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Oil drops 1 percent as economic outlook weakens, U.S. supply surges



Inside C2

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Make Today Different

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On U.S. border, fence meant as barrier becomes lure for migrants

EL PASO, Texas (Reuters) - Huddled against a border fence on a bitterly cold morning in El Paso, Texas, a group of 60 Guatemalan migrants, around half toddlers and children, shouted for help: "We're cold, we're hungry, we need shelter."

The group was trying to surrender to U.S. Border Patrol agents and claim asylum, but the agents were too busy herding other groups along the fence that stands about 100 yards (91 m) inside U.S. territory.

The 18-foot-high (5.5 meters) steel barrier is meant to deter illegal immigration. But its position inside the border has turned it into a destination for human smugglers trafficking large groups of asylum seekers fleeing poverty and violence

The smugglers in recent weeks have shifted routes to El Paso from the remote Antelope Wells area of New Mexico, Border Patrol supervisory agent Joe Romero said.

Once undocumented migrants are on U.S. soil, the Border Patrol is obliged to arrest them for entering illegally. But migrants can claim fear of returning to their countries, allowing them to remain in the United States legally until an asylum hearing, which can take months or years.

The smugglers' strategy exploits a weakness in the very border wall President Donald Trump has touted as a means to protect the United States from undocumented immigrants and illicit drugs.

The crowds in El Paso illustrate changing immigration patterns. As recently as 2015, the majority of undocumented border crossers were adult men from Mexico looking to disappear into the country and find work. Now the Border Patrol says about 85 percent of migrants arriving in the El Paso sector are Central American families and children seeking asylum.

Gaspar Isom, 38, who was with his 16-year-old son Sebastian, said he chose El Paso for the relative safety of its sister Mexican border city, Ciudad Juarez.



A group of Central American migrants surrenders to U.S. Border Patrol Agents south of the U.S.-Mexico border fence in El Paso

U.S. February job growth weakest in nearly one and a half years

WASHINGTON (Reuters) - U.S. employment growth almost stalled in February, with the economy creating only 20,000 jobs, adding to signs of a sharp slowdown in economic activity in the first quarter.

The meager payroll gains reported by the Labor Department on Friday were the weakest since September 2017, with a big drop in the weather-sensitive construction industry. They also reflected a decline in hiring by retailers and utility companies as well as the transportation and warehousing sector, which is experiencing a shortage of drivers.

The sharp step-down in payrolls was another blow to President Donald Trump who has suffered a series of setbacks in recent weeks, including failed nuclear talks with North Korea, a record goods trade deficit despite his administration's "America First" policies and the economy missing the White House's 3 percent annual growth target in 2018.

But the stumble in job growth, which followed two straight months of hefty gains, likely understates the health of the labor market as other details of the closely watched employment report

were strong.

What stood out in the February U.S. jobs report Instant View: U.S. February job growth stalls but wage gains strong

Instant View: U.S. February job growth stalls but wage gains strong

The unemployment rate fell back to below 4 percent and a wider measure of underemployment fell by the most ever. In addition, annual wage growth was the best since 2009, and the economy created 12,000 more jobs in December and January than previously reported, bringing the total for the two months to 538,000.

"We had warned that recent employment gains had overstated the underlying strength of the U.S. labor market," said Harm Bandholz, chief U.S. economist at UniCredit Research in New York. "And the correction now came in February with a bang, rather than spread out over various months."

Still, the mixed report was another indication the economy, which in July will mark a record 10 years of expansion, is slowing and supports the Federal Reserve's "patient" approach toward



further interest rate increases this year.

The economy is losing speed as the stimulus from a \$1.5 trillion tax cut and increased government spending ebbs. The record goods trade deficit is also hurting activity as well as slowing global economies. Growth estimates for the first quarter are around a 1 percent annualized rate.

Economists polled by Reuters had forecast nonfarm payrolls rose by 180,000 jobs last month. In addition to the weather and rising worker shortages, a stock market selloff and jump in U.S. Treasury yields in late 2018, which tightened financial market conditions, also likely curbed hiring.

The length of the average workweek fell to 34.4 hours last month from 34.5 hours in January.



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Oil drops 1 percent as economic outlook weakens, U.S. supply surges

NEW YORK (Reuters) - Oil prices fell about 1 percent on Friday after disappointing U.S. job growth revived concerns about a slowing global economy and weaker demand for oil.

With surging U.S. oil supply also unsettling markets, Brent crude futures fell 56 cents, 0.8 percent, to settle at \$65.74 a barrel. The international benchmark gained 1 percent for the week. U.S. West Texas Intermediate (WTI) crude futures fell 59 cents, or 1 percent, to settle at \$56.07 a barrel. WTI still ended 0.5 percent higher for the week, however.

U.S. job growth almost stalled in February, with the economy creating only 20,000 jobs amid a contraction in payrolls in construction and several other sectors. The report dragged down U.S. stock markets, along with oil futures. [N]

Financial markets also took a hit after comments on Thursday from European Central Bank President Mario Draghi that the European economy was in "a period of continued weakness."

"If we see equity markets continue to sink, it will eventually drag energy prices lower with it," said Brian LaRose, a technical analyst at United-ICAP.

The European and U.S. economic weakness comes as growth in Asia is also slowing.

China's dollar-denominated February exports fell 21 percent from a year earlier, representing the biggest drop in three years, far worse than analysts had expected. Imports dropped 5.2 percent.

"We've witnessed this week a rekindling of worries about demand growth," said Gene McGillian, vice president of market research at Tradition Energy in Stamford, Connecticut.

So far oil demand has held up, especially in China, where imports of crude remain above 10 million barrels per day (bpd). Yet a slowdown in

economic growth could eventually dent fuel consumption and pressure prices.

On the supply side, oil has received support this year from output cuts led by the Organization of the Petroleum Exporting Countries. Saudi Arabia's crude oil production in February fell to 10.136 million barrels per day (bpd), a Saudi industry source told Reuters.

U.S. sanctions against the oil industries of OPEC members Iran and Venezuela have also supported futures.

But the United States is giving individuals and entities more time to wind down certain financial contracts or other agreements related to Venezuela's state-owned oil company, the U.S. Treasury Department's Office of Foreign Assets Control (OFAC) said.

Meanwhile, U.S. crude production has increased by more than 2 million bpd since early 2018 to 12.1 million bpd, making America the world's biggest producer.

Wall Street falls for 4th straight day. Investment bank Jefferies said U.S. output growth was largely being fueled by onshore shale production, which had recently benefited from investments by Exxon Mobil and Chevron.

However, U.S. energy firms this week cut the number of oil rigs operating for a third week in a row to the lowest level in 10 months, General Electric Co's Baker Hughes energy services firm said on Friday.

Hedge funds and other speculators raised their combined futures and options position in New York and London by 21,416 contracts to 155,426 in the week ended March 5, the U.S. Commodity Futures Trading Commission (CFTC) said on Friday.



FILE PHOTO: Cutouts depicting images of oil operations are seen outside a building of Venezuela's state oil company PDVSA in Caracas, Venezuela January 28, 2019. REUTERS/Carlos Garcia Rawlins/File Photo/File Photo



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Editor's Choice



People protest against President Abdelaziz Bouteflika, in Algiers, Algeria March 8, 2019. Signs read "Only Hero, The people" (R) and "No to the fifth term" (L). Reuters/Zohra Bensemra



Residents line the road to watch President Donald Trump's motorcade as he visits Beauregard, Alabama, U.S., March 8, 2019. REUTERS/Mike Theiler



A view shows clothing and items scattered on the site where a cargo truck careened off a road and turned over, killing at least 25 migrants from Central America, in Francisco Sarabia



People protest against President Abdelaziz Bouteflika, in Algiers



Auschwitz survivor Eva Schloss, stepsister of Holocaust diarist Anne Frank, talks to the media at Newport Harbor High School after speaking with a group of students



FILE PHOTO: Traders work on the floor of the NYSE in New York



Chelsea Manning speaks to reporters outside the U.S. federal courthouse shortly before appearing before a federal judge and being taken into custody for contempt of court in Alexandria, Virginia



People attend a demonstration marking the International Women's Day in Copenhagen, Denmark, March 8, 2019.

Boston Mayor Walsh Rethinking Supervised Injection Sites



“I think that if it keeps people alive, it’s worth exploring,” Boston Mayor Martin J. Walsh said of supervised drug sites.

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

fundamental level, they save lives. An overdose can quickly turn deadly — it did for nearly 2,000 people in Massachusetts last year.

But under the watchful eye of a trained medical professional with the overdose-reversing drug Narcan on hand, fatal overdoses at supervised injection sites have been nonexistent.

The sites also have broad support within the medical community, part of a philosophy called “harm reduction” — the idea that public health policies should seek to lessen the pain, suffering, and stigma that afflicts people living with addiction.

So whether supervised injection facilities lead people directly into recovery is almost beside the point: 100 percent of the people who die in bedrooms and bathrooms and alleys with needles in their arms will assuredly never make it to another Narcotics Anonymous meeting. But if Boston can keep people struggling with addiction alive, then maybe eventually they will find their way to recovery. This idea, simple but revolutionary, took root in Walsh’s head.

At a conference in Boston not long after, Walsh sidled up to the mayor of Edmonton to ask about Canada’s supervised injection sites. The answers weren’t what Walsh expected.

“He was not responding the way I think a mayor would respond if there was this chaotic scene,” Walsh said. “I kinda got hooked a little bit.”



A man resting after injecting heroin he bought on the street at the Insite safe injection clinic in Vancouver, B.C. in 2011. (Photo/AP)

Now a member of the state’s Harm Reduction Commission, charged with recommending new ways to tackle addiction and the opioid crisis, Walsh traveled to Montreal and Toronto in January with Cambridge Mayor Marc McGovern and toured injection sites in both cities. He came back largely convinced that operating the sites responsibly and without neighborhood chaos is at least possible, and worth a very close look for Boston.

In a recent interview, Walsh pored over notes and documentation from the trip, recalling the details of each stop, the fact that neither the rooms inside nor the streets

outside were overrun with people hanging around, buying, selling. He watched a woman shoot up, something he said he’s seen before.

“I think that if it keeps people alive, it’s worth exploring,” Walsh said. “Am I afraid to take this issue on? No, absolutely not.” That represents a major evolution for a mayor who, less than a year ago, wanted nothing to do with the idea.

“Having sat with him on the committee, I’ve experienced an opening, a willingness, to engage in the conversation. And a real effort to understand something that is foreign to a lot of people,” said Cindy Friedman, a state senator from Arlington who serves with Walsh on the Harm Reduction Commission.

“He opened himself up. . . . That’s what it means to take this epidemic seriously.”

To walk that path could not have been easy for Walsh. Despite evidence that supervised injection sites save lives — a 2017 survey of scientific literature found decreases in overdose deaths, ambulance calls, and HIV infections — they do not seem to have drawn widespread support from the public.



Man injects himself in a supervised injection center.

“Some people think this is wrong, what I’m doing,” said Walsh, who still gets calls and texts from friends and acquaintances who are trying to coax people they care about into recovery — and know they can count on Walsh for help and guidance.

But he also catches flak from the other side. At a recent harm reduction meeting, commissioner Aubri Esters, an intravenous drug user, took Walsh to task for dragging his feet while people are dying.

“It’s personal for me,” Esters said at the meeting late last month. “My people are dying, under those trucks on Methadone Mile.”

“It’s personal for me, too,” Walsh said. But opening a supervised injection site is no simple matter, as it’s not at all clear that they are legal. Though several are functioning in Canada, none are open in the United States. US Attorney Andrew Lelling has repeatedly vowed to meet any attempt with enforcement action.

Last week, the US attorney in Pennsylvania

sued a Philadelphia nonprofit called Safehouse over its plans to launch a site there. The lawsuit hinges on a section of the federal controlled substances act known as the crack house statute, that makes it illegal to “manage or control any place . . . for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance.”

But supervised injection sites aren’t crack houses, and the law was written long before anyone contemplated the idea of creating a medical facility for injection drug users.

In the federal case against Safehouse, prosecutors wrote, “It does not matter that Safehouse claims good intentions in fighting the opioid epidemic.” Whether the courts agree remains to be seen.



A supervised injection site location in Philadelphia.

If Boston decides to move forward with its own sites — Walsh said a city facility, rather than a nonprofit, would be his preference when the time comes — the legal path may be clearer, because a municipality may be able to build a public health case that a nonprofit could not.

“When he said ‘a nonprofit shouldn’t do this — we should do it,’ that’s incredible,” Friedman said. That, she said, would open the door to legal questions about what a city or state can do during a declared emergency.

This opioid crisis has claimed so many lives that we’ve had to get a lot better at talking about addiction. But truly believing that addiction is a disease, and an epidemic, has been slower.

“Addiction is here. Any pathway into recovery . . . we should be looking at it,” Walsh said. Supervised injection facilities aren’t the only solution — far from it. And Walsh still believes strongly in the path he walked to sobriety.

“There’s no magic solution. It takes a community. And part of what I witnessed in the injection sites was a community . . . people who cared about people, and had the patience, and wanted to try to help these folks live.”

That’s not just saying the right thing — it’s believing it, feeling it, understanding it. Sometimes, that means opening your mind. Or even changing it. (Courtesy boston-globe.com)

Boston Mayor Martin J. Walsh knows more than most about addiction. He got sober more than 20 years ago — alcohol, not drugs — and has stayed that way thanks to what some simply call the program: Going to meetings, working the 12 steps, taking sobriety one day at a time.

“It changed my life. It helped make me the person I am today,” Walsh said of the role Alcoholics Anonymous has played in his decades-long recovery. “So when I got elected as a state rep, I was a big advocate for [putting] more money into recovery, and most of my thinking was abstinence-based treatments, 12-step programs, and counseling and therapy.”

And so the notion of the city providing places for people to inject illegal drugs acquired outside the facility under the watchful eye of medical professionals, places known as supervised injection facilities, made the mayor recoil. This wasn’t abstinence; if anything, it sounded like the opposite of the ethos that transformed his life.

But if AA meetings could change his life, maybe it’s not so surprising that one could change his mind, too.

At a meeting one night last spring, someone at the podium said something that set in motion a remarkable evolution in the mayor’s thinking.

“He said, ‘Whatever the pathway into recovery is, we should be accepting of it,’” Walsh recalled. “He was talking about recovery, but I started thinking immediately, ‘Am I in the right place on safe injections?’”



If Walsh remembers who said it, or where, he’s not telling. In AA, that second “A” is for anonymous. But the comment began turning Walsh from a self-described “hard no” on supervised injection facilities, into someone who, if not quite a supporter yet, sounds quite convinced of their lifesaving potential and eager to see how they might fit into the fight against the opioid epidemic here.

After that AA meeting, Walsh asked staff from the city’s office of addiction services for some research. He read through some of the studies, including a large body of research that supports the creation of supervised injection sites because, at their most

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New York City Sets An Example For Other U.S. Cities

New York City Mayor Guarantees Comprehensive Health Care For All in Historic Surprise Announcement



Mayor de Blasio's surprise announcement guaranteeing that all New Yorkers would get comprehensive health care is sparking concern that doctors will be spread too thin.

OVERVIEW

In a surprise announcement during his State of the City presentation on January 8, 2019, New York Mayor de Blasio laid out the most comprehensive, universal health coverage in nation will guarantee primary and specialty care to 600,000 uninsured New Yorkers.

New York City will begin guaranteeing comprehensive health care to every single resident regardless of ability to pay or immigration status.

The \$100M plan will roll out this year; NYers can access the program via the city's website or by calling 311.

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

New York City will begin guaranteeing comprehensive health care to every single resident regardless of someone's ability to pay or immigration status, an unprecedented plan that will protect the more than half-a-million New Yorkers currently using the ER as a primary provider, Mayor Bill de Blasio said.

It's not health insurance, his spokesman clarified after the surprise announcement on MSNBC Tuesday morning.

The plan will serve the 600,000 New Yorkers without insurance by strengthening NYC's public health insurance option,

MetroPlus, and guaranteeing anyone ineligible for insurance – including undocumented New Yorkers – has direct access to NYC Health + Hospitals' physicians, pharmacies and mental health and substance abuse services through a new program called NYC Care. All services will be affordable on a sliding scale.



"Health care is a right, not a privilege reserved for those who can afford it," said Mayor de Blasio. "While the federal government works to gut health care for millions of Americans, New York City is leading the way by guaranteeing that every New Yorker has access to quality, comprehensive access to care, regardless of immigration status or their ability to pay." "With today's announcement of NYC Care, New York City takes another leap ahead of the rest of the nation in providing mental health services," said First Lady Chirlane McCray. "Guaranteed health care means guaranteed MENTAL health care and alcohol/drug addiction treatment. No other city or state provides these comprehensive services to ALL residents."



"NYC Care will be the biggest and most comprehensive health coverage program in the country," said Dr. Mitchell Katz, President and CEO of NYC Health + Hospitals. "Building on the great work of our doctors, nurses and staff, and working collaboratively with community partners, NYC Health + Hospitals will help give all New Yorkers the quality care they deserve." Thanks to the Affordable Care Act, 8 million New Yorkers now have health insurance, and the uninsured rate is about nearly half of what it was in 2013. In the last two years, New York City's Public Engagement Unit coordinated signing up more than 130,000 New Yorkers for plans through the exchanges created by the law. However, about 600,000 New Yorkers remain without insurance, because they do not or cannot enroll.

Through this new initiative, New York City will create a bigger, better, more comprehensive program for guaranteed health care. The City aims to better connect people to more effective and affordable health

care in one of two ways:

1.NYC Care: The city will connect hundreds of thousands of New Yorkers who are ineligible for health insurance – including undocumented New Yorkers and those who cannot afford insurance – to reliable care. Anyone will be able to access comprehensive care across NYC Health + Hospitals' more than 70+ locations, once the program is fully ramped up. NYC Care is open to anyone who does not have an affordable insurance option and will be priced on a sliding scale, to ensure affordability. NYC Care will provide a primary care doctor and will provide access to specialty care, prescription drugs, mental health services, hospitalization, and more.

2.NYC's Public Option: The City will double down on efforts to boost enrollment in MetroPlus, the City's public option. MetroPlus provides free or affordable health insurance that connects insurance-eligible New Yorkers to a network of providers that includes NYC Health + Hospitals' 11 hospitals and 70 clinics. MetroPlus serves as an affordable, quality option for people on Medicaid, Medicare, and those purchasing insurance on the exchange. The City is committed to strengthening MetroPlus and connecting more independent workers, City vendors and City workers to that option. It also will improve the quality of the MetroPlus customer experience through improved access to clinical care, mental health services, and wellness rewards for healthy behavior.

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"This is the city paying for direct comprehensive care (not just ERs) for people who can't afford it, or can't get comprehensive Medicaid — including 300,000 undocumented New Yorkers," spokesman Eric Phillips tweeted. The city already has the foundation for such a plan — a public health insurance option that helps get direct care to undocumented residents.

That option will be expanded, the mayor said, and supported with the addition of a

new program called NYC Care. Patients who seek health coverage through NYC Care will receive a card that allows them to see a primary care doctor and seek specialty care services, de Blasio said.

Those who can afford to pay will pay for services on a sliding scale, while those who can't will receive free coverage, he noted. New Yorkers will be able to access the program through the city's website or simply by calling 311. There will be no tax hikes to fund it, the mayor said.



NYC Care is expected to launch in the Bronx this summer and be available in the other four boroughs in 2021, the release said.

It'll cost at least \$100 million, according to the release.

"We'll put the money in to make it work; it's going to save us money down the line," de Blasio said on MSNBC. "We're already paying an exorbitant amount to pay for health care the wrong way when what we should be doing is helping them get the primary care."

"This has never been done in the country in a comprehensive way," de Blasio said on MSNBC. "Health care isn't just a right in theory, it must be a right in practice. And we're doing that here in this city."

"For the primary care doctors, we will have a large influx of people who did not have insurance who now will," she told News 4. "Will we have a large enough pool of primary care doctors to support that?" (Courtesy <https://www1.nyc.gov/office-of-the-mayor/news/017-19> and <https://www.nbcnewyork.com/news>)

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