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Trump: It's my decision when to reopen U.S. economy



Inside C2

Southern DAILY

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Americans too scared to go to work risk losing unemployment aid, experts say



FILE PHOTO: An ambulance is seen in the foreground of the Atlanta skyline days before the phased reopening of businesses and restaurants from coronavirus disease (COVID-19) restrictions in Atlanta, Georgia, U.S. April 22, 2020. REUTERS/ Elijah Nouvelage

(Reuters) - U.S. workers who refuse to return to their jobs because they are worried about catching the coronavirus should not count on getting unemployment benefits, state officials and labor law experts say.

Workers in a handful of U.S. states will face this situation this week, as state officials hope to revive economies paralyzed by shutdowns related to the epidemic.

Under an order by Georgia's Republican Governor Brian Kemp, barbershops, gyms, nail salons and tattoo parlors will be able to open on Friday, with restaurants able to open for sit-down service on Monday.

South Carolina allowed retailers to open on Monday, and Texas and Tennessee have said they will ease some restrictions in coming weeks. None of these states currently meet the White House guidelines for reopening only following two weeks of declines in the number of positive tests for the disease.

Public health officials say reopening local businesses, without adequate testing will expose more people to a pandemic that has infected more than 800,000 Americans and killed more than 40,000 since February.

About 22 million have filed for unemployment benefits in the past four weeks, with millions more expected to file on

Thursday.

State unemployment laws generally do not allow workers to collect jobless benefits if they refuse work available to them, said Thomas Smith, an associate professor at Emory University's Goizueta Business School. That could force workers in Georgia back to their jobs at a time when it is not clear whether the risk of infection has abated, he said.

"You're asking people to put their life on the line," he said. "These people aren't Army Rangers - those people signed up for combat. A barber did not."

Going back to work is a worrisome prospect for Decatur, Georgia, librarian Felicitas Yee, 36, who said she fears exposure to the virus because she is expecting her first child in July.

"I feel embarrassed and afraid to be in Georgia right now," Yee said. Public libraries in her county remain closed for now.

Georgia's Labor Department says it has processed more than 860,000 unemployment claims since mid-March, when President Donald Trump declared a national emergency because of the coronavirus. That is equal to 17% of the total state workforce. Officials say they are now paying out twice as many claims in a single week as they did for all of 2019 and have distributed more than \$500 million in benefits.

Some critics say the state's early reopening is an attempt to

push people out of a safety-net system that is straining state finances.

"I think that one of the big drivers of this decision by Kemp is to get people off unemployment rolls and having the private sector keeping these people afloat," said Georgia employment lawyer James Radford.

Kemp's office declined to comment on that, but pointed to a new rule that allows workers to collect full unemployment benefits even if they earn up to \$300 per week. That could help those who are not called back to work full time, officials say.

Georgia workers worried about their health should try to work out a deal, State Labor Commissioner Mark Butler said.

"If an employee is concerned about returning to work due to exposure to COVID-19, we are encouraging employees to communicate with their employers on plans to safely return to work," he said in a statement.

Some Georgia businesses are opting not to open at all at this point due to employees' safety concerns.

At Manuel's Tavern in Atlanta, general manager Steve Pitts said he and many of staffers are reluctant to come back to work while the pandemic is still not contained. The restaurant remains closed for now.

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Britain passes milestone of 20,000 coronavirus hospital deaths

LONDON (Reuters) - Britain passed the grim milestone of over 20,000 COVID-19 deaths on Saturday, as the daily toll rose 813 to 20,319 people who tested positive for the illness and died in hospital.

Back in mid-March the government’s chief scientific adviser said that keeping the death toll below 20,000 would be a “good outcome”.

The government is facing growing criticism over its response to the new coronavirus pandemic as the death toll rises. Britain was slower to impose a lockdown than European peers and is struggling to raise its testing capacity.

The country has the fifth highest official coronavirus death toll in the world, after the United States, Italy, Spain and France. Scientists have said that the death rate will only start to decline quickly in another couple of weeks.

The total number of deaths is likely to be thousands higher with the addition of more comprehensive but lagging figures that include deaths in nursing homes. As of April 10, the hospital toll was short of the overall toll by around 40%.

Prime Minister Boris Johnson is still recovering after falling seriously ill with COVID-19 earlier this month and in his absence, government ministers have been struggling to explain high death rates, limited testing and shortages of protective equipment for medical workers and carers.

Health ministry data published on Saturday showed that 28,760 tests were carried out on 24 April. That is likely to put further pressure on the government given its target of hitting 100,000 tests per day by the end of April is just days away.

There are concerns that limited testing could mean a slow exit from lockdown and a worse hit for Britain’s economy, the world’s fifth largest.



Medical workers conduct coronavirus disease (COVID-19) check-ups at a drive-thru testing site in Chessington, London, Britain, April 24, 2020. REUTERS/Henry Nicholls

Earlier on Saturday, Stephen Powis, the medical director of the National Health Service (NHS) in England, declined to give a new number for how many deaths could now be expected, but told BBC Radio:

“It will take some time, it may take many years, before the full effect of the pandemic is known in this country.”

Striking a positive note, Powis added the NHS had not been overwhelmed in the way

that hospitals in some other countries have been. Healthcare providers were now preparing to ramp up non-coronavirus treatments, such as restarting planned surgeries.

“As we are now beginning to see a decline, a decrease, in the number of patients with coronavirus, it is absolutely the time to start building up our services again,” he said.

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BUSINESS

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U.S.-Funded \$3.7 Million Project Approved By Covid-19 Guru Dr Anthony Fauci In 2015 After A U.S. Ban Was Imposed On ‘Monster-Germ’ Research

Why The U.S. Outsourced Bat Virus Research To Wuhan



The U.S. funded research into bat coronaviruses in a lab in Wuhan, China, that is now under scrutiny for possibly being behind the Covid-19 pandemic. (Photo/Facebook.)

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

The US National Institutes of Health (NIH) funded bat-coronavirus research in the Wuhan Institute of Virology in China to the tune of US\$3.7 million, a recent article in the British newspaper Daily Mail revealed.

Back in October 2014, the US government had placed a federal moratorium on gain-of-function (GOF) research – altering natural pathogens to make them more deadly and infectious – as a result of rising fears about a possible pandemic caused by an accidental or deliberate release of these genetically engineered monster germs.

This was in part due to lab accidents at the US Centers for Disease Control and Prevention (CDC) in July 2014 that raised questions about biosafety at US high-containment labs.

At that time, the CDC had closed two labs and halted some biological ship-

ments in the wake of several incidents in which highly pathogenic microbes were mishandled by US government laboratories: an accidental shipment of live anthrax, the discovery of forgotten live smallpox samples and a newly revealed incident in which a dangerous influenza strain was accidentally shipped from the CDC to another lab.

A CDC internal report described how scientists failed to follow proper procedures to ensure samples were inactivated before they left the lab, and also found “multiple other problems” with operating procedures in the anthrax lab.

As such in October 2014, because of public health concerns, the US government banned all federal funding on efforts to weaponize three viruses – influenza, Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS).



Director of the National Institute of Allergy and Infectious Diseases Anthony Fauci speaks during the daily briefing on the novel coronavirus, Covid-19, at the White House on March 24, 2020, in Washington, DC. Photo: AFP

In the face of a moratorium in the US, Dr Anthony Fauci – the director of the National Institute of Allergy and Infectious Diseases (NIAID) and currently the leading doctor in the US Coronavirus Task Force – outsourced in 2015 the GOF research to China’s Wuhan lab and licensed the lab to continue receiving US government funding.

The Wuhan lab is now at the center of scrutiny for possibly releasing the SARS-CoV-2 coronavirus and causing the global Covid-19 pandemic.

It is understandable that the Chinese lab likely struggled with safety issues given the fact U.S. labs share similar problems, and indeed in January 2018 the US Embassy in Beijing sent cables warning about the safety of the Wuhan lab and asked for help.

Additionally, the embassy warned that researchers “showed that various SARS-like coronaviruses can interact with ACE2, the human receptor identified for SARS-coronavirus,” meaning bat coronaviruses can be transmitted to humans to cause SARS-like diseases.

Now, the US is up in arms to hold China accountable for the global coronavirus pandemic, filing class-action lawsuits domestically, as well as building a coalition with allies internationally.

Lawsuits have been filed within the US and the International Criminal Court alleging that China used the virus as a bioweapon, and other suits are under way at the International Court of Justice.

Republican lawmakers such as Senator Tom Cotton and Representative Dan

Crenshaw have also introduced legislation that would allow Americans to sue China in federal court over the deaths and economic damage wrought by the virus.



U.S. spy agencies are also investigating whether the virus originated in the Wuhan lab, and seeking evidence that is needed to support the bio-WMD theory promoted by Republican lawmakers.

If evidence is found that Covid-19 is a biological weapon, some pundits such as Fox News host Lou Dobbs have called for the US to declare war on China.

Nonetheless, it is unclear what the legal ramifications would be if the virus was indeed leaked from a Chinese lab, but as a result of a research project that was outsourced and funded by the US government.

Also, if there was a government ban in 2014 on federal funding being used for GOF research, what are the federal compliance and ethical issues surrounding the fact that the NIH still gave federal funding instead of private funding to the Wuhan lab to continue the experiments? Moreover, could some strains of the coronavirus have originated in US labs, given the fact the US government lifted the ban in December 2017 on GOF research without resolving lab-safety issues?



Bio-Hazard suits at the high-security National Biosafety Laboratory in Wuhan, China. Photo: Wuhan Virology Institute

For now, President Donald Trump’s ad-

ministration is investigating the \$3.7 million in taxpayer money that went to the Wuhan lab, while Republican Representative Matt Gaetz called for an immediate end to NIH funding of Chinese research. Since the federal ban on GOF research has been lifted, US labs can continue creating these monster germs domestically and would no longer need to outsource to China.

Nonetheless, there still needs to be better oversight on the dangerous experiments and regulations over biosecurity of labs.

Currently, the National Science Advisory Board for Biosecurity (NSABB) – a US government interagency panel that advises the NIH’s parent, the US Department of Health and Human Services (HHS) – conducts risk assessment of GOF experiments that pose a significant threat to public health.

The NSABB has given the HHS a framework to assess proposed research that would create pathogens with pandemic potential, such as research on genetically altering a virus to infect more species, or recreating a pathogen that has been eradicated in the wild, such as smallpox.

However, vaccine development and epidemiological surveillance do not automatically trigger an HHS review. In the postmortem of the Covid-19 pandemic, this is likely a dangerous loophole that could be exploited with no oversight, and should probably be brought under HHS review in order to protect public health better in the future. (Courtesy asiatictimes.com)



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Editor's Choice



Workers from Tide Setubal public hospital watch a tribute as people protest against the lack of personal protective equipment (PPE), where three health workers died from suspected coronavirus disease, amid the spread of the coronavirus disease (COVID-19), in Sao Paulo, Brazil, April 25, 2020. REUTERS/Amanda Perobelli



Flour is pictured at the Redbournbury Watermill, during the coronavirus disease (COVID-19) outbreak, in Redbournbury near St. Albans in Hertfordshire, Britain April 25, 2020. REUTERS/Paul Childs



Miller Roopesh Chavda works at the Redbournbury Watermill, during the coronavirus disease (COVID-19) outbreak, in Redbournbury near St. Albans in Hertfordshire, Britain April 25, 2020. REUTERS/Paul Childs



Medical personnel jump in the COVID-19 unit at the CHR Centre Hospitalier Regional de la Citadelle Hospital, during the coronavirus disease (COVID-19) outbreak, in Liege, Belgium, April 22, 2020. REUTERS/Yves Herman TPX IMAGES OF THE DAY



A volunteer carries bags with food rations cooked by Benito Gomez, chef of two-Michelin-starred restaurant Bardal with other chefs and volunteers during a food distribution campaign for families following the outbreak of the coronavirus disease (COVID-19), at a social lunchroom in Ronda, southern Spain, April 25, 2020. REUTERS/Jon Nazca



Two musicians play at Gleisdreieck park as the spread of the coronavirus disease (COVID-19) continues, in Berlin, Germany April 25, 2020. REUTERS/Annegret Hilse



A statue of children is pictured in front of a playground, as the Spanish government stated under 14's, from Sunday will be allowed up to one hour of supervised outdoor activity per day following the outbreak of the coronavirus disease (COVID-19) in Reus, Spain, April 25, 2020. REUTERS/Nacho Doce



A man wearing a protective mask walks past a mural depicting a nurse in Shoreditch, amid the coronavirus disease (COVID-19) outbreak, in London, Britain April 21, 2020. REUTERS/Henry Nicholls TPX IMAGES OF THE DAY

The Latest Coronavirus
Red Flag: Contact Tracing

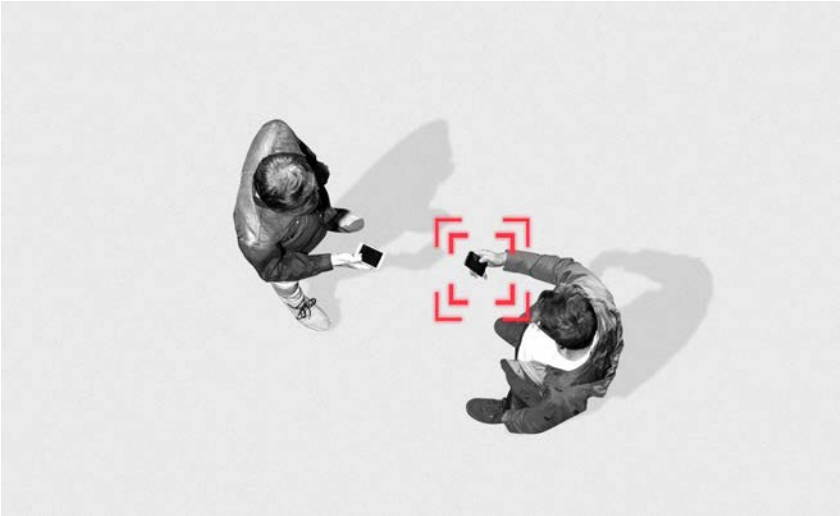


Illustration: Eniola Odetunde/Axios

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

Widespread contact tracing will be key to the next phase of our coronavirus response, but the U.S. is severely behind. **Why it matters:** Contact tracing — tracking down the people who have interacted with a coronavirus patient, so they can quarantine — helps prevent the virus from spreading. **As with diagnostic testing,** the U.S. missed its chance to do this before the coronavirus caseload got too high. • But once we begin to lift our social distancing measures, we’ll have to immediately implement these basic public health measures to avoid the caseload from immediately ramping back up. **Where it stands:** Neither the federal government nor most state and local governments have a plan to drastically increase contact tracing.

What is contact tracing?

Contact tracing aims to identify and alert people who have come into contact with a person infected with coronavirus.

Smartphones can be used to quickly and automatically determine whether somebody has been in contact with an infected person.

- A recent report by Johns Hopkins’ Center for Health Security estimated that the public health workforce would need to add about 100,000 new workers to do contact tracing.
 - We also don’t have the diagnostic testing capacity that experts say we’d need to safety phase into normal life.
 - **What they’re saying:** Centers for Disease Control and Prevention director Robert Redfield told NPR last week that the agency is working on a plan to ramp up contact tracing.
 - “We have over 600 people in the field right now from CDC in all the states trying to help with this response, but we are going to have to substantially amplify that,” he added.
 - Some states and communities are trying to get ahead of the curve.
 - Massachusetts, for example, is working to deploy nearly 1,000 contact tracers.
 - Apple and Google last week announced a joint effort to notify people via smartphone — on a voluntary basis — if they’ve come into contact with someone with the coronavirus, Axios’ Ina Fried reports.
- The bottom line:** “Failing to invest

in and train more workers for contact tracing now could extend this crisis months,” said Chris Meekins, a former Trump administration health official who is now an analyst at Raymond James.

Related
Apple, Google Limit How Coronavirus Contact-Tracing Tech Can Be Used
Only public health authorities will be able to create apps using Apple and Google’s new contact-tracing technology, and governments won’t be able to force people to use the tech, the companies clarified Monday.

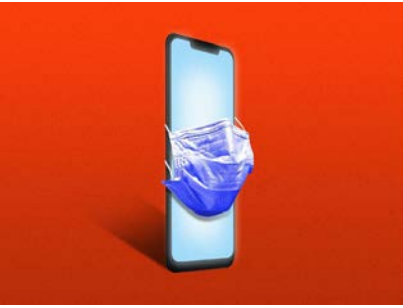
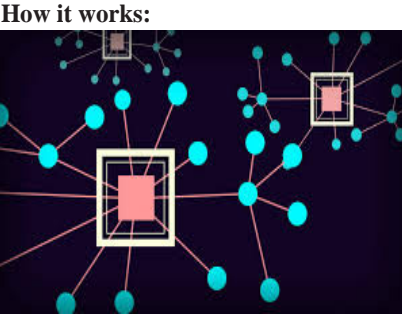


Illustration: Sarah Grillo/Axios

Why it matters: The clarifications, and others offered by the companies on Monday, aim to address some of the privacy questions raised by the technology, which was jointly announced Friday. **Details:** Apple and Google had been working on their joint effort — a smartphone-based system for notifying people if they were in contact with someone that tested positive for COVID-19 — for the last two and a half weeks, they said Monday. • While other agencies and countries are building their own technologies, Apple and Google said they wanted to create something that offers the maximum public health benefit without compromising individual privacy. • Unlike some other approaches, Apple and Google won’t collect location information or identifying information about who tests positive. They also require a person to consent to share the data that is collected. • The companies also said Monday that health authorities will be able to include

a mechanism for verifying that someone tested positive, such as a QR code from a health care provider. That helps address concerns that people could cause havoc by falsely claiming they tested positive.



- How it works:**
- Google and Apple are both making changes to their mobile operating systems to let devices exchange a private key with nearby smartphones via Bluetooth, logging any time users come in close proximity.
 - If someone tests positive for COVID-19 and enters that information into an app, 14 days’ worth of their contacts with other users is sent to a server.
 - Phones periodically check if any recently encountered user has reported being infected. If so, a notification pops up letting the user know that someone they have been in contact with has tested positive and more information is provided.
 - The new technology will work on iPhones running iOS 13 or later and on Android devices running any version of the operating system from 2015’s Marshmallow on.
- Most information is stored on individual devices; however, a server is needed to broadcast the keys used by someone who tests positive. Countries can either run their own servers or use ones from Apple and Google, the companies said on Monday. (Courtesy axios.com)



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