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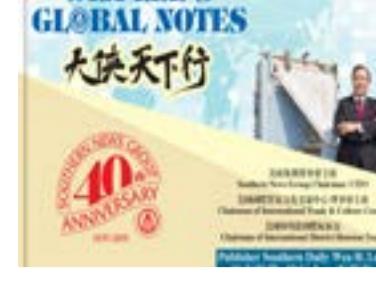
Mr. Lee's Commentary and Dairy

# Southern DAILY Make Today Different

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Inside C2

## Trump's stimulus proposal draws opposition from congressional



FILE PHOTO: U.S. House Speaker Nancy Pelosi adjusts her face mask as she announces her plans for Congress to create a "Commission on Presidential Capacity to Discharge the Powers and Duties of Office Act," after U.S. President Donald Trump came down with coronavirus disease (COVID-19), during a Capitol Hill news conference in Washington, U.S., October 9, 2020. RE-

WASHINGTON (Reuters) - A new \$1.8 trillion economic stimulus proposal from the Trump administration drew criticism from congressional Democrats and Republicans on Saturday, diminishing hopes for a coronavirus relief deal before the Nov. 3 election.

In a weekly letter to Democratic colleagues, Pelosi said the Trump administration's proposal lacked a "strategic plan to crush the virus" and gave President Donald Trump too much discretion to decide how funds were allocated.

"At this point, we still have disagreement on many priorities, and Democrats are awaiting language from the Administration on several provisions as the negotiations on the overall funding amount continue," Pelosi's letter said.

On a conference call on Saturday morning with Treasury Secretary Steven Mnuchin and White House chief of staff Mark Meadows, multiple Republican senators criticized the price tag of the Trump administration's proposal, a source familiar with the matter said.

Mnuchin floated the \$1.8 trillion proposal in a 30-minute Friday afternoon phone conversation with Pelosi, according to the White House.

The new White House package was higher than an earlier \$1.6 trillion Mnuchin offer and closer to the \$2.2 trillion the Democratic-controlled House of Representatives passed last week. White House spokeswoman Alyssa Farah said the administration wanted to keep spending below \$2 trillion but was eager to enact a fresh round of direct payments to individuals as well

as aid for small businesses and airlines. Friday marked the third straight day of talks between Pelosi and Mnuchin.

Senate Majority Leader Mitch McConnell, the top Republican in Congress, said on Friday he doubted lawmakers would pass a package before Nov. 3, although he has not directly participated in the talks.

"The proximity to the election and the differences of opinion over what is needed at this particular juncture are pretty vast," McConnell told a news conference.

There was no immediate comment on Saturday from the Treasury, White House, or McConnell's office.

## U.S. COVID-19 cases hit two-month high, 10 states report record increases

(Reuters) - New cases of COVID-19 in the United States hit a two-month high on Friday with over 58,000 infections of the new coronavirus reported and hospitalizations in the Midwest at record levels for a fifth day in a row, according to a Reuters analysis.

Ten of the 50 states reported record one-day rises in cases on Friday, including the Midwestern states of Indiana, Minnesota, Missouri and Ohio. Wisconsin and Illinois recorded over 3,000 new cases for a second day in a row - a two-day trend not seen even during the height of the previous outbreak in the spring, according to Reuters data.

The Western states of Montana, New Mexico and Wyoming also reported their biggest one-day jumps in cases, as did Oklahoma and West Virginia.

Nineteen states have seen record increases in new cases so far in October. (Graphic: tmsnrt/rs/2SFLb7o)

Amid the resurgence in cases across the nation, President Donald Trump, who recently contracted COVID-19, is set to resume his re-election campaign on Saturday by addressing supporters from the balcony of the White House.

He is then scheduled to travel on Monday to central Florida to hold his first campaign rally since leaving the hospital.

Trump and his administration have faced criticism for their handling of the pandemic that has claimed over 213,000 lives in the country,

as well as for a lax approach to mask-wearing and social distancing in the White House.

There is no federal mandate to wear a mask, and 17 states do not require them, according to a Reuters analysis.

In addition to rising cases, hospitals in several states are straining to handle an influx of patients.

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Sunday, October 11, 2020

*Stay Home!***BUSINESS***Wear Mask!***President Trump's Short Hospital Stay Signals Possible Issues****Nearly 1 In 10 Covid-19 Patients Discharged From The ER Return Within 1 Week, Study Finds**

A member of the Fire Department of New York Emergency Medical in Queens, New York, receives a patient for the ER. (Getty Images)

By Guest Writer Robert Glatter, MD

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

While patients with moderate to severe Covid-19 symptoms may certainly require admission to the hospital, a large percentage of patients who test positive for SARS-CoV-2—who have no respiratory distress, adequate hydration and nutrition, and can manage their fever—can be safely discharged home with appropriate monitoring and follow-up. This has been a common clinical practice among many healthcare providers in the U.S. But knowing which patients might be at greater risk to “bounce back”—returning to the ER and subsequently requiring readmission to the hospital—would be useful to know before making a decision to discharge a patient.

A recent study published in Academic Emergency Medicine now sheds light on the potential for such patients to return to the hospital after being evaluated in the emergency department (ED) of a large healthcare system during the early months of the pandemic. Researchers from Penn Medicine, looking at the first 3 months of the pandemic (March, April and May of 2020), found that nearly 1 in 10 patients diagnosed with Covid-19 returned to the emergency department within a week of initial evaluation. What they also noted among the patients was that issues such as hypoxia (low oxygen saturation measured by pulse oximetry)

along with continued fever represented two of the most common reasons for return trips to the emergency department (ED).



“We hope this study helps emergency clinicians have more informed conversations with patients suspected to have Covid-19,” said lead author Austin Kilaru, MD, Adjunct Assistant Professor of Emergency Medicine at Perelman School of Medicine, Penn Medicine. “It can be difficult to make this diagnosis and send patients home without knowing if they will get sick in the coming days. This study gives clinicians a few signposts to know how often and when patients may need to return, and what risk factors to pay attention to.”

“These are some of the same vital signs we use in the emergency department to help us decide whether any patients—not just those with Covid-19—are safe to be treated at home, said Ali Raja, MD, MBA, FACEP, Executive Vice Chair of the Department of Emergency Medicine, Massachusetts General Hospital. “However vital signs change over time, so it’s not

surprising to find that patients with borderline or abnormal vital signs have a higher risk of coming back to the ED, since their bodies may already be having problems compensating for the coronavirus infection.” The study evaluated over 1,400 patients who visited an ED between March and May 2020, were discharged home, and tested positive for COVID-19 in the 7 days surrounding that visit. The study found that 4.7% of the patients returned to the hospital and were admitted within just 3 days for their initial ED visit, and an additional 3.9 percent were hospitalized within a week. Overall, that’s 8.6% of patients being readmitted to the hospital after their first ED visit due to Covid-19.



“We were surprised with the overall rate that patients return and need admission, which is twice that of other illnesses,” said Kilaru. “The concern is not that emergency physicians are making wrong decisions, but rather that Covid-19 can be unpredictable and turn severe rather quickly.”

Therefore, readmission for worsening of Covid-19 symptoms does not necessarily translate to a failure in initial triage, evaluation in the ED, and plans for discharge home. Instead, it represents progressive illness, and the need for a higher level of care than can be provided in the home setting. Alternatively, some patients may simply prefer to be discharged and recover at home. However, a change in vital signs, difficulty breathing, or unrelenting fever may indicate the need for re-evaluation and return visit to the ED. Based on the findings of the study, researchers found that patients over the age of 60 were particularly at risk for readmission to the hospital after being evaluated and discharged from the ED. Compared to those aged 18 to 39, patients over the age of 60 were more than 5 times as likely to require hospitalization after being discharged after their initial ED visit. The study further noted that patients 40-59 years of age were 3 times as likely to require hospitalization compared to those 18-39 years of age.



Regarding individual symptoms, the study demonstrated that patients of any age with low pulse oximetry readings were nearly 4 times as likely to require hospitalization upon return to the ED, compared to those with higher readings, while patients with fever were more than 3 times as likely to require readmission, as compared to those without fever. Pulse oximetry provides a continuous measure of the state of oxygenation in the body’s tissues, accomplished by using a noninvasive finger probe.

“If the patient had other factors such as an abnormal chest x-ray, the likelihood of needing to come back to be hospitalized goes up even more,” said M. Kit Delgado, MD, senior author, and assistant professor of Emergency Medicine and Epidemiology.



As a result, determining which subset of patients are safe for discharge from the ED and home monitoring remains an ongoing challenge for health care providers. Researchers in the study did, in fact, find that remote monitoring could be useful in selected Covid-19 patients. The researchers utilized Penn Medicine’s Covid Watch system, a text-message-based system, to conduct daily check-ups on discharged Covid-19 patients recuperating at home to assess their progress and to intervene if there was any change in their clinical condition, such as hypoxia, fever, or changes in mental status. In fact, more than 5,500 patients have been enrolled in the system, and are currently being monitored using pulse oximetry, with plans to track their experience in a longer term study, according to Penn Medicine.

“Emergency clinicians have delivered life-saving care to many critically ill patients with Covid-19,” said Kilaru, “but it is also our responsibility to diagnose and provide counseling to other patients who are not critically ill. When we decide to send patients with Covid-19 home, we should be advising them on their risk of developing worsening illness and potential need to come back to the hospital.” What’s also quite clear is that this virus does not behave in the same way as influenza, he emphasized.

Raja added that “it’s also clear that patients without good access to follow-up care, whether that’s telemedicine or in-person, tend to fall through the cracks and not follow-up until they are much more ill. This is especially true in non-white and poorer communities, so we need to be extra careful when sending these patients home.”

He also described his personal experience caring for patients in his ED at Massachusetts General Hospital: “Our patients with Covid-19 who are discharged home should keep doing what many of us have been recommending for some time now—keep checking their temperature and pulse oximetry measurements once or twice a day and, if they become abnormal, calling their primary care clinicians for their recommendations. This allows these patients to be managed at home but also feel confident that, if they do take a turn for the worse, they’ll know as soon as possible because of the vital sign changes. The one thing I always caution my patients about is not to do this too often. Like weight and blood pressure, there are normal variations in each of these values, so checking every hour won’t help things—it’ll only serve to make everyone even more anxious than they already might be,” he added. (Courtesy www.forbes.com/)

**About The Author**

Robert Glatter, MD is an emergency physician on staff at Lenox Hill Hospital in New York City where he has practiced for the past 15 years. He also serves as an adviser and editor to Medscape Emergency Medicine, an educational portal for physicians, and an affiliate of WebMD. Dr. Glatter has a keen interest in medical technology and public health education

**WEA LEE'S GLOBAL NOTES****10/10/2020****CORONAVIRUS DIARY****Yo-Yo Ma's Remarks**

Following his unbelievable performance during Joe Biden’s campaign, world famous cellist Yo-Yo Ma urged all Asian Americans and all people to support Biden in his bid to become the next president of the United States.

The great musician said, “I’ve lived my life at the borders. Between cultures. Between disciplines. Between music. Between generations. And throughout my life I’ve learned that on culture, we build bridges and not walls. We believe

that we are better together than alone. I am worried that we’ve lost sight of that belief in America.”

As Joe Biden also said, “We are in the battle for the soul of the nation. It’s a battle to uphold and honor the values we hold dear. Values like empathy and dignity and respect for truth.”

We are so proud of Yo-Yo Ma who as a Chinese American, an Asian American, as well as all Americans, is a person



who really loves this great nation. His words have really touched everybody’s heart.

Today our country is facing serious challenges. We need a leader who can

lead us and not divide us in the future.

We urge everyone to take action and go out and vote in this critical election. This is your right as well as your duty as a citizen.



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Sunday, October 11, 2020

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## Editor's Choice



A man carries a shopping cart with supplies past a pile of debris collected after Hurricane Laura as Hurricane Delta approaches in Lake Charles, Louisiana, October 9. REUTERS/Jonathan Bachman



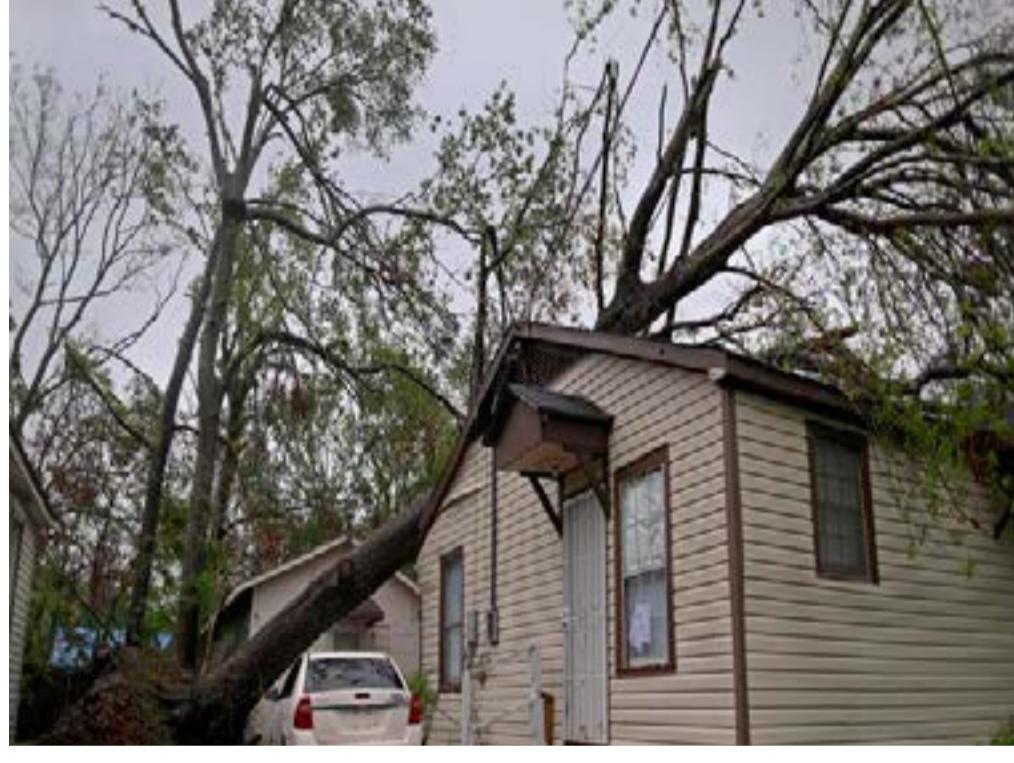
Bang Bui prepares his business Handy Mart as Hurricane Delta approaches in Abbeville, Louisiana, October 8. REUTERS/Kathleen Flynn



Piles of debris collected after Hurricane Laura remain on the side of a road as Hurricane Delta approaches in Lake Charles, Louisiana, October 9. REUTERS/Jonathan Bachman



A sign is seen overturned from Hurricane Laura as traffic moves bumper to bumper along I-10 west as residents evacuate ahead of the arrival of Hurricane Delta in Vinton, Louisiana, October 8. REUTERS/Adrees Latif



A tree that fell during Hurricane Laura is seen on top of a house as Hurricane Delta approaches in Lake Charles, Louisiana, October 9. REUTERS/Jonathan Bachman



A man walks past a gas station that was damaged by Hurricane Laura as Hurricane Delta approaches in Iowa, Louisiana, October 8. REUTERS/Jonathan Bachman



A man walks in the flooded back yard of his house as Hurricane Delta approaches, in Baker, Louisiana, October 9. REUTERS/Marco Bello



Demonstrators set a police station on fire during a protest against the government's proposed labor reforms near the Presidential Palace in Jakarta, Indonesia. REUTERS/Willy Kurniawan

Sunday, October 11, 2020

**THE CORONAVIRUS CRISIS ON THE FARMS**

## Without Federal Protections, Farm Workers Risk Coronavirus Infection To Harvest Crops

It's a busy time for the tomato-producing farms in eastern Tennessee. Farms have staffed up with hundreds of workers, most of whom are Latino. Some live locally. Others are migrant workers who travel from farm to farm, chasing the summer growing seasons. Still others come from Mexico or Central America on temporary agricultural visas to work at certain farms. But, this year, the season is taking place under a cloud of coronavirus worries that, for these agricultural workers, hit close to home. "Almost every part of the process for picking tomatoes needs to be considered in light of COVID-19," says Ken Silver, an associate professor of environmental health at East Tennessee State University, who studies migrant worker health on Tennessee tomato farms.

After all, the workers live in close quarters, sleeping in bunk beds, and sharing bathrooms and kitchens. They ride crowded buses to fields and often work in groups. And even though farm employees are deemed essential workers, they often don't have health insurance or paid sick leave. Farms have already reported outbreaks among hundreds of workers in states that include California, Washington, Florida and Michigan. And yet, the federal government has not established any enforceable rules either to protect farmworkers from the coronavirus or to instruct employers what to do when their workers get sick. While migrant worker advocacy groups say this allows farms to take advantage of their workers and increase their risk of exposure to the coronavirus, farms say they're doing what they can to protect workers with the limited resources they have, while also getting their crops harvested.

The situation certainly isn't clear-cut, says Alexis Guild, director of health policy and programs at the advocacy group, Farmworker Justice. "I do think some employers are putting in necessary protections," Guild says. But she has heard of workers who, after testing positive for COVID-19, were still required to work or were sent back to their countries — an economic threat that creates a strong incentive for workers not to report mild symptoms. "I think it's hard to generalize. It really varies employer by employer."

### Leaving it up to the farms

In June, 10 temporary workers out of about 80 at the Jones & Church Farms in Unicoi County, Tenn., tested positive for the coronavirus. Another farm



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