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Inside C2

# Southern DAILY

Make Today Different

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## Anti-Trump Cheney removed from House Republican leadership

WASHINGTON, May 12 (Xinhua) -- Veteran Republican lawmaker Liz Cheney, a fierce critic of former U.S. President Donald Trump, was removed from House Republican leadership on Wednesday morning.

As chair of the GOP House Conference, Cheney, also a three-term congresswoman, has been the third-ranking Republican member of the House.

Cheney was booed when criticizing Trump in her opening remarks before the vote to remove her, according to a CNN report.

"We cannot let the former president drag us backward and make us complicit in his efforts to unravel our democracy," Cheney said, refusing to stay quiet about Trump's election fraud claims.

Moments after vote to remove Cheney, New York congresswoman Elise Stefanik, an outspoken Trump defender, sent a letter to her colleagues outlining why she wants to fill the post Cheney left.

"Today I humbly ask to earn your vote for House Republican Conference Chair to unify our message as a team and win the Majority in 2022," Stefanik wrote.

Trump released a statement shortly after the ousting of Cheney, calling her a "bitter, horrible human being" and "a talking point for Democrats." The former president endorsed Stefanik earlier this month, describing her "a far superior choice."

Cheney spoke on the House floor on the eve of the voting, vowing to continue her fight against Trump's baseless claims of widespread voter fraud, which she describes as "The Big Lie."

"A former president, who provoked a violent attack on this capital in an effort to steal the election, has resumed his aggressive effort to convince Americans that the election was stolen from him," she said.

"He risks inciting further violence. Millions of Americans have been misled by the former president, they have heard only his words, but not the truth," she added.

The GOP's move to oust Cheney was recently precipitated when she greeted U.S. President Joe Biden at the Capitol and tweeted that Biden won the election fair and square.



Workers unload China-donated COVID-19 vaccines and AD syringes shortly after a military transport plane landed in Dhaka, Bangladesh, on May 12, 2021. A special plane of the Bangladesh Air Force (BAF) carrying the China-donated COVID-19 vaccines and AD syringes landed in capital Dhaka early on Wednesday. (Xinhua)

## Bangladesh plane carrying China-donated COVID-19 vaccines arrives in Dhaka

DHAKA, May 12 (Xinhua) -- A special plane of the Bangladesh Air Force (BAF) carrying the China-donated COVID-19 vaccines and AD syringes landed in capital Dhaka early on Wednesday.

Chief of Air Staff of the BAF Masihuzzaman Serniabat along with other senior officials were present at the BAF Base Bangabandhu in Dhaka's Kurmitola to receive the Sinopharm vaccines.

A forklift unloaded boxes of the Chinese vaccines from the military transport plane shortly after it landed at around 5:30 a.m. local time.

According to an official handout at the air base, the goodwill mission was conducted by a C-130J transport aircraft of the BAF to bring the Sinopharm vaccines and AD syringes provided by China to prevent the coronavirus as a sign of China's friendly relations with Bangladesh.

It said the Bangladeshi government has expressed gratitude to the Chinese government for its commendable efforts in combating the coronavirus and unwavering support to countries including Bangladesh.

Bangladesh's drug regulator in April authorized emergency use of the Sinopharm vaccines.

The Bangladeshi government has also given the green light to a proposal of producing Chinese COVID-19 vaccines in the country.

Speaking at a virtual interaction with the journalists here on Monday, Chinese Ambassador to Bangladesh Li Jiming said China and Bangladesh are witnessing progress in their joint fight against the COVID-19 pandemic.

The vaccine aid was "just in time," Li said. "It is the latest outcome of China-Bangladesh anti-pandemic cooperation, which again shows that our two peoples are in the same boat, and we will stand with each other till the end of this battle."

"The virus is our common enemy, and cooperation is the only way out," he said.

Muhammad Faruk Khan, chairman of Bangladesh's Parliamentary Standing Committee on Foreign Affairs, told Xinhua in an interview on Tuesday that the country's vaccination drive, which suffered a setback following exhaustion of the stocks, will soon be resumed thanks to the Chinese vaccines.

Khan, who is also a lawmaker and a former minister, said he would like to thank China for sending the COVID-19 vaccine doses as a gift and the gifts China had sent in the past year to help Bangladesh fight the COVID-19 pandemic.

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# WEA LEE'S GLOBAL NOTES

## CORONAVIRUS DIARY 05/12/2021



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### Our Opportunity In The Digital Age

**“Open The Road When You Meet The Mountain, Build The Bridge When You Face The Water.”**



social service programs.

We firmly believe that the time is right for us to diversify our services nationwide.

Our number one goal is to continue to serve our community. “When we see the mountain, we open the road, when we see the water, we will build the bridge.”

It was my great honor to serve on the Advisory Board of the School of Digital Media at the University of Houston.

audiences want TV and to read the newspaper, to access the internet and to always be on their smartphones.

In this digital age the media business is changing accordingly. We are now facing new challenges.

In order to comply with the demands of the digital age, we also had to change our readers to smaller screens and to the social media platform.

Since 1979 when Southern News Group started its journey in Houston, Texas, over the past several years we have faced many changes up until the present day digital internet age. Our readers and

Today we are using our broad-based media platform to get into education, trading, real estate, fiber, solar and



## Southern DAILY Make Today Different

## Editor's Choice



Elizabeth Dragomir stands in a line of vehicles waiting for gas at Costco after a cyberattack crippled the biggest fuel pipeline in the country, run by Colonial Pipeline, and her car ran out of gas in the parking lot, in Norfolk, Virginia. REUTERS/Jay Paul



Streaks of light are seen as Israel's Iron Dome anti-missile system intercept rockets launched from the Gaza Strip towards Israel, as seen from Ashkelon, Israel. REUTERS/Amir Cohen



U.S. Representative Liz Cheney arrives on Capitol Hill in Washington. REUTERS/Evelyn Hockstein



Singer Dua Lipa performs at the BRIT Awards at the O2 Arena in London, Britain. ©John Marshall via REUTERS



Sally, a Havanese Pomeranian mix aged 5, sits at the bar with her owner Matt Friedlander, 39, of New York City at the White Horse Tavern (est. 1880) as restrictions eased on indoor drinking in bars, allowing seating at the bar, during the outbreak of the coronavirus in Manhattan, New York. REUTERS/Andrew Kelly



People on motorcycles rush to board a ferry at Mawa Ferry Terminal to get home to celebrate Eid al-Fitr, after the government imposed coronavirus restrictions on long-route public transport, in Munshiganj, Bangladesh. REUTERS/Mohammad Ponir Hossain

Southern DAILY Make Today Different

BUSINESS

The Next Big COVID Disaster Could Be Here



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

With India's dramatic surge in COVID-19 cases continuing to devastate the country, wary epidemiologists are trying to forecast where the novel coronavirus will strike next. Some experts are casting a wary glance toward another vast, developing country that—like India—suffers huge health disparities and uneven access to vaccines: Nigeria. With 200 million people, it's the most populous country in West Africa and the seventh most populous country in the world. "Nigeria is actually quite vulnerable," Ngozi Erondui, a senior research fellow at the Chatham House Center for Global Health Security in the United Kingdom, told The Daily Beast. "It has a lot of similarities to India." The world isn't powerless to stop COVID from devastating Nigeria the way it's doing India. More equitable distribution of vaccines across borders could build a firewall against a surge in cases in Nigeria, as well as in other less developed countries. But that would require the world's richer countries to share lifesaving resources with

their poorer neighbors. And if India's tragic example proved anything, it's that the world's vaccine "haves" are in no hurry to help out the "have-nots" on distant continents. That said, "African" is not synonymous with "poor." The continent is huge and diverse. Its 54 countries with their 1.2 billion people run the gamut from big to small, rich to poor, powerful to weak, democratic to authoritarian.



Likewise, the African countries' pandemic experiences have varied. South Africa—one of the richer countries on the continent—got hit hard last summer, and then again in January. Officials there

have logged more than 54,000 deaths. That's 93 fatalities per 100,000 people, a rate that's much lower than the 175 deaths per 100,000 population the U.S. has registered, but much higher than the global average of 38 fatalities per 100,000 people. Many of the less industrialized African countries have, so far, managed to avoid the catastrophic surges in infections that have driven up death tolls in richer countries. A total of 580,000 Americans have died of COVID; only 1,600 Nigerians have died. But that doesn't mean COVID isn't coming for Nigeria and other African countries—it might just mean it hasn't gotten there yet. "I see raging COVID-19 fires breaking out across the world in the coming weeks and months," Lawrence Gostin, a Georgetown University global health expert, told The Daily Beast. "And I am most concerned about Africa."



"I see the crisis in India as a leading indicator of what is to come in other low and middle-income countries," Gostin added. Bear in mind, India—despite its teeming cities, limited public health measures and patchwork health care—was relatively lucky until recently. The country of 1.37 billion counted just 160,000 fatal cases through March, for a rate of 11 per 100,000. Then in April, a new and more transmissible variant of the SARS-CoV-2 virus, known to geneticists as "B.1.617," spread across the country, driving cases and deaths through the roof. In a span of just a couple of weeks, India added nearly 50,000 deaths. The fatality rate jumped to 15 per 100,000.

The Frustrating Reason We're Flying Blind on New COVID Variants India's COVID surge is ongoing as of this writing, but the trends are encouraging. The daily rates of new cases and deaths are flattening. While every indication is that tens of thousands more Indians will die before the surge ends, at least the pandemic isn't still getting worse there.



But the novel coronavirus is an opportunist. It looks for densely packed, unprotected populations. Spreading via aerosols from one person to the next, it sets up a proverbial laboratory in each body it infects. Every individual SARS-CoV-2 infection mutates every two weeks for as long as it's active, looking for evolutionary pathways that might produce a new increasingly transmissible variant. New variants help the virus spread even faster in a self-reinforcing cycle that ends

only when strong social-distancing mandates, vaccinations, the antibodies of survivors—or, more likely, a combination of all three—cut off its transmission pathways. The harder it is to socially-distance, and the lower the vaccine uptake, the longer the pathogen has to run amok. It's no accident SARS-CoV-2 thrived in India this month. Popular religious festivals drew huge, maskless crowds. Meanwhile, India's vaccination effort has been abysmal. The country has fully vaccinated just 3 percent of its population, compared to more than 30 percent in the United States. The global average for full vaccination is slightly more than 3 percent. Nigeria, with its teeming cities, deep poverty and ramshackle health system is, from an epidemiological standpoint, a lot like India—except worse, in some aspects. Where India at least has some domestic vaccine-manufacturers, Nigeria has none. It must import all of its doses. That helps to explain why the country has partially vaccinated just 1 percent of its population—and fully vaccinated almost no one. The government in Lagos expects to receive 84 million vaccine doses from AstraZeneca and Johnson & Johnson in coming weeks.

(Article Continues Below)



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(Article Continues From Above)

The Next Big COVID Disaster Could Be Here

But that's enough to fully vaccinate just one out of five Nigerians. Vaccinating three-quarters of the population—the proportion experts say could result in "herd immunity" that blocks most transmission pathways—could take until 2022. To help Nigeria and other unprotected countries, the world's rich countries should stop hoarding excess doses. More jabs isn't a panacea, of course—even a country with plenty of vaccines can have trouble administering it.



But while logistics, as well as hesitancy among wary citizens, could slow inoculations, a shortage of doses definitely will slow it. "The only way to know for sure how well Nigeria will administer vaccines is to ship it. Once they have a larger supply of doses, then we can see how things like distribution and hesitancy are impacting their vaccination campaign," Shaun Truelove, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health, told The Daily Beast. Global supply isn't the biggest problem. The U.S. alone, a country with multiple competing vaccine-producers, is sitting on a stockpile of more than 60 million unused doses even as more vials arrive from factories and the vaccine-uptake rate ticks downward, especially among Republicans. It wasn't until weeks into India's ongoing COVID surge that the administration of President Joe Biden promised to ship some of its extra vaccines to the country. The spare jabs, from AstraZeneca, aren't even authorized for use in the United States. To Americans, those doses aren't just sur-

plus—they're useless.

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



What's particularly egregious about the delay in releasing surplus vaccines is that health officials anticipated this problem a year ago. Last spring, the U.N.'s World Health Organization, along with several international public-private partnerships, worked together to set up the COVID-19 Vaccines Global Access initiative, or COVAX. The idea was for rich countries to pay for vaccines for poor countries. COVAX's goal was to deliver 100 million doses by March. It actually delivered fewer than 40 million. "This has set Nigeria and many countries up to fail," Erondui said. The United States is part of the problem. The Trump administration refused to sign on to COVAX, a move that reflected its narrow "America-first" philosophy. The Trump White House either didn't understand—or didn't care—that vaccinating poor countries helps protect rich countries, too. Viruses don't respect borders, after all. The Biden White House reversed the decision back in February. The administration pledged \$4 billion in cash, making the U.S. COVAX's biggest financial donor, albeit belatedly. In a parallel move, Biden signalled support for a controversial proposal for the World Trade Organization to suspend patent protections for COVID vaccines, in theory allowing any manufacturer in any country to produce doses.



But experts are divided on whether suspending patents would result in more doses reaching the countries that need it. Meanwhile, many richer countries have been late to fulfill their COVAX pledges, piling delay on delay as the novel coronavirus targets one unprotected population after another. To help Nigeria and other unprotected countries, the world's rich countries should stop hoarding excess doses. More jabs isn't a panacea, of course—even a country with plenty of vaccines can have trouble administering it. But while logistics, as well as hesitancy among wary citizens, could slow inoculations, a shortage of doses definitely will slow it. "The only way to know for sure how well Nigeria will administer vaccines is to ship it. Once they have a larger supply of doses, then we can see how things like distribution and hesitancy are impacting their vaccination campaign," Shaun Truelove, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health, told The Daily Beast. Global supply isn't the biggest problem. The U.S. alone, a country with multiple competing vaccine-producers, is sitting on a stockpile of more than 60 million unused doses even as more vials arrive from factories and the vaccine-uptake rate ticks downward, especially among Republicans.



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Nigeria is ripe for infection. But the West African country doesn't have to suffer the same fate as India. Vaccines are available. Mechanisms exist to get it to countries that need it most. What's lacking is a sense of urgency in the countries that have more than enough, and don't seem to appreciate the importance of sharing it. (Courtesy <https://news.yahoo.com>)

