



If you would like to share news or information with our readers, please send the unique stories, business

news organization events, and school news to us including your name and phone number in case more information is needed.

For news and information consideration, please send to News@scdaily.com or contact John Robbins 832-280-5815 Jun Gai 281-498-4310

**Publisher:** Wea H. Lee  
**President:** Catherine Lee  
**Editor:** John Robbins, Jun Gai  
**Address:** 11122 Bellaire Blvd., Houston, TX 77072  
**E-mail:** News@scdaily.com

Mr. Lee’s Commentary and Dairy



Inside C2

# Southern DAILY

Make Today Different

Southern Daily News is published by Southern News Group Daily

Wednesday December 30 2020 | www.today-america.com | Southern News Group

## Wealthy hospitals rake in U.S. disaster aid for COVID-19 costs



FILE PHOTO: The Cleveland Clinic medical center is seen in Cleveland, Ohio, U.S. October 4, 2020. REUTERS/Aaron Josefczyk/ File Photo

(Reuters) - After collecting billions of dollars in U.S. coronavirus aid, many of the nation’s wealthiest nonprofit hospitals are now tapping into disaster relief funds that critics say they don’t need. The money from the Federal Emergency Management Agency (FEMA) is going to some large health systems that have billions of dollars in cash reserves and investments, according to government records reviewed by Reuters.

FEMA has received nearly 2,200 aid requests from hospitals and thus far has approved about 15% of them, for a total of \$894 million, the agency told Reuters. Hospitals can request more money as U.S. infections surge, and FEMA officials expect total aid awards to rise significantly.

Some health policy experts say that large and well-capitalized nonprofit systems - which typically pay no taxes - do not need the additional relief money. Among the aid applicants are some of the nation’s best-known health systems, including the Cleveland Clinic, Providence and Stanford Health Care.

“These are very financially successful hospitals that have already received a huge amount of taxpayer money to help with COVID-19,” said Eileen Appelbaum, co-director of the Center for Economic and Policy Research in Washington. “This feels like greed for them to go to FEMA for even more money.”

Some nonprofit hospitals said federal aid hasn’t covered all of the lost revenue and higher expenses caused by the pandemic. The FEMA program, they said, recognizes their major investments in staff and equipment to handle the crisis.

“The COVID-19 pandemic has greatly impacted hospitals and health systems around the country, including ours,” said Angela Smith, spokeswoman for the Cleveland Clinic.

FEMA funds are typically dispersed after hurricanes, floods or other natural disasters in a specific region. Nonprofit hospitals nationwide can apply now because President Donald Trump declared the pandemic a national emergency in March.

For-profit hospitals, which have faced similar challenges from the pandemic, can’t tap the FEMA money because federal law governing disaster relief excludes for-profit businesses. FEMA is reimbursing nonprofit hospitals for money spent on personal protective equipment, ventilators, employee overtime, temporary workers, testing supplies and other expenses covered as “emergency protective measures.” The agency reimburses hospitals for 75% of their eligible costs. “The dollars could be very big for hospitals. FEMA funds are uncapped,” said Brad Gair, a former FEMA official and now senior managing director at consulting firm Witt O’Brien’s.

The program does not consider whether applicants need the money, Gair said. “If a well-off hospital has eligible expenses, it gets money,” Gair said. “There is always a question about the fairness of that, but FEMA doesn’t look at the hospital’s

bottom line.”

Nonprofit hospitals account for about 60% of hospitals nationwide, and years of mergers have created health giants with immense market power and vast resources.

These hospitals get tax exemptions on the condition that they provide charity care and other community benefits. Some lawmakers and economists, however, increasingly criticize large nonprofit hospitals for not doing enough to help low-income patients and their communities while spending surplus cash on lavish building projects, high executive pay and expensive marketing, such as naming rights on professional sports facilities. Some critics say they’re often indistinguishable from their for-profit peers. Major nonprofit health systems counter that they collectively provide billions of dollars in charity care annually and that the community benefit they provide outweighs the value of their tax exemptions. Keith Turi, an assistant FEMA administrator, said the agency runs an “eligibility-based program” with no cap, which means smaller hospitals are not competing for limited funds with large and wealthy health systems. Even so, handing out aid to hospitals that don’t need it is a waste, said Tim Egan, chief executive of Roseland Community Hospital, a nonprofit, 134-bed facility serving low-income patients in Chicago. Egan said his facility has struggled financially as its payroll shot up by \$5 million this year to cover coronavirus care. But big nonprofit hospitals, he said, are swimming in money by comparison.



美南國際貿易中心共同主席  
金諾威



新聞名人  
馬健





WEA LEE'S GLOBAL NOTES

12/29/2020

CORONAVIRUS DIARY

Wealee@scdaily.com

# Coronavirus: One Person In Every Thousand Has Died In America

Six states set records on Sunday for the most COVID-19 patients hospitalized, including Alabama, California, Georgia, Mississippi, North Carolina and South Carolina.

Approximately 2.1 million vaccine doses have been administered in the United States, still far from reaching all the victims of the pandemic.

There have now been at least 19,221, 164 cases of the coronavirus in the U.S. and at least 334,000 people have died. This figure represents one of every thousand persons in the country.

This horrible number brings us such a painful experience.

When we look back on the whole situation, we did not have a national policy about how to face and deal with the coronavirus pandemic.

President Trump signed the massive \$2.3 trillion coronavirus relief and government funding bill into law averting a government shutdown that was set to begin Tuesday and extended billions of dollars to millions.

Trump also last week vetoed the National Defense Authorization Act which passed both chambers of congress.

Today we are facing a very difficult political future. President-elect Biden says his transition team has encountered roadblocks from Trump appointees, especially from the Defense Department and the Office of Management and Budget. Biden said, "We just aren't getting all the information that we need from the outgoing administration in key national security areas."



As the leader of the free world, Washington politics is being watched by all the people. We really think President Trump needs to understand the political reality and put the future of our country first.

SOUTHERN NEWS GROUP

40th

ANNIVERSARY

1979-2019

STV

KVVV153

星島國際電視網

Southern News Group Chairman / CEO

Chairman of International Trade & Culture Center

Chairman of International District Houston Texas

Publisher Southern Daily Wea H. Lee

Stay Home!

## BUSINESS

Wear Mask!

### Easier-To-Use Coronavirus Saliva Tests Start To Catch On



An employee at Spectrum Solutions in Draper, Utah, shows tubes used in their COVID-19 saliva test kit. (George Frey/Getty Images)

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

As the coronavirus pandemic broke out across the country, health care providers and scientists relied on the standard method for detecting respiratory viruses: sticking a long swab deep into the nose to get a sample. The obstacles to implementing such testing on a mass scale quickly became clear. Among them: Many people were wary of the unpleasant procedure, called a nasopharyngeal swab. It can be performed only by trained health workers, putting them at risk of infection and adding costs. And the swabs and chemicals needed to test for the virus almost immediately were in short supply. Self-placed, like Los Angeles County, moved early to some-collected oral swabs of saliva and sputum, with the process supervised at drive-thru testing sites by trained personnel swathed in protective gear. Meanwhile, researchers began investigating other cheaper, simpler alternatives to the tried-and-true approach — including dribbling saliva into a test tube. But the transition has not been immediate. Regulators and scientists are generally cautious about new, unproven technologies and have an understandable bias toward well-established protocols.

"Saliva is not a traditional diagnostic fluid," said Yale microbiologist Anne Wyllie, part of a team whose saliva-based test, called SalivaDirect, received emergency use authorization from the Food and Drug Administration in August. "When we were hit by a virus that came out of nowhere, we had to respond with the tools that were available."



Eight months into the pandemic, the move toward saliva screening is gaining traction, with tens of thousands of people across the country undergoing such testing daily. However, saliva tests still represented only a small percentage of the more than 900,000 tests conducted daily on average at the end of September. Yale is providing its protocol on an open-source basis and recently designated laboratories in Minnesota, Florida and New York as capable of performing the test. Besides the Yale test, the FDA has authorized emergency use of several others, including versions developed at Rutgers University, the University of South Carolina and SUNY Upstate Medical University. A further advance, an at-home saliva test, could be headed for FDA authorization, too. Since the start of the pandemic, the Trump administration's approach to testing has been hampered by missteps and controversy. As a key health agency during an unprecedented emergency, the FDA's effectiveness relies on public trust in how it balances the need for speed in authorizing innova-

tive products, like saliva tests and vaccines, with ensuring safety and effectiveness, said Ann Keller, an associate professor of health policy at the University of California-Berkeley.

"You obviously want to get new tests into the mix quickly in order to address the emergency, but you still need to uphold your standards," Keller said. The White House's public pressure on the FDA has complicated the agency's efforts by undermining its credibility and independence, she said.



Respiratory viruses colonize areas inside the nasal cavity and at the back of the throat. Besides the nasopharyngeal approach, nasal samples obtained with shorter and less invasive swabs have proven effective for the coronavirus and have become widely adopted, although they also generally require a health care worker's involvement. The millions of rapid tests that will be distributed across the country, per a recent White House announcement, rely on nasal swabs. In the early months of the pandemic, some studies reported significant levels of the virus in oral secretions. In a Hong Kong study published in February, for example, the virus was found in the saliva of 11 of 12 patients with confirmed coronavirus infection. In Los Angeles, which began using the oral swab test in late March, more than 10,000 samples are collected per day, said Fred Turner, chief executive of Curative, the company that developed it. Turner sees an advantage to the swabbing strategy. The self-swab procedure takes only 20 to 30 seconds, while producing enough saliva for testing can take people two to three minutes, and sometimes longer, he said. "That might not sound like much difference," Turner said, "but it is when you're trying to push 5,000 people through a test site."



Curative's three labs process tens of thousands

of tests from jurisdictions across the country in addition to L.A., Turner said. A test developed at SUNY Upstate Medical University, which is expected to become available at state labs around New York, also uses an oral swab. For the Curative test, a health care worker is supposed to oversee the sample collection — reminding people to cough to bring up fluids, for example. When investigators at the University of Illinois launched what they called a "Manhattan Project" to develop a saliva test by mid-June, they hoped to make it possible for people to visit a collection site, drool into a test tube, seal it and drop it off without the aid of a health care worker.

The university is now testing more than 10,000 people a day at its three campuses and is seeking to expand access to communities across the state and country, said chemistry professor Paul Hergenrother, who led the research team. Like the similar Yale test, it is being made freely available to other laboratories. The University of Notre Dame, in Indiana, recently adopted it. Like tests using nasopharyngeal and other kinds of nasal swabs, these saliva tests are based on PCR technology, which amplifies small amounts of viral genetic material to facilitate detection. Both the Yale and University of Illinois tests have managed to simplify the process by eliminating a standard intermediate step: the extraction of viral RNA. Their protocols also don't require viral transport media, or VTM — the chemicals generally used to stabilize the samples after collection.



"You don't need swabs, you don't need health care workers, you don't need VTM, and you don't need RNA isolation kits," Hergenrother said.

In correspondence published in the New England Journal of Medicine, the Yale team reported detecting more viral RNA in saliva specimens than in nasopharyngeal ones, with a higher proportion of the saliva tests showing positive results for up to 10 days after initial diagnosis. The National Basketball Association provided \$500,000 in support for the Yale project, said David Weiss, the NBA's senior vice president for player matters. He said the Yale team's decision to eliminate the process of RNA extraction, which separates the genetic ma-

terial from other substances that could complicate detection, involved trade-offs but did not compromise the value of the test.

"Any molecular test that has an RNA extraction step is almost by definition going to be more sensitive, but it will also be more expensive and take longer and use supplies that are in shorter supply," he said. "If we're trying to look at surveillance testing to open up schools and nursing homes, a test that's still very sensitive and a lot cheaper is an important innovation."

Prices for coronavirus tests vary widely, running upward of \$100. Tests tested on the Yale or University of Illinois protocols, which require only inexpensive materials, could be available for as little as \$10. The Curative testing service, which includes collection and transportation of samples as well as the laboratory component, averages around \$150 per test depending on volume, said Clayton Kazan, chief medical director of the L.A. County Fire Department, which uses the tests.



Despite the advances in sample collection, tests using PCR — polymerase chain reaction — technology still require laboratory processing. Researchers have been investigating other approaches, including saliva-based antigen tests, that could be self-administered at home and would provide immediate results. Meanwhile, scientists at Columbia University, the University of Wisconsin and elsewhere are investigating the use of saliva with other kinds of rapid-test technologies.

"There's tons of interest" in an at-home saliva test, noted Yvonne Maldonado, chief of pediatric infectious diseases at Stanford University School of Medicine.

"People really do want to get that pregnancy-type kit out there," she said. "You could basically send people a little packet with little strips, and you pull off a strip every day and put it in under your tongue." This story also ran on Los Angeles Times. (Courtesy /khn.org/)



Editor's Choice



A destroyed car is seen on a street after an earthquake in Sisak, Croatia. Slaven Branislav Babic/PIXSELL



A Rohingya girl carries blankets as she prepares to board a ship to move to Bhasan Char island near Chattogram, Bangladesh. REUTERS/Mohammad Ponir Hossain



Investigators work near the site of an explosion on 2nd Avenue that occurred the day before in Nashville, Tennessee. REUTERS/Harrison McClary



Healthcare workers treat patients infected with the coronavirus at United Memorial Medical Center in Houston, Texas. REUTERS/Callaghan O'Hare



U.S. President Donald Trump plays golf at the Trump International Golf Club in West Palm Beach, Florida. REUTERS/Marco Bello



A rocket is launched by Palestinian militant groups into the Mediterranean Sea off the Gaza Strip at the start of their first-ever joint exercise, in Gaza City. REUTERS/Mohammed Salem



Daniela Zapata, 42, receives an injection with the Sputnik V (Gam-COVID-Vac) vaccine against the coronavirus at Dr. Pedro Fiorito hospital in Avellaneda, on the outskirts of Buenos Aires, Argentina. REUTERS/Agustin Marcarian



A car drives through the village of Keele, Staffordshire, Britain. REUTERS/Carl Recine



Contested Presidential Elections  
Are Part Of American History



Sen. John F. Kennedy speaks to supporters at Chicago Stadium four days before the 1960 election. (AP Photo)

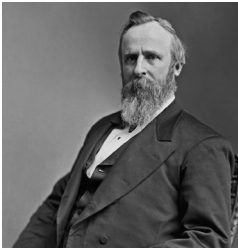
Compiled And Edited By John T. Robbins, Southern Daily Editor

As states continue to count their ballots in the 2020 election, it seems possible that Democrats and Republicans will end up in court over whether President Trump will win a second term in the White House. President Trump has said he’s going to contest the election results – going so far as to say that he believes the election will ultimately be decided by the Supreme Court. Meanwhile, Democratic presidential candidate Joe Biden has a team of lawyers lined up for a legal battle. Unprecedented changes in voting procedures due to the coronavirus pandemic have created openings for candidates to cry foul. Republicans argued earlier this year that extending deadlines to receive and count ballots will lead to confusion and fraud, while Democrats believe Republicans are actively working to disenfranchise voters. Should either Trump or Biden refuse to concede, it wouldn’t be the first time turmoil and claims of fraud dominated the days and weeks after the elections. The elections of 1876, 1888, 1960 and 2000 were among the most contentious in American history. In each case, the losing candidate and party dealt with the disputed results differently.



1876: A compromise that came at a price  
By 1876 – 11 years after the end of the Civil War – all

the Confederate states had been readmitted to the Union, and Reconstruction was in full swing. The Republicans were strongest in the pro-Union areas of the North and African-American regions of the South, while Democratic support coalesced around southern whites and northern areas that had been less supportive of the Civil War. That year, Republicans nominated Ohio Gov. Rutherford B. Hayes, and Democrats chose New York Gov. Samuel Tilden. But on Election Day, there was widespread voter intimidation against African-American Republican voters throughout the South. Three of those Southern states – Florida, Louisiana and South Carolina – had Republican-dominated election boards. In those three states, some initial results seemed to indicate Tilden victories. But due to widespread allegations of intimidation and fraud, the election boards invalidated enough votes to give the states – and their electoral votes – to Hayes. With the electoral votes from all three states, Hayes would win a 185-184 majority in the Electoral College.



In 1876, Republicans nominated Ohio Gov. Ruth-

erford B. Hayes, and Democrats chose New York Gov. Samuel Tilden.

But in a political scheme that backfired, Davis was chosen by Democrats in the Illinois state legislature to serve in the U.S. Senate. (Senators weren’t chosen by voters until 1913.) They’d hoped to win his support on the electoral commission. Instead, Davis resigned from the commission and was replaced by Republican Justice Joseph Bradley, who proceeded to join an 8-7 Republican majority that awarded all the disputed electoral votes to Hayes. Democrats decided not to argue with that final result due to the “Compromise of 1877,” in which Republicans, in return for getting Hayes in the White House, agreed to an end to Reconstruction and military occupation of the South. Hayes had an ineffective, one-term presidency, while the compromise ended up destroying any semblance of African-American political clout in the South. For the next century, southern legislatures, free from northern supervision, would implement laws discriminating against blacks and restricting their ability to vote.

1888: Bribing blocks of five

In 1888, Democratic President Grover Cleveland of New York ran for reelection against former Indiana U.S. Sen. Benjamin Harrison. Back then, election ballots in most states were printed, distributed by political parties and cast publicly. Certain voters, known as “floaters,” were known to sell their votes to willing buyers.



Benjamin Harrison. (Photo/Wikimedia Commons)  
Harrison had appointed an Indiana lawyer, William Wade Dudley, as treasurer of the Republican National Committee. Shortly before the election, Dudley sent a letter to Republican local leaders in Indiana with promised funds and instructions for how to divide receptive voters into “blocks of five” to receive bribes in exchange for voting the Republican ticket.

The instructions outlined how each Republican activist would be responsible for five of these “floaters.” Democrats got a copy of the letter and publicized it widely in the days leading up to the election. Harrison ended up winning Indiana by only about 2,000 votes but still would have won in the Electoral College without the state. Cleveland actually won the national popular vote by almost 100,000 votes. But he lost his home state, New York, by about 1 percent of the vote, putting Harrison over the top in the Electoral College. Cleveland’s loss in New York may have also been related to vote-buying schemes. Cleveland did not contest the Electoral College outcome and won a rematch against Harrison four years later, becoming the only president to serve nonconsecutive terms of office. Meanwhile, the blocks-of-five scandal led to the nationwide adoption of secret ballots for voting.

1960: Did the Daley machine deliver?  
The 1960 election pitted Republican Vice President Richard Nixon against Democratic U.S. Sen. John F. Kennedy. The popular vote was the closest of the 20th century, with Kennedy defeating Nixon by only about 100,000 votes – a less than 0.2 percent difference. Because of that national spread – and because Kennedy officially defeated Nixon by less than 1 percent in five states (Hawaii, Illinois, Missouri, New Jersey, New Mexico) and less than 2 percent in Texas – many Republicans cried foul. They fixated on two places in particular – southern Texas and Chicago, where a political machine led by Mayor Richard Daley allegedly churned out just enough votes to give Kennedy the state of Illinois.



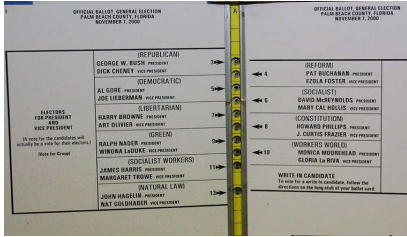
The 1960 election pitted Republican Vice President Richard Nixon (right) against Democratic U.S. Sen. John F. Kennedy (left).

If Nixon had won Texas and Illinois, he would have had an Electoral College majority. While Republican-leaning newspapers proceeded to investigate and conclude that voter fraud had occurred in both states, Nixon did not contest the results. Following the example of Cleveland in 1892, Nixon ran for president again in 1968 and won.

2000: The hanging chads

In 2000, many states were still using the punch card ballot, a voting system created in the 1960s. Even though these ballots had a long history of machine

malfunctions and missed votes, no one seemed to know or care – until all Americans suddenly realized that the outdated technology had created a problem in Florida. Then, on Election Day, the national media discovered that a “butterfly ballot,” a punch card ballot with a design that violated Florida state law, had confused thousands of voters in Palm Beach County. Many who had thought they were voting for Gore unknowingly voted for another candidate or voted for two candidates. (For example, Reform Party candidate Pat Buchanan received about 3,000 votes from voters who had probably intended to vote for Gore.) Gore ended up losing the state to Bush by 537 votes – and, in losing Florida, lost the election. But ultimately, the month-long process to determine the winner of the presidential election came down to an issue of “hanging chads.”



The Florida butterfly ballot confused a number of voters, who ended up voting for Reform Party candidate Pat Buchanan thinking they had voted for Democratic candidate Al Gore. Wikimedia Commons

Over 60,000 ballots in Florida, most of them on punch cards, had registered no vote for president on the punch card readers. But on many of the punch cards, the little pieces of paper that get punched out when someone votes – known as chads – were still hanging by one, two or three corners and had gone uncounted. Gore went to court to have those ballots counted by hand to try to determine voter intent, as allowed by state law. Bush fought Gore’s request in court. While Gore won in the Florida State Supreme Court, the U.S. Supreme Court ruled at 10 p.m. on Dec. 12 that Congress had set a deadline of that date for states to choose electors, so there was no more time to count votes. Gore conceded the next day.

The national drama and trauma that followed Election Day in 1876 and 2000 could be repeated this year. Of course, a lot will depend on the margins and how the candidates react.

Most eyes will be on Trump, who hasn’t said whether or not he’ll accept the result if he loses. On election night, he announced he had won before all the votes had been counted in a number of battleground states. (Courtesy https://theconversation.com/)



简体中文

美南電子報

分類廣告

聯繫我們



主頁 新聞 電視 黃頁 美南論壇 活動 工商資訊 生活資訊 ITC 美南廣場 登陸

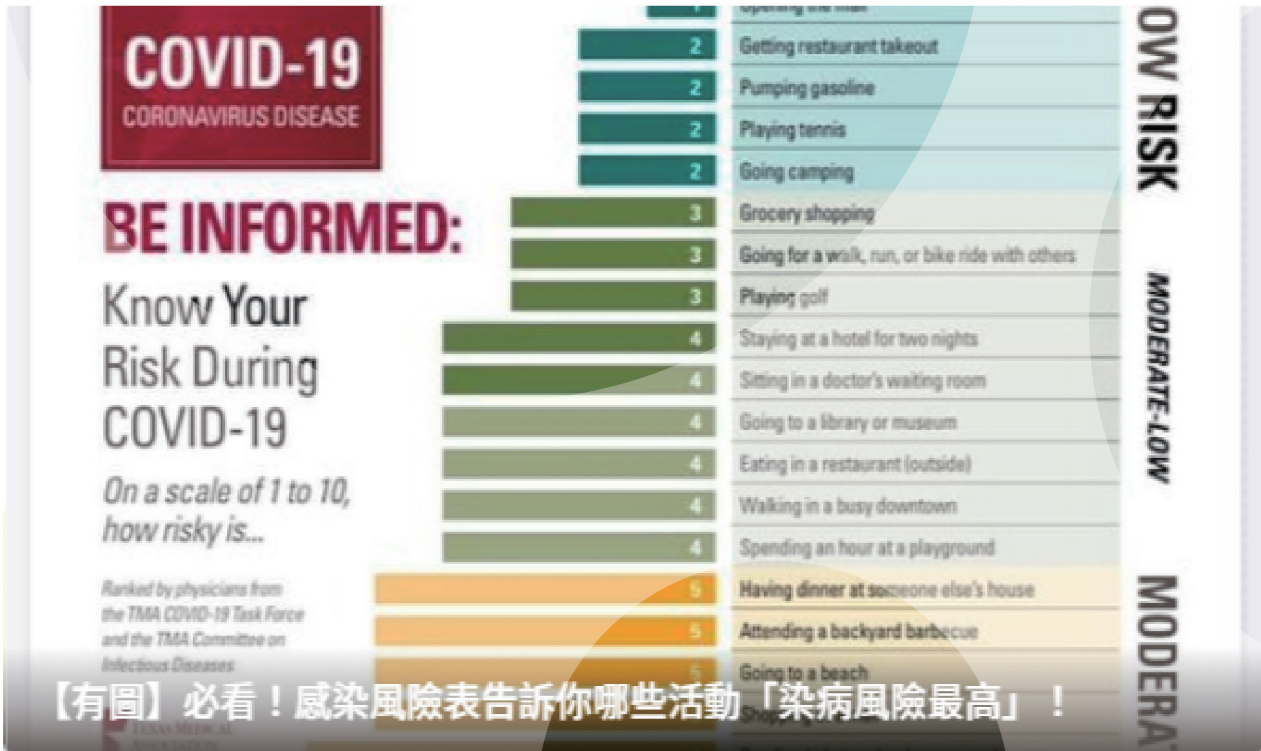


美南新聞成立四十一周年



熱門新聞

查看更多»



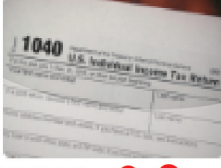
今日要聞  
民主黨總統候選人拜登的可能搭檔之一、亞特蘭大市長的冠狀...  
2020-07-07



僑社新聞  
美國新冠疫情日記07/07/2020  
2020-07-07

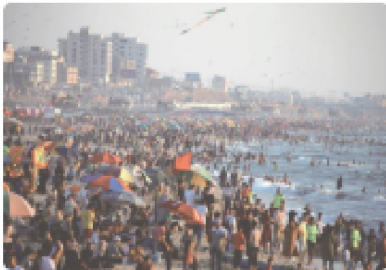


今日要聞  
【有圖】必看！感染風險表告訴你哪些活動「染病風險最高」！  
2020-07-06



今日要聞  
報稅7月15日截止，不會再延期  
2020-07-06

今日要聞



美南新聞網  
重災區哈里斯郡 (Harris County) 的法官希達哥 (Lina Hidalgo) 告訴美國廣播公司 (ABC)，官員必須...

2020-07-07

請關注我們的新網站  
www.scdaily.com

查看更多»

商業廣告

查看更多»

美南新聞網

Eason 52

Law Offices of Sung & Associates, P.C.  
地址: 4010 Corporate Dr Suite A-7, Houston, TX 77036  
Tel: 713-988-5995 Fax: 713-988-7787  
Email: sung@sungandassociates.com