.

The WHO plan, on the other hand, is still at an early stage and will need more detail before its recommendations can become actionable, others say.



Counties are making plans for how to allocate coronavirus vaccines once they’re proven safe and effective. (Photo/Natalia Kolesnikova/AFP/Getty) “It’s important to have different groups thinking through the problem,” says Eric Toner, an emergency-medicine physician and pandemics expert who has done similar planning at Johns Hopkins Center for Health Security in Baltimore, Maryland. And although the plans differ somewhat, Toner says he sees a lot of agreement. “It’s great that there’s a consensus of opinion

on these issues.” **Head of the line** The WHO’s guidance at this point lists only which groups of people should have priority access to vaccines. The NASEM guidance goes a step further by ranking priority groups in order of who should get a vaccine first. (See “A Tiered Approach” below.) After health-care workers, medically vulnerable groups should be among the first to receive a vaccine, according to the NASEM draft plan. These include older people living in crowded settings, and individuals with multiple existing conditions, such as serious heart disease or diabetes, that put them at risk for more-serious COVID-19 infection.



The plan prioritizes workers in essential industries, such as public transit, because their jobs place them in contact with many people. Similarly, people who live in certain crowded settings — homeless shelters and prisons, for example — are called out as deserving early access.

A TIERED APPROACH The US National Academies of Sciences, Engineering and Medicine has proposed a five-phase plan to fairly allocate a coronavirus vaccine to US residents. **Phase 1** Health-care workers and first responders (5%) **Phase 2** People with underlying conditions that put them at high risk of severe COVID-19 disease or death, and older adults in densely populated settings (10%) **Phase 3** Essential service workers at high risk of exposure, teachers and school staff, people in homeless shelters and prisons, older adults who have not already been treated and people with underlying conditions that put them at moderate risk (30–35%) **Phase 4** Young adults, children and essential service workers at increased risk of exposure (40–45%)

Phase 5 All remaining residents (5–15%) **Note:** Phases 1 and 2 might occur in tandem. Per cent is the percentage of the US population to receive a vaccine. Source: NASEM Many nations already have general vaccine-allocation plans, but they are tailored for an influenza pandemic rather than the new coronavirus. They typically prioritize children and pregnant women; the COVID-19 plans do not, however, because most vaccine trials currently do not include pregnant women, and the coronavirus seems to be less deadly to children than influenza is. The NASEM guidance, in fact, recommends giving children COVID-19 vaccines during one of the final phases of its allocation plan. Unlike the NASEM guidance, the WHO plan notes that government leaders should have early access, but cautions that people prioritized in this way should be “narrowly interpreted to include a very small number of individuals”.



“We were very concerned about the possibility that this group could serve as a loophole through which a truckload of people who identify as important could then push themselves to the front of the line,” says Ruth Faden, a bioethicist at the Johns Hopkins Berman Institute of Bioethics in Baltimore, Maryland, who was part of the group that drafted the WHO guidance. **Hard-hit groups** Access for disadvantaged groups is addressed in both the plans. Looking to past failures, the WHO guidance urges richer countries to ensure that poorer countries receive vaccines in the earliest days of allocation. During the 2009 H1N1 flu pandemic, “by the time the world had gotten around to figuring out how to get vaccines to some low- and middle-income countries, the pandemic was over”, says Faden.

But the WHO proposal does not yet suggest how nations might resolve the tension between allocating vaccines in a country versus allocating them among countries, says Angus Dawson, a bioethicist at the University of Sydney in Australia, who published a review of national pandemic allocation ethics earlier this year. In other words, should harder-hit nations receive a bigger allocation of an early vaccine before other nations have a chance to dose their high-priority groups? (Courtesy https://www.nature.com/)

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