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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

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Texas school shooting victims take action against gunmaker

June 3 (Reuters) - The father of a 10-year-old girl slain in the Uvalde, Texas, school shooting and a school employee have taken initial steps that could lead to lawsuits against Daniel Defense, the maker of the semiautomatic rifle used in last week's massacre that killed 21 people.

Lawyers for Alfred Garza, father of Robb Elementary School student Amerie Jo Garza, requested in a letter on Friday that Daniel Defense provide information about its marketing to teens and children.

"We ask you to begin providing information to us now, rather than force Mr. Garza to file a lawsuit to obtain it," said the letter.

No lawsuits have yet been announced against Daniel Defense stemming from the shooting.

Daniel Defense of Black Creek, Georgia did not immediately respond to a request for comment.

The 18-year-old Uvalde gunman, Salvador Ramos, stormed the school on May 24 and killed 19 students and two teachers before he was killed by law enforcement, according to authorities.

He legally purchased his first gun on his 18th birthday on May 17. [read more](#)

Josh Koskoff, Garza's attorney, led the case over the Sandy Hook Elementary School shooting in Newtown, Connecticut in 2012, which led to a \$73 million settlement by gunmaker Remington in February. It marked the first significant settlement over a mass shooting against a gunmaker, which are protected by a federal law from lawsuits.

"Sandy Hook in Connecticut is not binding on the Texas court but that doesn't mean it lacks persuasive power," said Koskoff.

Koskoff told Reuters he was applying what he learned from the Sandy Hook case to his current investigation, focusing on marketing to children and teens and product placements in first-person shooter video games.

"The shooter, essentially the day he turned 18, he knew exactly what weapons he was getting," said Koskoff.

In a separate legal action, school employee Emilia Marin filed papers in Texas state court seeking an order to depose Daniel Defense and force the company to turn over documents, also related to its marketing. Marin is listed as a speech pathologist clerk on the school's website.

Marin's filing late on Thursday is a petition that



allows a party to begin investigating potential claims.

Gun manufacturers are generally shielded from lawsuits over criminal use of their firearms by a federal law called the Protection of Lawful Commerce in Arms Act, or PLCAA. [read more](#)

However, the Connecticut Supreme Court in 2019 ruled that gun company Remington Arms could be sued by families of Sandy Hook victims under a PLCAA exception because the gunmaker Remington allegedly violated state marketing laws. [read more](#)



Flowers, toys, and other objects to remember the victims of the deadliest U.S. school mass shooting in nearly a decade, resulting in the death of 19 children and two teachers, are pictured at the Robb Elementary School in Uvalde, Texas, U.S., May 30, 2022. REUTERS/Veronica G. Cardenas/File Photo

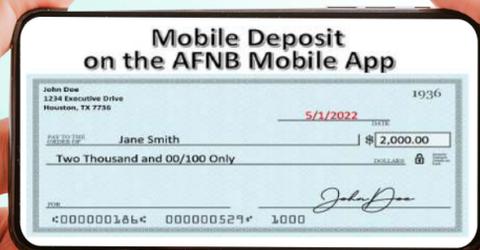
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LOCAL NEWS

Monkeypox can be contained if we act now, WHO says



The World Health Organization logo is pictured at the entrance of the WHO building, in Geneva, Switzerland, December 20, 2021. REUTERS/Denis Balibouse

“For us, we think that the key priority currently is trying to contain this transmission in non-endemic countries,” Briand told a technical briefing for member states. Needed measures included the early detection and isolation of cases and contact tracing, she added.

Member states should also share information about first generation stockpiles of smallpox vaccines which can also be effective against monkeypox, Briand said. [read more](#)

“We don’t know exactly the number of doses available in the world and so that’s why we encourage countries to come to WHO and tell us what are

their stockpiles,” she said. A slide of her presentation described global supplies as “very constrained”. Currently, WHO officials are advising against mass vaccination, instead suggesting targeted vaccination where available for close contacts of people infected.

“Case investigation, contact tracing, isolation at home will be your best bets,” said Rosamund Lewis, WHO head of the smallpox secretariat which is part of the WHO Emergencies Programme.

GENEVA, May 27 (Reuters) - Countries should take quick steps to contain the spread of monkeypox and share data about their vaccine stockpiles, a senior World Health Organization official said on Friday.

“We think that if we put in place the right measures now we probably can contain this easily,” Sylvie Briand, WHO director for Global Infectious Hazard Preparedness, told the U.N. agency’s annual assembly.

Monkeypox is a usually mild viral infection that is endemic in parts of west and central Africa.

It spreads chiefly through close contact and until the recent outbreak, was rarely seen in other parts of the world, which is why the recent emergence of cases in Europe, the United States and other areas has raised alarms.

So far, there are about 300 confirmed or suspected cases in around 20 countries where the virus was not previously circulating. [read more](#)



Editor’s Choice



A boy takes photos of tourists behind a toy dinosaur for a fee, at the Uyuni Salt Flat in Bolivia. REUTERS/Claudia Morales



A woman in a Cholita dress poses for photos, at the Uyuni Salt Flat in Bolivia, March 26, 2022. REUTERS/Claudia Morales



A man stands on salt at the Uyuni Salt Flat in Bolivia. REUTERS/Claudia Morales



Tourists walk in front of a structure made of salt, at the Uyuni Salt Flat in Bolivia. REUTERS/Claudia Morales



Tourists line up for a photo, at the Uyuni Salt Flat in Bolivia. REUTERS/Claudia Morales



A man walks on salt at the Uyuni Salt Flat, Bolivia. Picture taken with a drone. REUTERS/Claudia Morales

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)



(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," Erondu 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>)



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