

### We Are Proud Of Our Service To The Community Management Districts Fill Gaps In City Service

Five Houston area management districts sent a letter to the Houston Chronicle last week to let the general public understand how all these districts have been working to enhance public safety, business opportunities and other forms of quality of life issues for several years.

When the coronavirus pandemic attacked our city, we felt more privileged to be a part of the helping hand.

As centers of Houston's Asian population, the Southwestern District and International District have partnered with local civic associations to provide more than three million dollars worth of food, protective medical supplies and laptop computers to local residents, first

responders and frontline health care professionals.

When Mayor Turner said we might have to cut some city services because of the shortfall in tax income revenues, this became a critical time when we could fill in for some city services.

Even though the whole nation is open for business, we still can't effectively control the pandemic in some big cities because unemployment rate is so high. Plus, with police brutality being so prevalent, there is a lot of unrest in many of our communities.

We also want to express our appreciation to all our colleagues



working in the different cities. Because of your sacrifice and hard work in the last three months, we have never suspended any issue of our newspaper. We are publishing daily and all those colleagues still have to come to the TV studio to broadcast news, and our pressmen still have to come to the pressroom every night to print and deliver the daily newspaper.

We are so proud that our team can be of service to our community and to the nation and let you be informed on what is going on around the world.

One day history will definitely record our stories. As the 26th President of the United States, Theodore Roosevelt, once said, "Do what you can with what you have where you are."



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Stay Safe!

# BUSINESS

Mask Up!

## 100,000 People Dead From COVID-19 In The U.S.



A volunteer artist sets up a memorial May 20 in Brooklyn. Artists and volunteer organizers across New York City put up memorials throughout the five boroughs to honor those who died of COVID-19. (Photo/LightRocket via Getty Images)

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

The U.S. death toll from COVID-19 has reached a somber milestone: As of Wednesday afternoon, the highly infectious viral disease has taken more than 100,000 lives nationwide. Soaring from two known coronavirus fatalities in February to more than 58,000 in April, the tally of U.S. deaths — in a country with fewer than 5% of the world's inhabitants — now accounts for nearly one-third of all the known lives lost worldwide to the pandemic. According to a mortality analysis by Johns Hopkins University's Coronavirus Resource Center, about 6% of the nearly 1.7 million people who have tested positive for the coronavirus in the U.S. have succumbed to the disease. Public health experts said the coronavirus has exposed the vulnerability of a wide range of Americans and the shortcomings of a U.S. health care system faced with a deadly pandemic. "What is different about this is, it is affecting all of us in a variety of ways, even if some of

us are able to social distance in more effective ways than others," said sociology professor Kathleen Cagney, who directs the University of Chicago's Population Research Center. "But we all feel at risk."



Family and friends lay flowers on the casket of Bishop Carl Williams Jr. last week at Hollywood Memorial Park and Cemetery in Union, N.J. Only a few family members were permitted to attend the service in person due to the pandemic. (Photo/Wenig/AP) Even some who are well-acquainted

with earlier health scourges in the U.S. were caught off guard by this one. "I think anybody who understands anything about infectious disease recognizes that we were going to sooner or later face something like this," said John Barry, a professor at Tulane University School of Public Health and Tropical Medicine and author of *The Story of the Deadliest Pandemic in History*, on NPR's Fresh Air earlier this month. "But, you know, intellectually understanding it is one thing, and having it hit you is something quite different." **Demographic disparities in deaths** People have died from the disease in all 50 states and most U.S. territories. But the impact has been felt unevenly. Demographic statistics that the Centers for Disease Control and Prevention has posted of the first nearly 69,000 fatalities show some striking disparities: — The disease has been far deadlier for males than females. For age groups up to 75 years old, about twice as many men and boys have been killed by COVID-19 as have women and girls. — Older people have died in much greater numbers than those who are younger. Eighty percent of the known fatalities were at least 65. — Racial and ethnic disparities in who is dying have also become apparent, even while tracking data that Johns Hopkins has compiled remain incomplete.



A man sets a candle outside the Otay Mesa Detention Center during a "Vigil for Carlos" on May 9 in San Diego. The vigil was held to commemorate Carlos Ernesto Escobar Mejia, who died of COVID-19-related symptoms at the detention center. (Photo/AFP via Getty Images)

In Alabama, for example, 44% of those killed by COVID-19 were black in a state where fewer than 27% of its residents are African American. Similarly, while African Americans make up 14% of Michigan's population, they account for 40% of that state's COVID-19 fatalities. Native American communities have also been hit especially hard by the pandemic. In Arizona, Native Americans account for about 5% of the population but make up nearly 17% of that state's COVID-19 fatalities. The University of Chicago's Cagney said that differences in socioeconomic status — and thus the ability to practice social distancing — are contributing to COVID-19's uneven lethal impact. "If you look at the locations where people are disproportionately dying, they are in places that are lower income," Cagney said. "They are places that likely have multiple residents in a single-unit space. They are places where people rely on public transit and rely on services like big-box locations, where by entry alone you're putting yourself at risk." The degree of devastation wrought by the pathogen has taken even some public health experts by surprise. "Back in March, I did not think this would be possible — I was not expecting 100,000 deaths," said Christopher Murray, director of the Institute for Health Metrics and Evaluation at the University of Washington.



Nurses and health care workers mourn colleagues who died during the pandemic at a demonstration in April outside Mount Sinai Hospital in Manhattan. (Photo/AFP via Getty Images) "I really believed we as a nation would have taken the decision to put in place social dis-

tancing and accepted the economic hardship that it's creating, and that we would have stuck to it to get transmission down to a very low level." A study done this month by a Columbia University research team suggests the number of coronavirus deaths in the U.S. could have been considerably lower had Americans been told sooner to stay home and maintain social distancing. A "pre-print" version of the report — meaning it has yet to be peer-reviewed — finds that "55% of reported deaths as of May 3, 2020, could have been avoided if the same control measures had been implemented just one week earlier." By that measure, the nationwide death toll on that date of 65,307 could have instead stood at 29,410 — meaning nearly 36,000 lives might have been saved. "The lesson isn't what this means for the next time we have a pandemic with a new virus," said Jeffrey Shaman, one of the study's co-authors. "The lesson is really what are we doing with this virus as we move forward that it isn't going anywhere and that we still have to contend with it." Asked about the Columbia University study, President Trump dismissed it last week as "just a political hit job." (Courtesy npr.com)

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# Editor's Choice



With the dome of the U.S. Capitol in the background, a homeless man named Damu stretches on the National Mall in Washington. REUTERS/Kevin Lamarque



A woman holds her inhaler and leans on another person after being sprayed with mace by police officers during a protest near the Minneapolis Police third precinct after a white police officer was caught on a bystander's video



Deer are seen around the grounds of Raby Castle, Britain. REUTERS/Lee Smith



NASA astronauts Doug Hurley and Bob Behnken greet their families before the launch of a SpaceX Falcon 9 rocket and Crew Dragon spacecraft at the Kennedy Space Center, in Cape Canaveral, Florida. REUTERS/Joe Skipper



Demonstrators confront with riot police as they try to cross barricades on a road leading to the UNESCO Palace where Lebanon's parliament is holding a legislative session, during a protest against a controversial amnesty draft law, in Beirut



A police officer aims a gun before firing at protesters gathered near the Minneapolis Police third precinct after a white police officer was caught on a bystander's video pressing his knee into the neck of African-American man George Floyd



A coffin is standing under a plastic cover due to hygiene protection precautions, while undertaker Cassandra Yousef makes final preparations for the funeral service, in Berlin, Germany. REUTERS/Fabrizio Bensch



People wearing protective masks make their way during rush hour at Shinagawa station on the first day after the Japanese government lifted the state of emergency in Tokyo, Japan. REUTERS/Kim Kyung-Hoon



(Photo/Grassani/New York Times/Redux)

Antibody tests are big news right now. Many people consider these blood tests key to “reopening the economy” and easing back on social distancing, sending us back to work and to some semblance of a normal social life again. The problem is that, despite the rush to make them quickly available in huge numbers to people in all places, it’s not clear yet if most of the tests are any good, or what negative or positive test results even mean.

“We have very high hopes that a positive antibody will protect us against future infections,” says Dr. Rekha Murthy, an infectious disease specialist at Cedars-Sinai Medical Center in Los Angeles, “but this pandemic has evolved so rapidly, we haven’t had the opportunity for the data and the science to back up our hope and our assumptions.”



Widespread testing has already begun in some metropolitan areas, and the goal is to figure out how many people have already had Covid-19, in the hope that more and more of the population will develop an immunity to SARS-CoV-2, the coronavirus that causes the illness. The mayor of Los Angeles announced last week that both the city and county will make the test available to anyone who wants one, and in New York the governor announced that antibody tests will be available at 5,000 pharmacies across the state. Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said last week that he hopes everyone who needs a test will be able to get one by the end of May or early June.

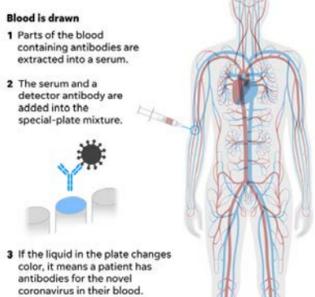
**What Does the Test Look For?** An antibody test is not used to detect whether you currently have Covid-19. It’s to find out if you’ve been

## Who Needs To Take An Antibody Test -- What Does It Mean For COVID-19 Immunity?

# What Is Known About The Benefits Of Antibody Tests

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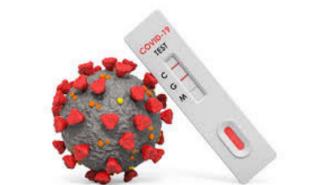
exposed to SARS-CoV-2, the new coronavirus that causes it, and already developed an immune response. If you’ve caught the virus—no matter whether you experienced a flu-like illness recently or haven’t even felt sick—your body will have produced proteins called antibodies to fight it off. The finger-prick blood test will detect these antibodies. It takes about 5 to 10 days after exposure to the virus for the body to start making antibodies, but that timeline can vary by a few days, which is why many testing centers will make you wait at least seven or eight days. It’s also why the antibody test is only given to people who’ve recovered from a case of suspected Covid-19, and not while they’re sick with it. If they were to take the test too soon, while they were still in the early stages of their immune response, they might not have enough antibodies in their blood to get a positive test result, even if they definitely have Covid-19.



That’s different from the Covid-19 diagnostic test used to find out if a person currently has the disease. A diagnostic test uses a swab of fluid taken from a person’s nose or throat, and checks that for genetic traces of the virus.

**Does a Positive Result Mean You’re Now Immune?** Nobody can say with certainty right now. Recently, the World Health Organization warned that there’s no conclusive proof that having SARS-CoV-2 antibodies will prevent a person from succumbing to the virus a second time. On the other hand, there’s not much proof yet that anyone has had it twice; early reports were likely based on faulty testing. Immunity can vary a lot after exposure to

different kinds of viruses. Exposure to the measles, for example, is usually enough to make a person immune for life. Catching influenza, on the other hand, doesn’t do much to protect you from next year’s flu wave, because the flu virus mutates quickly, and because the body starts to wind down production of flu antibodies after six months or so. Is SARS-CoV-2 evolving rapidly? How long do SARS-CoV-2 antibodies last in the body? No one knows yet, but some researchers are hopeful that the virus may turn out to be similar to its genetic cousin, the original SARS virus. Exposure to that one conferred immunity for two or three years. When it comes to SARS-CoV-2, Murthy says, “We think there’s reason for optimism, that extrapolating from other viral illnesses and other coronaviruses, that if you actually have a positive antibody ... it may suggest you have some protection from another infection. But it’s not yet proven.”



The question of how long immunity lasts looms over the widespread rollout of antibody tests and has created some uncertainty and pessimism. If one bout with the SARS-CoV-2 virus confers long-term immunity, that will slow down its rate of infection, as more and more people become immune. Eventually, we would reach “herd immunity,” the point when so many people have antibodies that transmission would essentially stop. However, if wide swathes of society have the antibodies but the immunity they grant fades relatively soon, then it won’t end up meaning much. People who had and survived Covid-19 will soon become vulnerable to catching it again.

Some medical professionals think that SARS-CoV-2 will be with us for years to come, and may even persist year-round as people who are asymptomatic or have mild symptoms keep

spreading it. It may flare up again seasonally, just like influenza or the common

cold. If so, that will continue until a vaccine is developed.

**Are the Antibody Tests Reliable?** This question is hard to answer, because there are so many new tests entering the market and under development; the number of available tests is changing constantly. There are at least 120 commercial tests already available, including one by Cellex, which was granted emergency approval by the FDA to skip some red-tape requirements so that it could be put into use more quickly. The Mayo Clinic has developed its own in-house test. The Centers for Disease Control and Prevention is also developing one, but won’t say much about it.



Because Covid-19 is so new, none of these new tests has a long track record proving how accurate it is. A test can give a false negative—meaning you have the antibodies but it mistakenly says you don’t—if the levels of antibodies are simply too low for the test to pick up. It can also give a false positive if it mistakes something else for a SARS-CoV-2 antibody. The New York Times reported that a team of more than 50 scientists tested the commercial kits on the market by late April, and only three of the 14 tested were consistently reliable, although that study hasn’t been peer-reviewed. On Monday, the FDA tightened up its approval guidelines, citing concerns about flawed results and some companies falsely marketing tests as “FDA approved.” “While the system is improving, there are a lot of tests out there,” Murthy says, and some experts are concerned that not all of these tests are truly detecting Covid-19 antibodies. “So they may be testing for other coronaviruses—because it’s in the coronavirus family—and falsely indicating that they’re Covid-19.”

Early efforts at mass testing for antibodies have

not provided much clarity yet. For example, two recent

studies in California raised questions about the researchers’ methods and the accuracy of the testing devices they used.

**Should You Get One?** You may as well, says Murthy, with the caveat that you may need to take the result with a grain of salt. “From a public standpoint, certainly we need to test as many people as possible, and the intent is to try to make it available for anyone who wants it,” says Murthy.



But many hospitals and cities, including Los Angeles, are prioritizing tests for people who’ve been in high-risk situations, such as health care providers and people who’ve worked in essential businesses like food delivery.

Officials in Chile recently announced a plan to issue “release certificates” that allow those who’ve tested positive for antibodies a freedom of movement that others, who are presumably more vulnerable to contracting Covid-19, aren’t allowed. But the WHO warned against “immunity passport” plans like this, saying that they can afford a false sense of security to people who test positive. Given the questionable reliability of some tests and the uncertainty over whether having antibodies sufficiently protects a person from reinfection, giving people a premature go-ahead to resume normal life could undo the progress that countries have made in stemming the virus’s spread. So as testing becomes available near you, feel free to take advantage of it. But continue to social-distance until institutions such as the CDC, WHO, and other leading medical organizations have a more solid understanding of what your test results should mean to you. (Courtesy <https://www.wired.com/>)

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