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Inside C2

Southern DAILY

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U.S. Supreme Court may not have final say in presidential election, despite Trump threat



A general view shows the front doors of the U.S. Supreme Court building the day after Election Day as results are still being counted and election-related lawsuits are expected to make their way through the court system in Washington, U.S. November 4, 2020. REUTERS/Jonathan Ernst

WASHINGTON (Reuters) - While President Donald Trump has promised to ask the U.S. Supreme Court to weigh in on a presidential race that is still too close to call, the nation's top judicial body may not be the final arbiter in this election, legal experts said.

Election law experts said it is doubtful that courts would entertain a bid by Trump to stop the counting of ballots that were received before or on Election Day, or that any dispute a court might handle would change the trajectory of the race in closely fought states like Michigan and Pennsylvania.

With vote-counting still underway in many states in the early hours of Wednesday morning, Trump made an appearance at the White House and declared victory against Democratic challenger Joe Biden.

"This is a major fraud on our nation. We want the law to be used in a proper manner. So we'll be going to the U.S. Supreme Court. We want all voting to stop," he said.

The Republican president did not provide any evidence to back up his claim of fraud or detail what litigation he would pursue at the Supreme Court.

As of Wednesday afternoon, the election still hung in the balance. A handful of closely contested states could decide the outcome in the coming hours or days, as a large number of mail-in ballots cast amid the coronavirus pandemic

appears to have drawn out the process.

However, legal experts said that while there could be objections to particular ballots or voting and counting procedures, it was unclear if such disputes would determine the final outcome. Ned Foley, an election law expert at Ohio State University, said on Twitter that the Supreme Court "would be involved only if there were votes of questionable validity that would make a difference, which might not be the case."

Both Republicans and Democrats have amassed armies of lawyers ready to go to the mat in a close race. Biden's team includes Marc Elias, a top election attorney at the firm Perkins Coie, and former Solicitors General Donald Verrilli and Walter Dellinger. Trump's lawyers include Matt Morgan, the president's campaign general counsel, Supreme Court litigator William Consovoy, and Justin Clark, senior counsel to the campaign. Benjamin Ginsberg, a longtime Republican election lawyer, said on CNN that any attempt to toss out legally cast votes would likely "be viewed by any court including the Supreme Court as just a massive disenfranchisement that would be frowned upon." Ginsberg represented George W. Bush's presidential campaign in 2000 when the Supreme Court ended a recount in Bush's favor against Democrat Al Gore.

Trump attorney Jenna Ellis on Wednesday defended Trump's bid to challenge the vote count and evaluate his legal options.

"If we have to go through these legal challenges, that's not unprecedented," Ellis told Fox Business Network in an interview. "He wants to make sure that the election is not stolen."

A general view shows the front doors of the U.S. Supreme Court building the day after Election Day as results are still being counted and election-related lawsuits are expected to make their way through the court system in Washington, U.S. November 4, 2020. REUTERS/Jonathan Ernst Bringing a case to federal court immediately was one possibility, she added, without giving further details. "We have all legal options on the table."

The case closest to being resolved by the Supreme Court is an appeal currently pending before the justices in which Republicans are challenging a September ruling by Pennsylvania's top court allowing mail-in ballots that were postmarked by Election Day and received up to three days later to be counted.

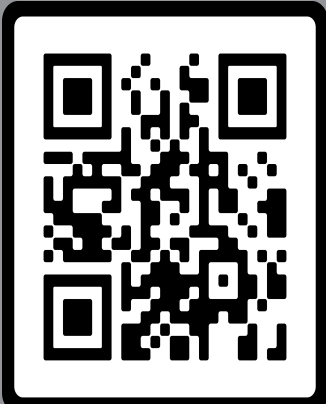
The Supreme Court previously declined to fast-track an appeal by Republicans. But three conservative justices left open the possibility of taking up the case again after Election Day.

Even if the court were to take up the case and rule for Republicans, it may not determine the final vote in Pennsylvania, as the case only concerns mail-in ballots received after Nov. 3. In a separate Pennsylvania case filed in federal court in Philadelphia, Republicans have accused officials in suburban Montgomery County of illegally counting mail-in ballots early and also giving voters who submitted defective ballots a chance to re-vote.

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WEA LEE'S GLOBAL NOTES

11/04/2020

CORONAVIRUS DIARY

Presidential Election Is Still Going On

The election between President Trump and former Vice President Biden is coming down to a count of thousands of ballots in key battleground states.

Our TV station broadcast a live talk show on election night and many scholars and community leaders were invited to discuss the future of our nation.

Biden holds a narrow margin of 224–213 in the electoral voting totals. Under the Electoral College process, a candidate must reach the 270 mark to win the presidency.

President Trump said from the White House, “As far as I ‘m concerned, we

already have won it.”

Biden warned that each side needed to wait for all the votes to be counted. He said that, “We are going to have to be patient until the hard work of tallying the votes is finished.”

No matter what the outcome will be for our community, we still have four important issues facing all of us. These include the pandemic, the economy, education and immigration.

The 2020 election really represents a milestone for our community. Never before have so many people gone out to vote, and many Asians actually ran for



public office.

depends on all of us.

This is an historical time for all of us. How to solve the country’s problems

We all hope the new leadership will give us new hope for the future.



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BUSINESS

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Death Rates Have Fallen 18% For Hospitalized COVID-19 Patients Due To Improved Treatments



The discovery of effective drugs and experience treating COVID-19 gives patients a much better chance at recovery today than early on in the pandemic. No matter what their specific situation, a person hospitalized in March for COVID-19 was more than three times as likely to die as one hospitalized in August.

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

Two large recent studies show that people hospitalized for COVID-19 in March were more than three times as likely to die as people hospitalized for COVID-19 in August. The first study used data from three hospitals in New York City. The chance of death for someone hospitalized for the coronavirus in those hospitals dropped from an adjusted 25.6% in March to 7.6% in August. The second study, which looked at survival rates in England, found a similar improvement.

Continuous, significant improvement

In March, out of 1,724 people hospitalized for COVID-19 in the three New York hospitals, 430 died. In August, 134 were hospitalized and five died. This change in the raw numbers could be driven by who was arriving at the hospital – if only older people were getting sick, the death rate would be higher, for example – but the researchers controlled for

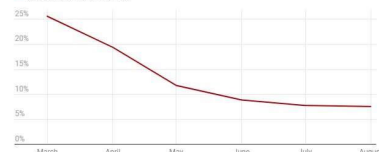
this in their calculations.

To better understand what was causing this decrease in hospitalization death rate, the researchers accounted for a number of possible confounding factors, including the age of patients at hospitalization, race and ethnicity, the amount of oxygen support individuals needed when they got to the hospital and such risk factors as being overweight, smoking, high blood pressure, diabetes, lung disease and so on.

Falling COVID-19 death rates in hospitals

All treatments improved. Death rates for hospitalized COVID-19 patients fell by more than two-thirds from March to August.

Adjusted death rate in New York



The study in England looked at hospital-

ized coronavirus patients who were sick enough to go to a high-dependency unit (HDU) – one where they were monitored closely for oxygen needs – or the intensive care unit (ICU). As in the New York study, the researchers also accounted for confounding factors, but they calculated survival rates instead of mortality rates.

Looking at 21,082 hospitalizations in England from March 29 to June 21, 2020, the authors found a continuous improvement in survival rates of 12.7% per week in the HDU and 8.9% per week in the ICU. Overall, between March and June the survival rate improved from 71.6% to 92.7% in the HDU and from 58% to 80.4% in the ICU. These increases in survival after hospitalization for the coronavirus in England mirrored the changes in New York City.

Better treatments and better care are responsible

The main reason researchers think coronavirus patients are doing better is simply that there are now effective treatments for the virus that didn't exist in March.

I am a practicing infectious disease doctor at the University of California, San Francisco, and I have witnessed these improvements firsthand. Early on, my colleagues and I had no idea how to treat this brand-new virus that burst onto the scene in late 2019.

Significant Figures

18%
Fall in death rate for hospitalized COVID-19 patients from March to August

But over the spring, large studies tested different treatments for COVID-19 and we now use an antiviral called remdesivir and a steroid called dexamethasone to treat our hospitalized coronavirus patients.

Along with these new treatments, physicians gained experience and learned simple techniques that improved outcomes over time, such as positioning a patient with low oxygen in a prone position to help distribute oxygen more evenly throughout the lungs. And as time has gone on, hospitals have become better prepared to handle the increased need for oxygen and other specialized care for patients with the coronavirus.

Though improvements in care and effective drugs like remdesivir and dexamethasone have helped greatly, the virus is still very dangerous. People with severe cases can suffer prolonged symptoms of fatigue and other debilitating effects. Therefore, other treatments should be and are still explored.



Drugs like dexamethasone and remdesivir work to fight the coronavirus in severe cases of COVID-19, but behavioral interventions might also play a big role. (AP Photo/Nati Harnik)

Public health measures help too

Treatments have undoubtedly gotten better. But the authors of the New York City study specifically mention that public health measures not only led to the plummeting hospitalization rates – 1,724 in March vs. 134 in August – but might have helped lower death rates too. My own research proposes that social distancing and face coverings may reduce how much virus people are exposed to, overall leading to less severe cases of COVID-19. It is important to continue to follow public health measures to help us get through the pandemic. This will slow the spread of the virus and help keep people healthier until a safe and effective vaccine is widely available. (Courtesy <https://the-conversation.com/>)

Related

Trump's Antibody 'Cure' Will Be in Short Supply

All the weak points of American health care – testing delays, communication breakdowns, inequity – are working against this potential treatment. Nearly two weeks ago, President Trump told Americans that they would soon be getting an antibody treatment that he had promoted, without evidence, as a “cure” for the coronavirus. This weekend, as the country braced for an-

other major wave of coronavirus infections, Mr. Trump's health secretary promised such therapies were just around the corner. But even if the drugs are proven to work – still a big if – there's little chance that they will soon be widely available. A smooth distribution of the antibody treatments will be dependent on the very same factors that have so far bedeviled the country's response to Covid-19: fast and plentiful testing, coordination between state and federal officials, and equitable access to health care. Supply will be extremely limited at first, even though the pool of patients who might benefit is vast, raising messy questions about who should be first in line for treatment. The drugs are believed to work best in people who have recently been infected and are not yet very sick.



An antibody trial site for Regeneron and Eli Lilly treatments in Mesa, Ariz. Credit: Adrianna Zehbrauskas for The New York Times

Roughly 60,000 Americans are testing positive for the coronavirus every day, yet the company that provided the president's antibody treatment, Regeneron, has said it will have only 50,000 doses initially. Eli Lilly, which is developing a similar product, has said it will have 100,000 doses at first. Regeneron will eventually have 300,000 doses, and Eli Lilly will have up to one million before the end of the year. Both companies have applied to the Food and Drug Administration for emergency authorization of their products. Administering the treatment is not as simple as handing out a bottle of pills. The therapies are given intravenously, requiring an infected person to visit a medical clinic or a hospital. (Courtesy www.nytimes.com/)

Editor's Choice



Mail-in ballots are counted in Chester County, Pennsylvania. REUTERS/Rachel Wisniewski



Election officials Sharon Krewson and Donna Nicolazzi unpack blue bags containing ballots after Election Day at the Kenosha Municipal Building in Wisconsin. REUTERS/Daniel Acker



Empty boxes from Milwaukee's voting wards are seen the night of Election Day as absentee ballots are counted at Milwaukee Central Count in Wisconsin. REUTERS/Bing Guan



Election specialist Shannon Zastoupil and election official Tom DeFazio work in the ballot room among completed absentee ballots and paper bags containing mailing envelopes for absentee ballots after Election Day. REUTERS/Chris Wedel



A woman checks a ballot at the Miami-Dade County Elections Department in Florida. REUTERS/Marco Bello



An election worker waves a flag to request more ballots to open at the Palm Beach County Elections Office in West Palm Beach, Florida. REUTERS/Joe Skipper



Alyssa Padjen, a City Clerk intern, organizes tapes from ballot counting machines at the Kenosha Municipal Building in Kenosha, Wisconsin. REUTERS/Daniel Acker



Electoral workers count ballots in Philadelphia, Pennsylvania. REUTERS/Eduardo Munoz

Is The Coronavirus Weakening?
Patients’ Viral Loads In Decline,
As Well As Death Rates



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

DETROIT, Mich. — While some health experts warn of a possible second wave in the coronavirus pandemic, a new study is pointing to signs that COVID-19’s severity may be fading. Researchers at Wayne State University say viral loads from patients are continuing to decrease as the pandemic progresses. This is also showing a connection to a lowering death rate.


Dr. Said El Zein and his team analyzed viral loads of SARS-CoV-2, the virus causing COVID-19, coming from patient nasal swabs over two months. From April 4 to June 5, a downward trend in the amount of virus detected in patients at Detroit Medical Center was discovered.

To estimate the viral loads coming from nasopharyngeal swabs, study authors use a cycle threshold (Ct) value that comes from the tests on these samples. A higher Ct means a sample has less SARS-CoV-2 in it. Their scale rates a high viral load as a Ct of 25 and under, intermediate loads as a Ct between 26-36, and low viral loads as a Ct over 37.

Lower viral loads lead to better out-

comes for COVID patients

During the week of April 4, just under half (49%) of COVID-19 patients had an intermediate viral load (VL). Low and high VL counts both came in at 25.5 percent of the patient samples.




By the fifth week of the study however, 70 percent of positive COVID-19 swabs fall into the low VL category. El Zein adds that this drop in viral production coincides with a decrease in patient deaths. Researchers say 45 percent of patients in the high VL group died from the virus. This number falls to 32 percent for COVID-19 patients with intermediate loads and 14 percent for the low VL group.

“During the April-June 2020 period of

the COVID-19 pandemic, the initial SARS-CoV-2 load steadily declined among hospitalized patients with a corresponding decrease in the percent of deaths over time,” the Wayne State team says in a media release. “Though confounding variables have not been evaluated, this suggests an association between initial viral load and mortality.”

Face masks, social distancing still the keys

Dr. El Zein admits the team doesn’t know the exact reason why viral loads are dropping over time, but suggests the pandemic’s severity is fading since a global crisis was officially declared on March 11. Part of this, he adds, may be due to the public’s actions to curb the spread.



“Rapid implementation of social distancing measures, lockdown and widespread use of facemasks may have contributed to a decrease in the exposure to the virus.”

The findings were presented at the European Society of Clinical Microbiology and Infectious Diseases’ Conference on Coronavirus Disease. (Courtesy studyfinds.org)

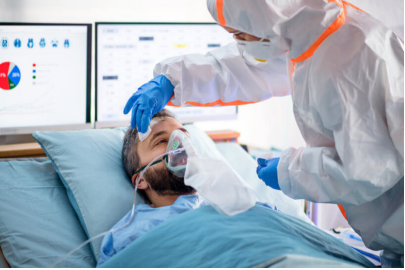
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Men 62% more likely to die from COVID, greater inflammation may be why

REGENSBURG, Germany — It’s been discussed in vague terms for months that men appear to be more susceptible in general to the coronavirus than women. Now, a new study is providing more exact figures and a possible explanation for this discrepancy between genders.

The research, conducted at University Hospital Regensburg, concludes that men have a 62% higher risk of a COVID-19 associated death in compar-

ison to women. Researchers say it may be due to higher levels of inflammation among male coronavirus patients.




To come to these findings, the authors analyzed 3,129 adults who were treated for COVID-19 between March and July of this year. For each patient, they had access to data pertaining to both socio-demographics and co-morbidities.

Analysis of male COVID patients versus female

The progression of each patient’s condition was classified over time according to four phases: uncomplicated (asymptomatic/mild symptoms); complicated (need for oxygen assistance); critical (need for critical care); and recovery. Across each phase, patients’ vital signs, symptoms, inflammatory markers, and treatment methods were recorded.

Among the entire patient group, the male-female ratio was 1.48. Moreover, there were more men receiving coronavirus treatments than women across all age groups. That being said, this abundance of male patients over female patients is most obvious among the 65-75 year old age group. More men also showed signs of coronary artery disease (18% vs 10%), and admitted to being smokers (14.5% vs 10.5%).



The study also shows that men have more admissions to ICU care (thus placed in the “critical” phase) than women (30.6%


vs 17.2%). In all, male patients spent more time in the hospital than females (15.4 vs 13.3 days).

When it comes to patients who died, men were more likely to suffer a COVID-related death than women (17.1% vs 10.3%).

Men show higher levels of inflammation ‘during all phases of COVID-19’

All in all, even after accounting for other factors, researchers calculate that men have a 62% higher overall chance of passing away from COVID-19-associated causes. Researchers say that male patients shows significantly higher markers of inflammation (IL-6, CRP, PCT, ferritin) during all four aforementioned phases.

“Men are more likely to progress to critical phases of COVID-19. Men have higher death rates as well as more frequent ICU admissions and longer hospital stays, that are all associated with higher inflammatory parameters during all phases of COVID-19. In our cohort, this effect was not explained by differences in comorbidities, age or BMI between male and female patients,” researchers conclude in a media release.



“We need further studies on what exactly makes men more vulnerable to COVID-19”, study leader Dr. Frank Hanses adds. “We do not yet know which biological or possibly social factors lead to these marked differences.”

This research is being presented at the ESCMID Conference on Coronavirus Disease. (Courtesy studyfinds.org)

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