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Southern DAILY Make Today Different

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Two dead as gunfire erupts at Wisconsin protests over shooting of Black man



Men carry rifles as people protest outside the Kenosha County Courthouse after a Black man, identified as Jacob Blake, was shot several times by police in Kenosha, Wisconsin, U.S. August 25, 2020. Picture taken August 25, 2020.REUTERS/Stephen MATUREN

KENOSHA, Wis. (Reuters) - Two people died and a third was wounded after street protests over the police shooting of a Black man erupted into gun violence late Tuesday and early Wednesday in Kenosha, Wisconsin, police said.

The Lake Michigan city of about 100,000 has been rocked by civil unrest since Sunday, when police shot Jacob Blake, 29, in the back at point-blank range. The incident, captured on video, has reignited protests over racism and police use of force in the United States.

The third straight night of protests, which coincided with the second night of the Republican National Convention, had appeared to turn calm after police fired tear gas and rubber bullets at protesters who defied a curfew.

Police declare gathering outside Portland's City Hall a 'riot', order crowd to disperse

Police arrest 64 in Louisville anti-racism protests

But with a combustible mix of demonstrators still roaming the streets - including self-appointed militias armed with rifles - tensions boiled over shortly before midnight, leading to chaotic scenes of people running and screaming amid a volley of gunfire and others tending to gunshot wounds.

It remained uncertain what prompted the initial gunfire, though it involved a white man with a rifle who wrangled with and fired on other civilians, then walked past sever-

al police cars without being arrested, video on social media showed.

The Kenosha protests have drawn mostly peaceful demonstrators under the Black Lives Matter banner, but a range of white and Black people have caused trouble late at night, setting fires, vandalizing public property and bashing vehicles with baseball bats.

The Kenosha Guard, a group identifying itself as a local militia on Facebook, posted a message warning authorities ahead of time they would be present on city streets.

"We are unaware if the armed citizen was answering the Kenosha Guard Militia's call to arms," the group later posted on Facebook. "Just like with the shooting of Jacob Blake, we need all the facts and evidence to come out before we make a judgement. God Bless and stay safe Kenosha!"

Democratic Wisconsin Governor Tony Evers deployed 250 members of the National Guard to help restore order after the first night of unrest. But U.S. Representative Bryan Steil, a Republican whose district includes Kenosha, said more force was needed.

Republican President Donald Trump had offered to deploy federal law enforcement officers, Steil said.

Men carry rifles as people protest outside the Kenosha County Courthouse after a Black man, identified as Jacob Blake,

was shot several times by police in Kenosha, Wisconsin, U.S. August 25, 2020. Picture taken August 25, 2020.REUTERS/Stephen MATUREN

"Last night the situation went from bad to worse," Steil said in a statement. "The violence must be stopped."

Anti-racism protesters also clashed with police in Portland, Oregon, and Louisville, Kentucky, on Tuesday night, part of a wave of national protests that have continued since the May 25 death of George Floyd, a Black man who died after a white Minneapolis police officer knelt on his neck.

CHAOS ON VIDEO

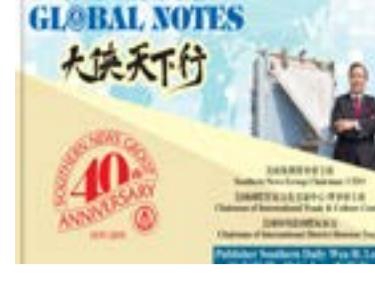
Social media videos show crowds in Kenosha chasing the gunman down the street after they believed he had shot another man. The gunman falls to the ground where he comes under attack, but he fires a number of rounds, appearing to hit a man in the torso who falls to the ground and seriously wounding another man in the arm.

As the crowd disperses around him, the man walks freely down the street with his hands in the air and rifle hanging in front of him.

Several police vehicles, apparently responding to the mayhem, drive past the man without stopping him. There have been no reports of an arrest.

Kenosha police said in a statement that two people died and a third gunshot victim was taken to a hospital with serious injuries, though he was expected to live. They pleaded for witnesses to come forward, asking for additional video or photos

Mr. Lee's Commentary and Dairy



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WEA LEE'S

GLOBAL NOTES

08/26/2020

CORONAVIRUS DIARY

We Are Organizing A Legal Assistance Group

About one month ago I was talking to our good friend and former Houston City Attorney, Mr. Jim Hall. I asked him to become a legal adviser for the International Trade Center to assist our community with legal matters. I am very happy that he agreed to serve and try to help the people now facing legal issues.

Mr. Hall ran for mayor of the city in the last term. At the time, we had a fund raising party for him at my house with a group of our friends and we had the opportunity to talk with him about many issues, including civil rights and discrimination in our community.

Today our community is facing unprecedented challenges, especially in the African American, Latino and Asian groups because of police brutality. Many cities are experiencing unrest and rioting. The residents are being charged in so many unfair cases, but the people just don't have resources to fight for their rights.

The International Trade Center was established fifteen years ago with the support of a group of our community leaders and businessmen. We are very proud that in the past few years we have been be of service to many local and international businesses and to build bridges to them.



Today we really understand that justice needs to be served. We are inviting more than fifteen attorneys to serve on our legal advisory board. We are building a legal team to protect our community.



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World Economic Forum Opinion COVID-19 Has Hit Black Americans Hardest --Healing This Divide Could Lift The Nation



Residents pick out supplies at a food giveaway in West Baltimore amid the coronavirus outbreak.

OVERVIEW

- Black Americans are nearly twice as likely to live in areas that would be disproportionately disrupted by a health crisis like COVID-19.
- A median white family's wealth is 10 times that of a median Black family.
- Addressing the racial wealth gap could increase US GDP by 4-6% by 2028.
- Only 20% of Black workers are able to work from home during the current crisis.

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

In a recent interview, Harvard University behavioural scientist Dr. David R. Williams commented that, "The coronavirus did not create racial inequities in health. It has just uncovered and revealed them. These disparities have long existed in the US, and persist across leading causes of death, from the cradle to the grave."

One inequality that the pandemic had laid bare, and that is significantly impacting health outcomes, is America's wealth gap between white and Black Americans. In 2016, the wealth of a median white family was 10 times that of a median Black family, and a Black family was two times more likely to live in poverty than its white coun-

in per capita GDP, which is comparable to the explosive economic growth the US experienced during the dotcom era of the 1990s.



COVID-19 underscores systemic racial disparities

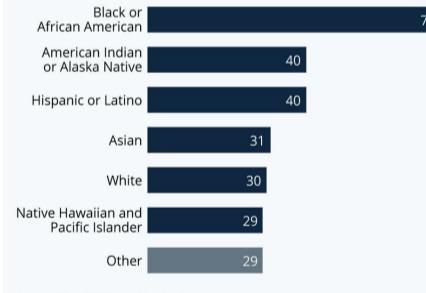
The pandemic has brought into stark relief many of the issues and disparities that created and continue to perpetuate the racial wealth gap. Decades of racism and persistent systemic inequalities not only make Black Americans more vulnerable to the effects of the virus, but also make it even harder for them to fight against the impact of the virus. In addition, not only was the impact of COVID-19 on the lives and livelihoods of Black Americans predictable, but also it uncovered greater disparities than we had previously understood.

To begin with, Black Americans are nearly two times as likely to live in areas that would be disproportionately disrupted by a health crisis like COVID-19. That is true in part because the majority of Black Americans live in areas with substandard access to quality healthcare and public health services. In addition, Black Americans disproportionately reside where air quality levels are poor, which becomes a major risk factor when dealing with a respiratory disease like COVID-19.

What most Black Americans do for a living is also a major factor in how they are being impacted by the coronavirus. While many American workers are working from home to avoid exposure, Black Americans are much less likely to be able to take advantage of this new workplace dynamic. Only 20% of Black workers are able to work from home in the current situation, as compared to 30% of white workers and 37% of Asian workers.

The Pandemic's Racial Disparity

Covid-19 deaths per 100,000 people in the U.S. by race or ethnicity (as of July 30, 2020)



Source: The COVID Tracking Project

Forbes statista

COVID-19 has impacted Black Americans hardest.

More Black jobs are high-contact and high-risk

One reason that few Black Americans can work from home during the pandemic is that they represent a disproportionate percentage of nine of the 10 lowest-wage jobs that are deemed to be high-contact, essential services. Of particular concern is the fact that many of those jobs are front-line healthcare positions, meaning Black Americans are being put at a much greater risk of contracting the virus just by the work they perform, which is work that helps treat and protect others from the virus.

These, and other issues, also predispose Black Americans to medical conditions that greatly increase the risks associated with COVID-19. Black Americans are 30% more likely to suffer from co-morbidities including cardiovascular disease, asthma, diabetes, chronic kidney disease, hypertension and obesity.

The totality of those factors has created an incredibly dire situation for the lives and livelihoods of many Black Americans in the wake of COVID-19. Fortunately, solutions exist that can fundamentally change these situations for the better, including:

- Community health workers can be trained and deployed in high-risk areas in order to connect patients to appropriate healthcare and social services, as well as helping to rebuild trust in the overall healthcare system.
- The expiration of federal support could devastate minority communities, which means actions including moratoriums on evictions, unemployment insurance and hazard pay must be extended for those hardest hit.

• Faith-based organizations can redouble their efforts to teach effective prevention measures including proper hygiene techniques and social distancing.

• Employers can have a transformative and tangible impact by giving hazard pay that is more reflective of the risks front-line workers are taking, as well as increasing those incentives for employees from more vulnerable populations.



• Employers can also expand healthcare benefits, subsidize access to protective equipment and develop relationships with businesses like hotels that can provide increased protection to at-risk staff.

• Public-private partnerships can be developed to give vulnerable populations more access to primary care physicians.

• Public-private partnerships can also help increase access to broadband, giving needy Black Americans the opportunity to benefit from expanding telehealth services.

• Better and more equitable access to broadband will also enable more Black families to take better advantage of remote learning opportunities to make sure their children do not lose ground academically during the pandemic.

• Any COVID-19-induced recession will also disproportionately impact the economic viability of many Black Americans. To ensure more at-risk individuals do not experience financial calamity, both private- and public-sector organizations can offer significantly more low-interest liquidity to Black households. These efforts could include flexible repayment programs and credit forgiveness for periods of time that allow individuals to get back on their feet as the country reopens and their ability to earn a living returns. Long-term rent support and moratoriums on foreclosures could also help protect those at risk. (Courtesy <https://www.weforum.org/>)



U.S. first lady Melania Trump is hugged and kissed by U.S. President Donald Trump after delivering her live address to the largely virtual 2020 Republican National Convention from the Rose Garden of the White House. REUTERS/Kevin Lamarque



Men push a truck through a flooded road during monsoon rain in Karachi, Pakistan. REUTERS/Akhtar Soomro



An ambulance aircraft with a specialized team in treating coma patients, which left Germany to pick up Russian opposition leader Alexei Navalny, descends before landing at an airport in Omsk, Russia. Navalny was taken ill with suspected poisoning en route from Tomsk to Moscow on a plane, which made an emergency landing in Omsk. REUTERS/Vadim Nezdatny



Mikoyan Mig-29 jet fighters of the Strizhi aerobatic team perform during the international military-technical forum "Army-2020" in Moscow, Russia. REUTERS/Maxim Shemetov



Waves crash over the lighthouse at Porthcawl, South Wales, Britain. REUTERS/Rebecca Naden



An all-female group of canine rescuers from the Italian School of Rescue Dogs attend a training session with their dogs before patrolling the beach to ensure swimmers can enjoy their time at the sea in safety, in Riva dei Tarquini, near Rome, Italy



Brenton Tarrant, the gunman who shot and killed worshippers in the Christchurch mosque attacks, is seen during his sentencing at the High Court in Christchurch, New Zealand. John Kirk-Anderson/Pool via REUTERS

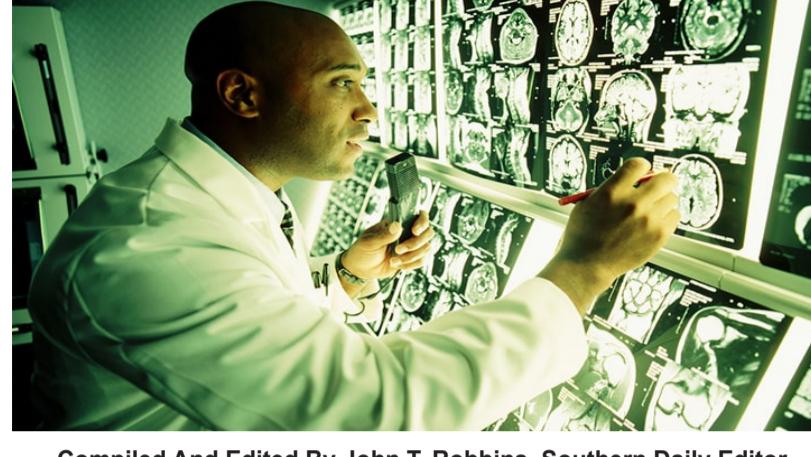


The nesting site where baby turtles are expected to hatch from their eggs and make their way out to the Mediterranean sea is seen at Torvaianica beach, near Rome, Italy. REUTERS/Guglielmo Mangiapane

Thursday, August 27, 2020

Severe Complications Seen At All Stages Of COVID-19, Including Recovery

Most Hospitalized COVID Patients Showing Neurologic Symptoms



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

Research now shows that Covid-19 can also affect the central nervous system after patients showed neurological symptoms like headaches, dizziness, loss of taste and smell, and impaired consciousness. According to researchers, symptoms were most common in patients with severe cases of the disease.

More than half of COVID-19 patients admitted to two hospitals in Spain developed some form of neurologic symptoms, a retrospective, observational study showed. Neurologic manifestations were seen in 57.4% of 841 patients hospitalized with COVID-19 in March, reported Carlos Manuel Romero-Sánchez, MD, of Complejo Hospitalario Universitario de Albacete in Spain, and co-authors in Neurology.

In 4.1% of COVID-19 deaths in the study, neurologic complications were considered the fundamental cause.

This is the largest hospital-based study of COVID-19 patients to analyze neurologic symptoms systematically, the researchers noted.

Neurologic symptoms emerged throughout all phases of COVID-19 infection. Potentially severe conditions, like stroke and inflammatory diseases, appeared in late COVID stages, Romero-Sánchez said.

"We would like to raise awareness that neurological complications may arise in the recovery phase of COVID-19, including cerebrovascular and dysimmune," he told MedPage Today. "Optic neuritis and acute inflammatory demyelinating polyradiculoneuropathy are two examples."



In the study, one in five patients (19.6%) hospitalized with COVID-19 had disorders of consciousness. "Disorders of consciousness were associated with severe COVID, older age, higher creatine kinase levels, and lower lymphocyte count," Romero-Sánchez noted.

Disorders of consciousness were nearly twice as high (38.9%) among patients with severe COVID-19 (with severity defined by 2007 Infectious Diseases Society of America/American Thoracic Society criteria). Most cases of altered consciousness were secondary to severe hypoxemia, the researchers noted. Of patients with severe COVID-19, 14.9% had delirium and 9.4% had coma.

Across all 841 hospitalized COVID-19

patients, myopathy (3.1%), dysautonomia (2.5%), cerebrovascular diseases (1.7%), seizures (0.7%), and hyperkinetic movement disorders (0.7%) occurred. Cerebrovascular diseases included 11 patients (1.3%) with ischemic stroke and three patients (0.4%) with intracranial hemorrhage.

"More than one-third of ischemic strokes involved posterior arterial territories, an unusual proportion," Romero-Sánchez pointed out.

"Moreover, we had some cases of otherwise unexplained vertebro-basilar dissection and also one case of multiple cortical hemorrhages associated with brain MRI pattern resembling posterior reversible encephalopathy syndrome," he added. "Although our study is mainly descriptive, we hypothesize that SARS-CoV-2 [the virus that causes COVID-19] may carry special tropism towards posterior circulation and endotheliopathy may be suggested."



In the study, nonspecific symptoms such as myalgias (17.2%), headache (14.1%), and dizziness (6.1%) were common. Anosmia (4.9%) and dysgeusia (6.2%) tended to occur early -- 60% of the time they occurred, they were the first clinical manifestation of COVID-19 -- and were more frequent in less severe cases. One case each of encephalitis, Guillain-Barré syndrome, and optic neuritis emerged.

The analysis was a systematic review of all patients diagnosed with COVID-19 in the AlbaCOVID registry. Patients had been admitted to two Spanish hospitals, Complejo Hospitalario Universitario de Albacete and Hospital General de Almansa, from March 1 to April 1, 2020. They had a confirmed laboratory diagnosis of COVID-19, either with a positive result for IgG/IgM antibodies against SARS-CoV-2 in a blood test or through detection of SARS-CoV-2 RNA with a real-time reverse transcription-polymerase chain reaction of throat swab samples. In total, 329 patients (39%) had severe

COVID-19. Seventy-seven patients were admitted to the ICU, and 197 patients died during the course of their hospital admission. Neurologic complications were considered the fundamental cause of patient death in eight cases (4.1% of total deaths). Overall, patients were an average age of 66 and 56% were men. Those with severe disease were older than those with mild disease (71 years vs 63 years; P<0.001). Sex was not a risk factor for severe prognosis.



Hypertension (55.2%), obesity (44.5%), dyslipidemia (43.3%), tobacco smoking (36%), diabetes mellitus (25.1%), and heart disease (18.8%) were the most common systemic comorbidities. In multivariate analysis, obesity was the only independent predictor for severe COVID-19 (OR 3.06, 95% CI 1.41-6.67, P=0.005).

The researchers were unable to demonstrate direct invasion of the central nervous system (CNS) in this study; all CNS analyses were negative for viral RNA. They couldn't determine whether neurologic problems stemmed from SARS-CoV-2 infection or other factors like cross-immunity, inflammatory reaction, or side effects of treatment. The pandemic context prevented a full neurologic exam of every hospitalized COVID-19 patient and selection bias may have occurred, Romero-Sánchez and co-authors noted. They added that the study is hospital-based and does not reflect the incidence of neurologic complications of COVID-19 patients in the community.

(Courtesy https://www.medpagetoday.com/Related)

COVID-19 Can Start With Neurological Symptoms

(HealthDay News) -- While a fever and cough have seemed to be the early warning signs of COVID-19, new research shows almost half of hospitalized patients experience a host of neurological problems. In fact, headaches, dizziness, strokes, weakness, decreased alertness or other neuro-

logical symptoms can appear before the more commonly known symptoms of infection with the new coronavirus (known as SARS-CoV-2), the researchers said.

Those neurological symptoms can also include loss of smell and taste, seizures, muscle pain and difficulty concentrating.

"It's important for the general public and physicians to be aware of this, because a SARS-CoV-2 infection may present with neurologic symptoms initially, before any fever, cough or respiratory problems occur," said researcher Dr. Igor Koralnik. He is chief of neuro-infectious diseases and global neurology, and a professor of neurology at Northwestern University Feinberg School of Medicine, in Chicago.

For the study, Koralnik's team looked at all COVID-19 patients hospitalized at Northwestern Medicine, to see how often neurological complications appeared and how they responded to treatment.

"This understanding is key to direct appropriate clinical management and treatment," Koralnik said in a Northwestern news release.

The virus can affect the whole nervous system -- the brain, spinal cord, nerves and muscles. COVID-19 can also affect the lungs, kidneys, heart and brain, he said.



Last, but not least, the virus can infect the brain. Moreover, the reaction of the immune system to the infection can cause inflammation that can damage the brain and nerves, Koralnik added.

Because little is known about the long-term effects of the virus, the researchers intend to follow patients with neurological problems, to see how they do over time. (Courtesy https://www.webmd.com/ and Health Day The report was also published online June 7 in the *Annals of Neurology*.

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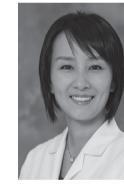
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