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O'Rourke holds rally near Mexican border that Trump threatens to shut



Inside C2

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Make Today Different

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Trump ready to slap more tariffs on China after G20 meeting

WASHINGTON/BEIJING (Reuters) - U.S. President Donald Trump said on Monday he was ready to impose another round of punitive tariffs on Chinese imports if he does not reach a trade deal with China's president at a Group of 20 summit later this month.

Since two days of trade talks last month in Washington ended in a stalemate, Trump has repeatedly said he expected to meet Chinese President Xi Jinping at the June 28-29 summit in Osaka, Japan. China has not confirmed any such meeting.

Trump said last week he would decide after the meeting of the leaders of the world's largest economies whether to carry out a threat to slap tariffs on at least \$300 billion in Chinese goods.

In an interview with CNBC on Monday, Trump said he still thought Xi would attend the summit. When asked if a fresh round of U.S. tariffs would go into effect if the Chinese leader was not at the meeting, Trump said, "Yes. It would."

"If we don't make a deal, you'll see a tariff increase," Trump told CNBC. He added that he has a "great relationship" with Xi and said Beijing wanted to make a deal with the United States.

China's foreign ministry said on Monday that China is open to more trade talks with Washington but has nothing to announce about a possible meeting.

Trade tensions between Washington and Beijing rose sharply in May after the Trump administration accused China of having reneged on promises to make structural economic changes during months of trade talks.

The United States is seeking sweeping changes, including an end to forced technology transfers and theft of U.S. trade secrets. It also wants curbs on subsidies for Chinese state-owned enterprises and better access for U.S. firms in Chinese markets.



FILE PHOTO: U.S. President Donald Trump talks to reporters as he departs for travel to Japan from the White House in Washington, U.S., May 24, 2019. REUTERS/Leah Millis

Alice Chen edged out Auturo Jackson in the tight race for Stafford councilmember

Voters flooded into the Alice election office in city of Stafford on Saturday, June 8, greeting and celebrating the final winning of the competitive runoff election.

Runoffs were completed Saturday with four candidates vying for spots on city councils. The race in Stafford was particularly tight with just 45 votes.

Alice Chen got 51.9% of the vote compared to 48.1 percent for Jackson.

Alice Chen reversed her fortunes from the May 4 election where Jackson came just short of collecting enough votes to avoid a runoff with 49.4% of the votes, just nine votes shy of the number needed. Alice Chen finished second in the race with 44.9% of the ballots cast in the three-person race.



Volunteer Rachal Gai (L) and Alice Ma (C) deliver fliers and reach voters to support Alice Chen (R) during the election campaign.



Alice Chen thanks to all supporters after she defeats her election rival. (Photo By Jun Gai)



肩頸腰痛可能是脊椎軟骨突出所造成

幹細胞療法

您是否常有以下症狀？脖子痛、肩膀痛、腰痛、頭痛？小心，可能是因為脊椎軟骨突出而引起的。許多人長期久坐或姿勢不良，腰椎長期處於過度壓力中，脊椎軟骨便逐漸萎縮，疼痛開始隨身。

使用「幹細胞」來治療關節炎、膝關節受傷、腰背痛、肩膀痛、手腕或肘部痛、腳痛、足底筋膜炎等各種疼痛，不用開刀就能有效消除病痛。

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Editor's Choice



New York Governor Cuomo arrives at 787 7th Avenue in midtown Manhattan where helicopter crashed in New York



Soccer Football - UEFA Nations League Final - Portugal v Netherlands - Estadio do Dragao, Porto, Portugal - June 9, 2019 Portugal's Cristiano Ronaldo and team mates celebrate winning the UEFA Nations League Final with the trophy Action Images via Reuters/Carl Recine TPX IMAGES OF THE DAY



Protest to demand authorities scrap a proposed extradition bill with China, in Hong Kong



Tennis - French Open - Roland Garros, Paris, France - June 9, 2019. Spain's Rafael Nadal celebrates with the trophy after his final match against Austria's Dominic Thiem. REUTERS/Kai Pfaffenbach TPX IMAGES OF THE DAY



Greyhounds compete during an annual international dog race in Gelsenkirchen, Germany, June 9, 2019. REUTERS/Thilo Schmuellen TPX IMAGES OF THE DAY



A racer crashes during ISU-1 Hanyu Grand Prix, while taking part in the office chair race ISU-1 Grand Prix series, in Hanyu



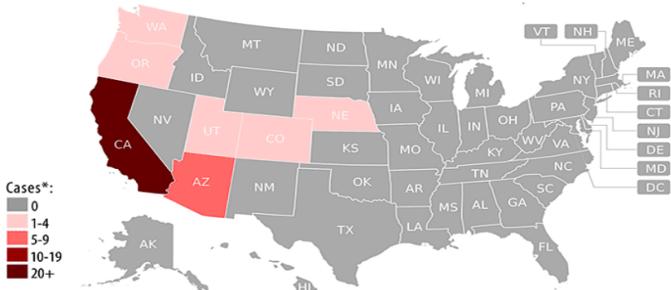
Police officers detain opposition supporters during a protest against presidential election, in Almaty



A police officer detains a demonstrator during a protest to demand authorities scrap a proposed extradition bill with China, in Hong Kong, China June 9, 2019. REUTERS/Thomas Peter TPX IMAGES OF THE DAY

Measles Outbreak This Year Has Been Worst Of The Century

U.S. Multi-state Measles Outbreak December 28, 2014 - March 13, 2015



From December 28, 2014 to March 13, 2015, 145 people from 7 states in the U.S. (AZ (7), CA (129), CO (1), NE (2), OR (1), UT (3), WA (2)) were reported to have measles and are considered to be part of a large, ongoing outbreak linked to an amusement park in California.

*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases



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

As of May 31, the U.S. has recorded 981 cases in 26 states this year, the Centers for Disease Control and Prevention said Monday — the highest number since 1992, when 2,196 cases were reported for the year.

Measles was declared “eradicated” in the U.S. in 2000, years after the development and implementation of the MMR vaccine, which is 97% effective with 2 doses. But the extremely contagious virus has crept back into American society, mainly via pockets of communities who refuse to use the vaccinations, experts have told Axios.

The CDC warned last Thursday in an updated news release:

“Outbreaks in New York City and Rockland County, New York have continued for nearly 8 months. If these outbreaks continue through summer and fall, the United States may lose its measles elimination status. That loss would be a huge blow for the nation and erase the hard work done by all levels of public health.”

Before widespread vaccination, roughly 3 to 4 million Americans got measles each year, leading to an estimated 400–500 deaths and 48,000 hospitalizations,

per the CDC.

•The highest number of annual cases in the U.S. recorded by the CDC since 1942 was in 1958 when 763,094 people reported infections.

STATES WITH MEASLES CASES IN 2019



MPHC Centers for Disease Control and Prevention

The return of measles

Measles — declared eradicated in the U.S. in 2000 — has roared back at a record pace this year.

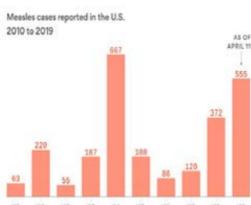
Most Americans have no firsthand experience with measles and that lack of familiarity, along with the online success of the anti-vaccine movement, is giving a deadly but easily preventable virus an opening to spread.

So far in 2019:

- 695 confirmed cases of measles in 22 states.
- More than 70 new confirmed cases reported in just the past week.

ported in just the past week. •5 states reporting ongoing outbreaks as of Monday (at least 3 cases in one place counts as an outbreak).

Today, due in large part to vaccination efforts that began in 1963, most Americans have no experience with the measles virus.



•Parents may be fooled into thinking that measles is a relatively mild disease, similar to the flu, and think vaccination is unnecessary or not a priority.

•This is not only wrong, but it could have deadly consequences.

“Parents may think that many vaccine-preventable diseases are mild, but there’s no way to tell how serious a disease may be for a child,” CDC spokesman Jason McDonald tells Axios via email. But measles can be particularly hazardous for babies and young children, he says.

•From 2001–2013, 28% of children younger than 5 years old who had measles had to be treated in the hospital, McDonald said, referring to relatively small outbreaks related to measles patients who traveled to the U.S. from areas where the disease is still active.

•“Some children develop pneumonia (a serious lung infection) or lifelong brain damage.”

Different vaccine-hesitant communities added together are causing vaccination rates to fall below effective immunity levels, Anthony Fauci, who leads the National Institutes of Allergy and Infectious Diseases, tells Axios.

“It is kind of like all of the stars are in the right place for the disaster we’re seeing now because we’re having multiple factors combining together to give us these outbreaks,” Fauci says.



The situation is worrying enough in New York State alone that the CDC issued a stark warning last week: “The longer these outbreaks continue, the greater the chance measles will again get a sustained foothold in the United States.”

The bottom line: One relatively morbid source of hope, however, are the widely-reported health impacts from the ongoing outbreaks, with children in intensive care units and an El Al Airlines flight attendant in a coma.

“I think unfortunately the best motivation... is that we’re having these outbreaks and people are really getting seriously ill,” Fauci says. “Those are the things that are going to jolt people into reconsidering this.”

Between the lines: The national average vaccination coverage in kindergarten children is at a level (94.3% for 2 doses of the measles, mumps and rubella vaccine for the 2017–2018 school year) consistent with the “herd immunity” necessary to prevent a nationwide outbreak. However, pockets of community resistance to the vaccine are allowing the virus to make inroads, experts have told Axios.

•Globally, the World Health Organization and UNICEF announced Monday that provisional data also shows that in 170 countries there have been more than 112,000 cases so far this year, compared with the numbers from all of last year, which was 28,124 cases from 163 countries.

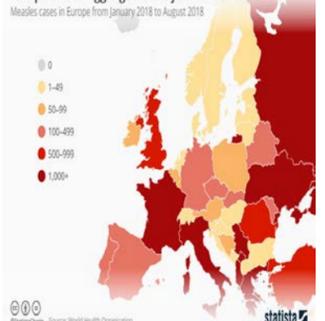
What they’re saying: Peter Hotez, professor and dean of the National School of Tropical Medicine at Baylor College of Medicine, tells Axios:

“The year 2019 may be remembered for

the return of measles to America, almost 20 years after it was eliminated in the U.S. We’re reaching record levels in terms of numbers of cases and outbreaks, with all of them largely engineered by the anti-vaccine lobby. We now have children in intensive care units.”

“If our nation is serious about stopping future measles epidemics, in the coming years it will be essential for us to begin dismantling the anti-vaccine media empire now dominating the internet and social media and e-commerce sites, together with shutting down the non-medical vaccine exemptions currently allowed across most of the U.S.”

Europe Still Struggling With Major Measles Outbreak



The heads of the WHO and UNICEF write in an opinion piece for CNN that there’s a “global crisis.” They implore governments, medical professionals and others to help provide vaccines to lower-income countries and to take a stronger stand against misinformation globally. Per their op-ed:

“Ultimately, there is no ‘debate’ to be had about the profound benefits of vaccines. We know they are safe, and we know they work. More than 20 million lives have been saved through measles vaccination since the year 2000 alone.”

“But children are paying the price for complacency. It will take long-term efforts, political commitment and continuous investment — in vaccine access, in service quality and in trust — to ensure we are, and remain, protected together.” (Courtesy axios.com)

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VA Mission Act Will Provide New Patient Care Options And More Community Assistance Choices

Vets Get Access To Urgent Care And Private Medical Care Under New Law



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

The Department of Veterans Affairs MISSION Act has officially launched, working to expand patient access to care and boost community care options.

“The changes not only improve our ability to provide the health care Veterans need, but also when and where they need it,” VA Secretary Robert Wilkie said in a statement on the day of the program’s launch. “It will also put Veterans at the center of their care and offer options, including expanded telehealth and urgent care, so they can find the balance in the system that is right for them.”

The program, which revamps the previous Veterans Choice program, was made official nearly one year ago when President Trump signed the \$5.2 billion MISSION Act into law.

“In every generation there have been heroes like them, patriots who answer the call to serve, who do whatever it takes, wherever and whenever we need them to defend America,” the President said upon signing the bill. “They put everything on the line for us. And when they come home, we must do everything that we can possibly do for them.

And that’s what we’re doing.”



The Department of Veterans Affairs will pay for treatment from non-VA doctors under certain conditions.

Foremost, the MISSION Act overhauls the Veterans Choice program, which had long received scrutiny from industry leaders. Choice came with long wait times and was too complicated to be functional, many lawmakers agreed.

Under the MISSION Act, veterans will face more simplified parameters to qualify for third-party care. Additionally, the MISSION Act gets rid of some administrative properties tied to the referral process, ideally reducing the amount of time patients must wait between VA referral and connecting with the third-party clinician.

The law expands VA’s community care program and streamlines it into one program.

The MISSION Act also extends caregiver access to veterans who served prior to 9/11; previous to the law, the caregiver programs only applied to post-9/11 veterans.

Ultimately, the MISSION Act was designed to make it easier for veterans to access healthcare and to put those veterans at the center of their care.

“We owe our veterans the best possible care and support that they have earned,” said Senator Johnny Isakson, one of the bipartisan bill’s co-sponsors. “This is a truly meaningful victory for our nation’s veterans, who will benefit from more choice and fewer barriers to care. The signing of this legislation marks the completion of the final piece in a great mosaic of veterans reforms that we set out to accomplish over the last two years.”



As of last Thursday, U.S. veterans have been granted expanded access to medical care outside Department of Veterans Affairs as part of a law signed last year by President Donald Trump.

This law has not come without its controversies. Senate probes and investigations from the Government Accountability Office (GAO) have looked into whether the program will result in VA privatization and whether the agency is genuinely prepared for the program’s rollout.

“Since the Mission Act was signed into law, my concern is that VA’s primary focus is supplanting in-house care, as opposed to supplementing that care when it makes the most sense for veterans,” said Senator Jon Tester during a hearing on the MISSION Act. “In its rush to open the door to the private sector, my concern is that VA is outsourcing its responsibility to ensure veterans receive timely and high-quality care.” Tester acknowledged VA’s limited knowledge about the timeliness of veteran community care access as well as the quality of care delivered, despite VA promises to

allocate funds to community providers who deliver top-notch care.

“So on one hand, VA doesn’t have a clear understanding of how much this Program will cost. And on the other, VA openly states that it would make funding decisions based on whether its facilities are meeting the standards it fails to enforce on the private sector,” Tester said. “What I see is behavior that smacks of a deliberate effort – not to implement the best policy but to carry out a political agenda.”



The John Cochran VA Medical Center in St. Louis, Mo. (Shown above) New rule changes Thursday have expanded veterans’ ability to seek care from private physicians. (Photo UPI)

For its part, VA has worked to address concerns about VA privatization, stating that this program is about expanding veteran choice for care access.

“It is important to note that the proposed Veterans Community Care Program does not supplant VA’s mission to provide care in VA facilities to Veterans who have earned it,” Richard A. Stone, MD, VA’s executive in charge, explained during the hearing. “VA’s proposed access standards will complement existing VA care by providing Veterans with greater choice to receive care in the community based on their individual needs and preferences.”

GAO has likewise noted some issues with the MISSION Act, launching an investigation into the VA’s preparedness to roll out the program. Specifically, GAO found that the agency lacked sufficient systems to carry out the Veterans Community Care Program (VCCP) and did not have enough information about referral times. Additionally, GAO stated that VA had now carried out recommendations for improving the VCCP. Other critics have pointed to issues with the VA’s new EHR rollout as a detriment to VCCP, but the agency has noted that the

community care program is not contingent on the revamped EHR software.



The Department of Veterans Affairs MISSION Act has officially launched delivering expanded patient access to health care while boosting community care options.

“While electronic health records modernization is an important improvement, it’s not central to the success of the MISSION Act,” VA Secretary Robert Wilkie, said in a recent response to media critics. “No one from the VA has ever said implementation of the new private care option Veterans will have under the MISSION Act is ‘years’ away because of our effort to modernize health records.”

Instead, VA promised fewer bureaucratic hurdles for its veteran beneficiaries upon the MISSION Act’s launch, Wilkie said in an emailed statement to veterans earlier this week.

“What can Veterans expect on June 6?” he posited. “Less red tape, more satisfaction and predictability for patients, more efficiency for our clinicians, and better value for taxpayers.”

Additionally, veterans can expect expanded access to community care options, access to walk-in or urgent care clinics, and what Wilkie said will be a stronger patient-provider relationship.



The official Urgent Care Provider badge.

It is difficult to say how the program will impact veterans on only the first day of implementation. If VA can, in fact, overcome the hurdles laid out by its critics, the program has the promise to expand veteran access to care and choice in care. But the challenges are clear, and limited systems for addressing wait times and third-party clinician referrals may prove daunting for the agency. (Courtesy patientengagement.vha.gov)

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