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Inside C2

# Southern DAILY

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# Wall Street deepens losses with virus spread in focus



FILE PHOTO: The front facade of the New York Stock Exchange (NYSE) is seen in New York City, New York, U.S., June 26, 2020. REUTERS/Brendan McDermid

NEW YORK (Reuters) - Wall Street added to losses on Tuesday with its three major stock indexes falling 1%, after officials said the coronavirus was “a rapidly escalating epidemic,” a day after virus worries sent the S&P 500 and the Dow Industrials to their biggest daily declines in two years.

While U.S. stocks started the session in positive territory, those gains were erased as investors, focused on the potential economic impact of the outbreak, noted it had spread to new countries including Spain.

Also on Tuesday, Iran’s death toll from the virus rose to 16, the highest outside China, while dozens of countries from South Korea to Italy accelerated emergency measures.

**RELATED COVERAGE**

Investors eye bleach, food and tissues as virus fears intensify

Factbox: Charting the impact of the new coronavirus U.S. stock indexes were on track for a fourth day of losses, with fears of a pandemic knocking off more than 3% on Monday after a flare-up of infections in several countries. As of Monday’s close, the S&P 500 and the Dow Jones Industrials had erased their gains for the year-to-date.

“A lot of people who have been woken up by the volatility of the stock market will start to get a little panicky,” said

Tom Plumb president of Plumb Funds in Madison, Wisconsin.

At 11:11 a.m. ET, the Dow Jones Industrial Average fell 275.4 points, or 0.98%, to 27,685.4, the S&P 500 lost 31.87 points, or 0.99%, to 3,194.02 and the Nasdaq Composite dropped 101.72 points, or 1.1%, to 9,119.56.

Of the S&P’s 11 industry sectors, consumer staples, up 0.1%, was the sole gainer while energy was the biggest laggard with a 1.8% dip.

Last week, positive fourth-quarter corporate earnings and hopes of limited damage from the virus outbreak had pushed Wall Street to record highs.

While some investors had been betting that support from central banks such as the U.S. Federal Reserve would counter any weakness resulting from the virus, this confidence was starting to dim due to worries about supply chain disruption.

“The markets are also coming around to this idea that when it’s a problem with the supply side, the central banks are not equipped to deal with these kind of events,” said Seema Shah, chief investment strategist at Principal Global Investors in London.

Department store operator Macy’s Inc fell 3% despite reporting a smaller-than-expected drop in quarterly same-store sales.

Mastercard Inc shares fell 3.6% after announcing Chief Executive Officer Ajay Banga would step down at the start of the next year and be replaced by products head Michael Miebach.

HP Inc surged 7%, providing the biggest boost to the S&P, after saying it would step up efforts to slash costs and buy back stock, as it sought investor support to defend against a \$35 billion takeover offer from U.S. printer maker Xerox Holdings Corp.

Shares of Dow-member Home Depot Inc also provided a boost, rising 0.8%, after the home improvement chain beat quarterly sales and profit estimates.

FILE PHOTO: A street sign for Wall Street hangs in front of the New York Stock Exchange May 8, 2013. REUTERS/Lucas Jackson/File Photo

Declining issues outnumbered advancing ones on the NYSE by a 3.50-to-1 ratio; on Nasdaq, a 3.44-to-1 ratio favored decliners.

The S&P 500 posted 4 new 52-week highs and 32 new lows; the Nasdaq Composite recorded 21 new highs and 97 new lows.



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# Sinovac's coronavirus vaccine candidate approved for emergency use in China - source

BEIJING (Reuters) - Sinovac Biotech Ltd's coronavirus vaccine candidate CoronaVac was approved for emergency use as part of a programme in China to vaccinate high-risk groups such as medical staff, a person familiar with the matter said.

China National Biotech Group (CNBG), a unit of state-owned pharmaceutical giant China National Pharmaceutical Group (Sinopharm), also said it had obtained emergency use approval for a coronavirus vaccine candidate in social media platform WeChat last Sunday.

CNBG, which has two vaccine candidates in phase 3 clinical trials, did not say which of its vaccines had been cleared for emergency use.

China has been giving experimental coronavirus vaccines to high-risk groups since July, and a health official told state media in an interview aired last week that authorities could consider modestly expanding the emergency use programme to try to prevent possible outbreaks during the autumn and winter.

State media Xinhua reported late on Friday that two vaccine candidates were approved in June for the emergency use program launched in July, without identifying the specific products.

Officially, China has given little details on which vaccine candidates have been given to high-risk people under the emergency use programme and how many people have been vaccinated.

In June, prior to the emergency use programme, employees at state firms travelling overseas were allowed to take one of the two vaccines being developed by CNBG, state media Global Times reported. China's military had



also approved the use of CanSino Biologics' vaccine candidate.

Seven vaccines against the coronavirus are in final trial stages around the world, and four of them are from China.

But no vaccine has yet passed the final stage of trials proving it is safe and effective - conditions usually required to be met to get regulatory approval for mass use. COVID-19 has killed over 800,000 people worldwide.

FILE PHOTO: A nurse holds China's Sinovac vaccine, a potential vaccine for the coronavirus disease (COVID-19), at the Sao Lucas Hospital of the Pontifical Catholic University of Rio Grande do Sul (PUCRS), in Porto Alegre, Brazil August 8, 2020. REUTERS/Diego Vara

*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-

terpart. That massive gap weighs heavily on the prospects of Black Americans; it is estimated that some 70% of Black children who grow up middle class will not achieve middle-class status as adults.

The tragic irony of this situation is that eliminating the racial wealth gap would actually present a tremendous opportunity for the overall US economy. Currently, in terms of consumption and investment, the racial wealth gap could negatively impact the economy by between \$1 trillion and \$1.5 trillion between 2019 and 2028. On the flipside, if the racial wealth gap were to be addressed, US GDP could increase from 4-6% by 2028, potentially adding \$2,900-\$4,399

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**

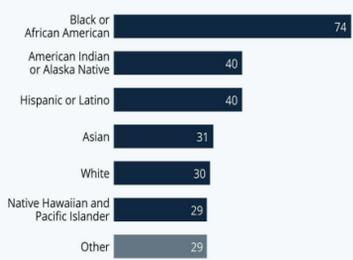
The pandemic has brought into stark relief many of the issues and disparities that created and continue to perpetuate the racial wealth gap. Decades of racism and persistent systemic inequalities not only make Black Americans more vulnerable to the effects of the virus, but also make it even harder for 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



**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.

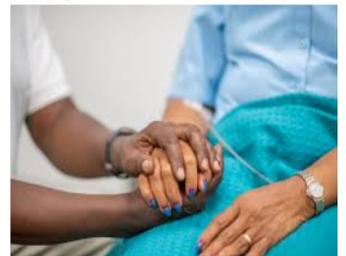
The totality of those factors has created an incredibly dire situation for the lives and livelihoods of many Black Americans in the wake of COVID-19. Fortunately, solutions exist that can fundamentally change these situations for the better, including:

• 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/>)

# Editor's Choice



Locals harvest their potatoes as Mount Sinabung spews volcanic ash, after more than a year of inactivity, in Karo, North Sumatra province, Indonesia, August 10, 2020. Antara Foto/Sastrawan Ginting/via REUTERS



Olympique Lyonnais players celebrate winning the Champions League with the trophy after their match against VfL Wolfsburg in San Sebastian, Spain, August 30. REUTERS/Gabriel Bouys



A fisherman collects his catch as a cat walks past him at Gaza Seaport, after Israel allowed fishermen back to work up to 15 nautical miles offshore following an agreement to end a weeks-long escalation between Israel and Palestinian militant groups,...MORE



Donald Trump campaign fireworks explode behind the Washington Monument as demonstrators hold signs during a protest in Washington, August 27. REUTERS/Andrew Kelly



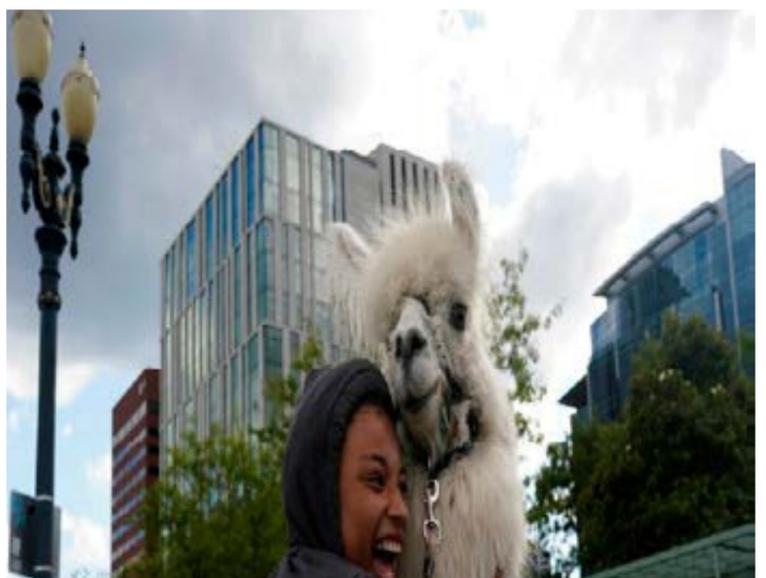
The Japanese bulk carrier ship MV Wakashio that ran aground on a reef is seen at Riviere des Creoles, Mauritius, in this handout image obtained August 10, 2020. The tanker struck a coral reef on Mauritius' southeast coast on July 25 and began leaking 1,000 tonnes of oil across the Indian Ocean island's most pristine beaches, raising fears of a major ecological crisis. French Army command/Handout via REUTERS



U.S. President Donald Trump arrives aboard Air Force One from New Hampshire at Joint Base Andrews, Maryland, August 28. REUTERS/Carlos Barria



Medical staff treat a patient inside the emergency ward of Jawahar Lal Nehru Medical College and Hospital, during the coronavirus outbreak, in Bhagalpur, Bihar, India, The COVID-19 hospital is dirty with garbage and discarded protective equipment, where 42-year-old psychiatrist Dr. Kumar Gaurav is now the top official after some doctors were struck down by the coronavirus and others refused to work. The healthcare system in Bhagalpur, like many other parts of Bihar, is on the verge of collapse, Gaurav says.



Lyra Conley hugs therapy llama Caesar McCool at the site of ongoing protests against police violence and racial inequality, in Portland, Oregon, August 6, 2020. Caesar, the six-year-old "No Drama Llama," has become a fixture in the city, extending his woolly neck to nuzzle both Black Lives Matter activists and law enforcement officers in body armor lining up to take selfies with him. REUTERS/Nathan Howard

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-Sanchez, 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-Sanchez 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-Sanchez 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-Sanchez pointed out. "Moreover, we had some cases of otherwise unexplained vertebral-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-Sanchez 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 Korolnik. 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, Korolnik'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," Korolnik 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, Korolnik 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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敦煌植牙 牙周病專科 Dunhuang Periodontics & Dental Implants PA 德州大學休士頓牙醫學院牙周病專科 上海第二醫科大學口腔學院牙醫博士 美國牙周病學會會員 國際植牙學會會員 陳志堅 牙周病植牙專科醫生 Jennifer Chen D.D.S.M.S. Board Certified Periodontist 二十多年牙科臨床實踐經驗 接受老人各類牙科保險 drchenimplant@gmail.com delightdental@gmail.com 最新E4D電腦制牙最新科技一次完成 三維X光機 全新激光治療機 www.drchenimplant.com 糖城診所 Delight Dental 3524 Hwy 6 South Sugar Land, TX 77478 (大華超市旁) (281)565-0255