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John Robbins 281-965-6390
Jun Gai 281-498-4310

Publisher: Wea H. Lee
President: Catherine Lee
Editor: John Robbins

Address: 11122 Bellaire Blvd.,
Houston, TX 77072
E-mail: News@scdaily.com



Inside C2

Southern DAILY

Make Today Different

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Survivor of Rittenhouse shootings says he tried to disarm U.S. teen

KENOSHA, Wis., Nov 8 (Reuters) - The only protester shot by Kyle Rittenhouse to survive testified on Monday that he believed the U.S. teenager was an "active shooter" and was trying to disarm Rittenhouse when a bullet from the teen's semi-automatic rifle severed part of his arm.

Rittenhouse, 18, has been charged in the deaths of two men and with attempting to kill Gaige Grosskreutz, 27, during racial justice protests on Aug. 25, 2020, in Kenosha, Wisconsin, where police shot and wounded a Black man, Jacob Blake.

Grosskreutz, a former paramedic, was carrying a Glock pistol and a medical kit that night. He said he followed Rittenhouse because he had heard gunshots and saw protesters chasing him. He thought he might need to provide medical aid.

"I thought that the defendant was an active shooter," Grosskreutz, 27, told the jury.

Grosskreutz's testimony was seen as critical as the trial entered its second week. He represents the only chance for lawyers from both sides to question a survivor and elicit testimony on his mindset and actions, which is crucial to determining whether Rittenhouse had reason to fear for his life.

Last week, multiple witnesses provided testimony that seemed to support the teen's claim of self-defense. read more Rittenhouse's lawyers sought to portray Grosskreutz as dishonest, noting that he had omitted being armed in his initial police interview.

Under questioning, he acknowledged he was pointing his pistol in Rittenhouse's general direction when the teenager fired. Grosskreutz said he never intended to use his pistol.

Grosskreutz said he exchanged a few words with Rittenhouse when the teen passed him in the street after hearing gunfire. He did not know at the time that Rittenhouse had just fatally shot Joseph Rosenbaum, 36, a few blocks away.

As protesters pursued Rittenhouse, some shouting things like "Get his ass!", the teen stumbled to the ground and fired at an unidentified male who kicked him. He then shot Anthony Huber, 26, who swung



a skateboard at him. Rittenhouse has been charged with killing Huber and Rosenbaum and attempting to kill Grosskreutz. He has pleaded not guilty



and is expected to testify he acted in self-defense. read more

Grosskreutz, who was approaching the teen, froze after Huber was shot, took a step back and raised his hands above his head while still holding his pistol, according to video evidence and a criminal complaint filed days after the shootings last year.

Grosskreutz said on Monday that while

he had his hands in the air he believed Rittenhouse had "re-racked" his rifle, effectively loading another round into the chamber so the gun was ready to fire. Grosskreutz said he interpreted that to mean the "defendant wasn't accepting my surrender."

"At that moment I felt that I had to do something to try and prevent myself from being killed or shot," Grosskreutz said, adding that he was thinking of trying to wrest the gun from Rittenhouse or to detain him.

'VAPORIZED'

Under cross-examination, Rittenhouse's attorney sought to establish that Grosskreutz had pursued the teen with intent to harm him - an assertion Grosskreutz denied. The attorney also pressed Grosskreutz on why he did not tell police in an interview right after the shooting that he was armed.

"You omitted the fact that you ran up on him and had a Glock pistol in your hand," Corey Chirafisi said.

"Correct," Grosskreutz responded.

Grosskreutz said he was on medication and dealing with trauma of just having been shot and the omission to the police was not purposeful.

Chirafisi showed a photo around the time Rittenhouse fired to try to portray Grosskreutz as a threat, saying the teen did not fire when Grosskreutz's hands were up and only did so when he dropped his hands and moved toward Rittenhouse.

"You agree your firearm is pointing at Mr. Rittenhouse, correct?" Chirafisi asked.

"Yes," Grosskreutz responded. "And once your firearm is pointed at Mr. Rittenhouse that's when he fires, yes?" Chirafisi asked. "No," Grosskreutz said. Commenting on the still image, Grosskreutz then said, "That looks like my bicep being vaporized." A video shown to the jury of a newly wounded Grosskreutz with a chunk of his bicep missing further drove home the violence of the night. Several jurors appeared to grimace and avert their eyes from the screen.

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WEA LEE'S GLOBAL NOTES

CORONAVIRUS DIARY 11/08/2021



Wea H. Lee
Wealee@scdaily.com

Chairman of International District Houston Texas
Publisher Southern Daily Wea H. Lee

Southern News Group Chairman / CEO
Chairman of International Trade & Culture Center
Republic of Guiana Honorary consul at Houston Texas



The Farmers Market Is Another Kind Of Economy



After so many years, my wife and I went to Houston's Farmers Market on Airline Drive near the 610 Loop.

As the city's oldest and largest farmer's market, this 18-acre market is full of all kinds of fruits and vegetables and many other consumer goods. Most importantly, the Farmers Market reflects two important characteristics of our city: diversity and food.

Most people there speak in Spanish and the market

enjoys very large crowds. Customers are very happy to ask for a discount and usually can get everything they want to buy.

Recently, because inflation has hit, all the goods and food prices have gone up. I still remember before that we could buy three or four lemons for one dollar, but today in the super market one lemon costs 95 cents! Before the pandemic we ordered a "Grand Slam Breakfast" at IHOP for \$6.99. But today it

costs \$11.55! Such a crazy price is just unbelievable.

Today our nation's population is also changing. In Harris County and the greater Houston area, minorities, including Asians, Hispanics and Africans have almost reached 50% of the population. When you walk around at this market you will have such strong feelings about the diversity of our city.

The food was not just delicious, it was fresh, and the restaurant was full of customers who also liked to shop at the market.

We are urging the Biden administration to pay more attention to our economy. Otherwise, the only people who will continue to suffer will be those who are at the bottom of society.

After we visited the market and bought some sweet potatoes, we walked to the nearby Connie Restaurant which was founded by my old friend Mr. Ho. We ordered the whole fried fish and shrimp fried rice which still costs \$7.50.



Southern DAILY Make Today Different

Editor's Choice



Migrating Great White pelicans gather at a water reservoir in Mishmar Hasharon, central Israel. REUTERS/Amir Cohen



Migrants take part in a caravan heading to Mexico City, in Arriaga, Mexico. REUTERS/Raquel Cunha



People react at the finish line of the NYC Marathon. REUTERS/Carlo Allegri



People waded through a flooded beach after heavy rainfall in Chennai, India. REUTERS/Ravikumar



A giant baby balloon inflated by Climate Change activists is seen in the rain at Glasgow Green as the UN Climate Change Conference (COP26) takes place, in Glasgow. REUTERS/Dylan Martinez



Mourners and militants take part in the funeral of Palestinian boy Mohamed Dadis, who the Palestinian health ministry said was killed by Israeli forces during clashes, in Nablus, in the Israeli occupied West Bank. REUTERS/Raneen Sawafta

Southern DAILY Make Today Different

BUSINESS

For Now The Team Focuses Its Efforts Abroad Where COVID-19 Variants Surface More Quickly

Texas-Born COVID-19 Vaccine Team Wants To Break Into The U.S. Market

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



Maria Bottazzi, left, and Peter Hotez at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. (Photo/J. Rex/The Texas Tribune)

that work immediately," Everett said. Now, nearly 18 months later, the Houston team's vaccine, called Corbevax by its maker in India, is cheap, has no patent, can be made by many vaccine producers globally — including those in low- and middle-income countries — and is poised to receive approval for widespread global use.

The Indian government has promised the pharmaceutical company Biological E Limited, which is making the vaccine in that country, that it will buy 300 million doses with the potential for more. A halal version of the vaccine, for use in Islamic countries because it doesn't contain animal-based ingredients, is also about to start clinical trials in Indonesia.

And later this year, the company hopes the vaccine will be endorsed by the World Health Organization for use globally, which could open the doors to quicker authorization in several countries that need it.

But here in the United States, this "truly Texas vaccine," as its creators like to call it, has no home.

A Texas-style vaccine

The fact that the vaccine even exists can be traced to a lot of Texas money, including funds from The Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation and the M.D. Anderson Foundation. Several high-level and anonymous individual donors pitched in, as well as the JPB Foundation in New York. Those donations funded a vaccine prototype with the initial doses mixed in the Houston lab and transferred to Biological E in India in May 2020. By November, BioE began clinical trials of the vaccine in India, where the delta variant was first identified and which has one of the lowest vaccination rates in the world. Total cost from creation to market was between \$5 million and \$7 million, Bottazzi said.

The U.S. government has yet to get on board. Operation Warp Speed, the public-private partnership created by the federal government to accelerate treatments and vaccines for COVID-19, spent none of its billions at the Houston lab. Most experts, including Hotez and Bottazzi, agree that's because most of the funding and the attention — and the bets — are on the vaccines made earliest in the pandemic, and with the newest technology, by Pfizer, Moderna and Johnson & Johnson and a few others.

"We're pushing the new ways because they're better and faster," said Dr. Benjamin Neuman, a Texas A&M University virologist who has been doing coronavirus research since 1996, though

he was not involved in any of the approved vaccines' development. "Why wouldn't you want to have it all?"



Left: Maria Bottazzi holds a vial of the RBD-based SARS-CoV-2 vaccine at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. Right: A lab worker works on a project at the Texas Children's Hospital Center. (Photo/J. Rex/The Texas Tribune)

Competition from new tech

The mRNA vaccines by Pfizer and Moderna use messenger RNA, a molecule the virus needs to produce a "spike protein" and bind to human cells, to prompt the immune system to produce antibodies against that protein. Five years ago, Neuman said, that process hadn't been made effective yet. But by the time Hotez was making his plea on Attia's podcast, Moderna was already starting up clinical trials of its mRNA vaccine in partnership with the National Institutes of Health, the biomedical research arm of the U.S. government and the largest center of its kind in the world.

And by late 2020, when BioE was rolling out its phase 1 clinical trials with Corbevax in India, Pfizer was already getting emergency use authorization from the U.S. Food and Drug Administration.

The Bottazzi and Hotez vaccine relies on a production process very similar to the way the Hepatitis B vaccine is made that's been produced and used around the world for decades. The two argue that the familiarity with the process and the ease with which the materials can be gotten makes it easier to quickly ramp up global production compared to the newer vaccines, even if they came onto the market a little later. But aside from a handful of philanthropies who can see the value of the domino effect — more vaccinations outside this country help lower infections around the world and here — Hotez and Bottazzi have heard nothing about producing or distributing here at home.

"Why weren't conventional vaccine technologies given the opportunity of being at the same table as all these other technologies?" Bottazzi said.

The answer, Neuman says, is that while conventional technologies — or what he jokingly derided as "the obvious answer" — have a role in global vaccine development, the newer vaccines are stronger than the traditional types that Bottazzi, Hotez and other scientists around the world are developing. Newer vaccines also have a quicker production process than the conventional vaccines, said Neuman, a member of the international committee that named SARS-CoV-2, the virus behind the COVID-19 pandemic.

Peter Hotez at the Tropical Medicine Lab at Texas Children's Hospital Center for

Vaccine Development in Houston on Oct. 5, 2021. Justin Rex for The Texas Tribune

But Neuman agrees that the newer vaccines have distribution challenges: the tangles of intellectual property patents, the availability of materials to produce billions of doses in a short period of time and the logistics of a more complicated transport and storage process. Those challenges can be solved, Neuman said, but until then, the majority of the planet should be vaccinated "by any means necessary," including with conventional vaccines like the one created by Bottazzi and Hotez, if it proves to be safe and effective.

"Whatever gets the job done the fastest as long as it's safe for everybody involved," he said.

'One plane flight away'

While the Houston team waits for a production and distribution partner, the team fields calls every week from other countries asking them for help getting access to the vaccine, Bottazzi said. They ask if they can get the spare doses that Americans are declining or if they can get connected to BioE to export to them from their Indian-made stocks — or if the scientists will share the formula for the prototype.

The scientists share the formula with any country or lab who asks for it and help in other ways, however they can.

"We're kind of practicing our own version of Texas vaccine diplomacy," Hotez said.

Vaccination rates for developing countries are still in the single digits. About 38% of the world population is fully vaccinated against COVID-19. Many African countries, such as Sudan, Kenya and Ethiopia, have a rate below 2%.

In India, where nearly a billion doses of three different vaccines — Covishield, Covaxin and Sputnik V — have been distributed, more than 80% of the population remains unvaccinated. In Brazil, less than a third of the country is inoculated.

"We're one plane flight away from seeing a variant that developed in a country that has very little vaccine end up on our shores and set off a new wave of the pandemic," said Dr. James Cutrell, an infectious disease expert at UT Southwestern Medical Center.

Right now, the World Health Organization is already monitoring several variants that have been traced to developing countries including Indonesia (21% fully vaccinated), Peru (with one of the highest COVID-19 mortality rates in the world), Colombia, the Dominican Republic and South Africa.

"Much of sub-Saharan Africa, large swaths of Latin America and other places like that — they really don't have access to the [mRNA] vaccines," said Cutrell, an associate professor in the department of internal medicine. "That makes it really important and attractive to have some of these cheaper, easier-to-distribute — but hopefully similarly effective — vaccines with more traditional technology, which I think this vaccine and other vaccines like it can con-

tribute."

American problem, international solution

As the world scrambles for doses to meet the vaccination demand elsewhere, this nation's vaccination effort has flagged, hitting a wall of hesitation by a significant portion of the American public that is declining the new vaccines, although they have proven to be safe and effective. Hotez and Bottazzi believe their vaccine would likely be more accepted by those who don't trust a vaccine that is unfamiliar to them, like those by Pfizer and Moderna.

But from the start, inoculating reticent Americans was never the Houston team's first priority. Bottazzi and Hotez began their work developing coronavirus vaccines as part of their mission at the National School of Tropical Medicine, where Hotez is dean and Bottazzi is associate dean, to inoculate developing nations against tropical viruses.

Fast forward to January 2020, when SARS-CoV-2, the virus that causes COVID-19, was setting off alarms in the U.S. medical community. Bottazzi and Hotez began working to repurpose their coronavirus research program to develop a vaccine against the new virus and distribute it to the same countries they'd focused on throughout their careers.

The speed with which the Pfizer and Moderna vaccines were developed and the fact they used newer formulas seemed to spook some Americans and helped fuel politically motivated misinformation campaigns that chipped away at public acceptance. And as this nation's vaccination rate hovers around 57%, it's a matter of debate what is needed to achieve a higher level of immunity as a country. Neuman said he isn't so sure that a more familiar vaccine formula would change a lot of minds in the United States, where the resistance appears to be more political than scientific.

"I think that comes from a lot of different places, and I think the main place is sort of, 'You're not the boss of me,'" he said. "'Who says you get to tell me what to do?' And I don't think it matters what it is."

Even if it would make a difference, the path to emergency use authorization for a COVID-19 vaccine in this country starts with money — for research, for trials, for materials — and ends with firm commitments from the U.S. to support its mass production. The Bottazzi-Hotez shot, at this point, has neither.

And so Hotez, who is an internationally known and outspoken warrior against the anti-vaccine movement, and Bottazzi redouble their attention abroad to protect Americans who can't or won't protect themselves. If they can get more of their vaccine overseas within a few months, they can keep the variants from percolating and landing on U.S. soil.

"It's a pretty ambitious, audacious goal," Hotez said. "But I think we could get there."

The day before COVID-19 claimed its first Texas victim in 2020, Dr. Peter Hotez was a guest on the popular Austin-based podcast "The Drive." After 10 years of research into coronavirus vaccines, Hotez and his Houston team needed an infusion of cash to build on their past work and make a vaccine that could, as Hotez told listeners then, "rescue the world" from the deadly emerging coronavirus pandemic.

"You'd think that people would be pretty eager to support us to move this forward, but so far it hasn't happened," the Houston pediatrician and vaccine scientist told the host, Dr. Peter Attia, on March 14, 2020.

By the following week, major cities in Texas began to shut down to avoid widespread community outbreaks. But Hotez's plea worked. The donations started coming in support of efforts in the deadly new pandemic at the Baylor College of Medicine at the Texas Children's Hospital Center for Vaccine Development, co-directed by Hotez and Dr. Maria Elena Bottazzi in Houston — both of whom are celebrated pioneers in the area of vaccines for neglected tropical diseases like chagas and schistosomiasis.

Maria Bottazzi replaces vials of the RBD-based SARS-CoV-2 vaccine into a freezer at the Tropical Medicine Lab at Texas Children's Hospital Center for Vaccine Development in Houston on Oct. 5, 2021. (Photo/J. Rex/The Texas Tribune)

Among the gifts was a \$1 million infusion of cash in May 2020 by the philanthropic arm of Texas-based Tito's Handmade Vodka, whose director of global impact and research, Sarah Everett, was tuned in when Hotez asked for help in reviving their research.

"We decided that somebody should help restart



Texas Children's Hospital

Southern DAILY Make Today Different

COMMUNITY

In 1957 A Flu Pandemic Hit The U.S., But Maurice Hilleman Was Ready With A Vaccine He Mass Produced In Only Months

The Virologist Who Saved Millions Of Children—And Stopped A Pandemic



Virologist Maurice Hilleman with his research team at the Walter Reed Army Medical Research Institute in 1957. That year Hilleman and his team would identify and develop 40 million vaccine doses to combat a flu virus from Hong Kong. (PHOTO/ ED CLARK, LIFE PICTURE COLLECTION/GETTY)

By Guest Writer Sydney Combs

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

In April 1957, a mysterious illness was making its way through Hong Kong. Medical workers encountered throngs of children with "glassy-eyed stares," and more than 10 percent of the city's population was infected with influenza. The scientific community stayed quiet, but American virologist Maurice Hilleman recognized the threat: A pandemic was brewing. Hilleman thought the disease was a new strain of influenza capable of spreading around the world. By the time the virus arrived in the U.S. in fall 1957, he was ready with a vaccine. His work prevented millions from contracting the deadly virus—and that's a small fraction of the people Hilleman would save over the course of his career.



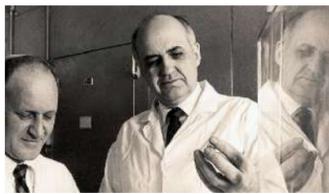
Students sick with the 1957 "Asian flu" lie in

temporary cots set up in the student union building at the University of Massachusetts. More than 100,000 people in the U.S. died from the virus. (PHOTO/ BETTMANN, GETTY)

Born in August 1919, at the height of the Spanish flu, Hilleman was raised on a farm near Miles City, Montana. During the Depression, he managed to get a job as an assistant manager at a J.C. Penney store and planned to spend the rest of his professional career with the company—until his older brother convinced him to apply to college. He went to Montana State University on a full scholarship, graduated first in his class in 1941—and was accepted to every graduate school he applied to. As a doctoral student in microbiology at the University of Chicago, Hilleman proved that chlamydia was actually a bacteria instead of a virus, a discovery that helped doctors treat the disease. Against his professor's wishes, Hilleman went into the pharmaceutical industry instead of academia because he believed

he'd be better positioned there to bring the benefits of his research to patients.

By the end of his career, he would develop more than 40 vaccines that prevented disease and death throughout the world.



The Father Of Modern Vaccines, Maurice Hilleman.

Heading off a pandemic

After four years with the E.R. Squibb pharmaceutical company in New Jersey, Hilleman transferred to the Walter Reed Army Medical Research Institute in Washington, D.C., to study respiratory illnesses and influenza outbreaks. There he proved that influenza viruses undergo mutations that allow them to bypass antibodies previously developed to the strain. This explained why one influenza vaccine didn't protect a person for life, as a smallpox or polio vaccine could.

FLU VIRUS 101The influenza virus is a recurring nightmare, killing thousands of people each year. Learn how the virus attacks its host, why it's nearly impossible to eradicate, and what scientists are doing to combat it. Through this research, Hilleman became convinced that the virus in Hong Kong could be substantially different from existing strains, and thus could be deadly if it came to the United States or other nations. When he picked up a copy of The New York Times on April 17, 1957 and read about the situation in Hong Kong, he exclaimed, "My God. This is the pandemic. It's here!" The next day he asked the military to collect virus samples there. A month later, he received gargled saltwater from an ill Navy serviceman who had been to Hong Kong. Hilleman began incubating the virus and testing it against antibodies from hundreds of soldiers and civilians. He couldn't find a single person with antibodies to this strain of influenza. Hilleman sent samples of the new virus to other research organizations, which confirmed that only a few elderly citizens who had survived the 1889-1890 influenza pandemic had any antibody resistance. That meant nearly everyone was at risk of catching

the new strain.

"In 1957 we all missed it. The military missed it and the World Health Organization missed it," Hilleman later said in an interview.



Boxes of Hilleman's vaccines for the 1957 flu are rushed by helicopter throughout the (PHOTO/WALTER SANDERS/LIFE PICTURE COLLECTION/GETTY)

Realizing how little time the country had to prepare, Hilleman contacted pharmaceutical manufacturers directly and asked them to make a vaccine from his samples. He also demanded that roosters that would otherwise have been killed be kept alive to fertilize enough eggs to prepare the vaccine. Even though his work had not yet been reviewed by the main U.S. vaccine regulatory agency, the Division of Biological Standards, the pharmaceutical companies agreed. Because regulations now are far tighter this type of workaround would be impossible today. Because of Hilleman's perseverance, 40 million doses of the vaccine had been created by the time the flu hit American shores in fall 1957. Ultimately, the virus killed 1.1 million people worldwide and an estimated 116,000 people in the United States. But the U.S. surgeon general at the time, Leonard Burney, said the virus would have infected millions more Americans had there been no vaccine. The U.S. military awarded Hilleman a Distinguished Service Medal for his work.

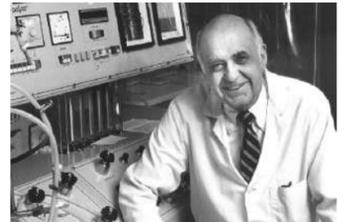
"That's the only time we ever averted a pandemic with a vaccine," Hilleman recalled.

Out of the spotlight

Hilleman's success was in part due to his po-

sition at Merck, the pharmaceutical company he worked at for 47 years. He was given direct control over his research there, and with Merck's ample financial resources at their disposal, Hilleman and his team developed more than 40 vaccines for humans and animals. "There was money to spend to do what you needed to do [at Merck]. Money wasn't an object. You could do your research," Hilleman's second wife Lorraine Witmer once told Hilleman's biographer. By working in the private sector—the "dirty industry" as Hilleman joked—he was able to guide his research from the lab to the marketplace with his signature brashness.

The pharmaceutical industry had its drawbacks, though, and at times prevented Hilleman from gaining public recognition for his work. "I thought that if my name appeared on the paper, or if I was the one put in front of the television cameras or radio microphones, people would think that I was selling something," Hilleman explained after his name was not included on the paper proving his hepatitis B vaccine was effective.



Virologist Maurice Hilleman.

In the end, Hilleman didn't name a single discovery after himself. Hilleman and his team developed eight of the 14 vaccines currently recommended for children: measles, mumps, hepatitis A, hepatitis B, chickenpox, meningitis, pneumonia, and Haemophilus influenzae (Hib vaccine). The WHO estimates that the measles vaccine alone prevented 20.3 million deaths worldwide between 2000 and 2015.

At the time of Hilleman's death, scientists in the field credited him with likely saving more people than any other scientist in the 20th century. "The scientific quality and quantity of what he did was amazing," Dr. Anthony Fauci told The New York Times in 2005. "Just one of his accomplishments would be enough to have made for a great scientific career." (Courtesy https://www.nationalgeographic.com/)