

SALEM COMMUNICATIONS CORPORATION

**KFAX-AM
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KFAX-AM

San Francisco – Oakland – San Jose

**Quarterly Issues &
Programs Report**

Second Quarter 2014

(For the period covering April 1st, 2014 – June 30th, 2014)

**Compiled By Craig Roberts
Placed in the Public Inspection File July 10, 2014**

KFAQ –AM
San Francisco – Oakland – San Jose
Quarterly Issues & Programs Report

This report contains an over view of the public affairs programs and announcements aired by KFAQ Radio for the quarter just ended. For over 48 years, KFAQ has demonstrated a firm commitment to serve its listeners by airing in-depth interviews with newsmakers, community activists and community leaders in an effort to address matters that affect the quality of life here in Northern California.

For two decades, KFAQ has aired a Monday thought Friday program called “Life! Line with Craig Roberts”, which is presented in the peak afternoon drive time hours of 5:00-7:00 PM. Locally produced, the program seeks to address areas of interest and concern to those living in both our community of license as well as the surrounding areas well within the reach of our signal.

Topics and areas of concern addressed by the program include, for example, health matters (early cancer detection, treatment and prevention) education (home schooling, funding of public education and comprehensive student/teacher performance guidelines) women’s issues (menopausal treatment, breast cancer awareness, employment) and issues of concern to minorities (bi-lingual education, immigration issues, racism), among dozens of other topics.

Issues to be addressed are culled out from a vast list of local activists, listener feedback and interview requests from local and regional community leaders.

Additionally, the program provides opportunities for listeners to speak out on topics of concern, as well as the chance to speak directly with experts and community leaders on a variety of topics that affect the quality of life for them and their family.

The station also airs messages of thirty to sixty seconds in length throughout its broadcast schedule provided to us by a number of community-based and government-based organizations. Subject’s in the recent past have included but are not limited to crime reduction, recycling program awareness, senior issues, assistance programs for parents of children with learning disabilities and immunization programs for people at risk (elderly/HIV/children).

The following is a list of problems, needs and interests compiled from over two hundred interviews from a diverse list of community leaders throughout the Bay Area and Northern California.

Problems Needs and Interests

1. Minority Challenges (discrimination, housing, employment, education).
2. Problems of the Elderly.
3. Youth and Education.
4. Unemployment & Finances and the economy.
5. Gender Challenges (women suffering discrimination, employment problems, and domestic violence).
6. Environment.
7. Urban Problems (overcrowding, urban blight).
8. Housing.
9. Health.
10. Crime and the Criminal Justice System.

The following pages list some of the programs that have dealt specifically with the afore-mentioned list of issues and problems. In addition, because of the nature of our basic programming philosophy and program content, many of our programs often address one or more of these issues on a daily basis.

The station's format represents a broad diversity of opinions and views from the traditional Judeo-Christian ethic upon which our nation was founded. In addition, we air programming from many different religious and cultural backgrounds and experiences, complimenting the rich diversity of our listening audience.

A significant number of our national programmers and talk program hosts address themselves to a multiplicity of issues confronting American society today, particularly those dealing with crime, drug and alcohol abuse, racism, sexism, ethical and moral conduct, sexual mores, familial relationships, education, international relations, and terrorism.



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Tu., April 1, 2014

5:10pm-5:30pm

Guest: **JOSEPH KLEIN**

- > U.N. Correspondent for Canada Free Press
- > Author, *Global Deception: The UN's Stealth Assault on America's Freedom and Lethal Engagement.*
- > Attorney & political pundit

Topic: Obama dismissed Russia as no more than a "regional power" in remarks he made to the press in The Hague on March 25th, where he was attending a summit meeting on nuclear security. "Russia is a regional power that is threatening some of its immediate neighbors not out of strength, but out of weakness," he said. **Is this true or was Mitt Romney right in 2012?**

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Russia's Threat in the Americas

Posted By [Joseph Klein](#) March 28, 2014 @ 12:08 am In [Daily Mailer,FrontPage](#)

President Obama dismissed Russia as no more than a "regional power" in remarks he made to the press in The Hague on March 25th, where he was attending a summit meeting on nuclear security. "Russia is a regional power that is threatening some of its immediate neighbors not out of strength, but out of weakness," he said.

True, the Russian Federation is a shadow of the Soviet empire in its heyday. And Russia is not driven by a global Communist ideology that it seeks to spread to every part of the world in opposition to the capitalist democratic model, as the Soviet Union tried to do.

But that does not make Russia a weak neighborhood bully posing little threat beyond its "immediate neighbors," as President Obama seems to think. Mitt Romney was right when he said during the 2012 presidential campaign that Russia is "our number one geopolitical foe."

First, consider Russia's nuclear arsenal. According to a Bulletin of the Atomic Scientists study published in May 2013, it was estimated that, as of March 2013, Russia had "a military stockpile of approximately 4,500 nuclear warheads, of which roughly 1,800 strategic warheads are deployed on missiles and at bomber bases." Russia is also "modernizing its nuclear forces, replacing Soviet-era ballistic missiles with fewer improved missiles. In a decade, almost all Soviet-era weapons will be gone, leaving a smaller but still effective force that will be more mobile than what it replaced."

While these are only estimates, since Russia is not transparent about how many nuclear weapons it has, the size of Russia's arsenal and its ambitious modernization program do not connote the image of weakness that Obama wants to paint of Russia as a mere "regional" power. By way of comparison, the United States "has an estimated 4,650 nuclear warheads available for delivery by more than 800 ballistic missiles and aircraft," according to a Bulletin of the Atomic Scientists study published in January 2014.

These numbers and Russia's modernization strategy should be placed in the context of a very disturbing statement made last December by Russian Deputy Foreign Minister Dmitry Rogozin: "We have never diminished the importance of nuclear weapons—the weapon of requital—as the great balancer of chances." Rogozin has said that Russia was prepared to use nuclear weapons if attacked first even by only conventional weapons.

Russia is also on the march far from its immediate neighborhood and much closer to the United States. According to Gen. James Kelly, commander of U.S. Southern Command, who discussed his concerns regarding the increased presence of Russia in Latin America at a Senate hearing earlier this month, there has been a "noticeable uptick in Russian power projection and security force personnel. It has been over three decades since we last saw this type of high-profile Russian military presence."

Russian Defense Minister Sergei Shoigu announced last month plans to build military bases in such countries as Cuba, Venezuela, Nicaragua, as well as outside of Latin America including Vietnam, the Seychelles, and Singapore. "The talks are under way, and we are close to signing the relevant documents," Shoigu said. Russia is also on the lookout for refueling sites for Russian strategic bombers on patrol.

Russia is already a major arms supplier to Venezuela, whose navy has conducted joint maneuvers with Russian ships. At least four Russian Navy ships visited Venezuela last August, the Venezuelan daily *El Universal* reported.

"Two Russian Tupolev Tu-160 Blackjack strategic bombers flew last October from an airbase in southwestern Russia and landed in Venezuela in routine exercise," Russia's Defense Ministry announced, according to the *Voice of Russia*. "The nuclear-capable bombers, which took off from the Engels airbase in the Volga region, 'flew over the

Caribbean, the eastern Pacific and along the southwestern coast of the North American continent, and landed at Maiquetia airfield in Venezuela,' the ministry said in a statement."

Nicolas Maduro, the President of Venezuela, is so enamored of Putin that he expressed support last year for the Russian president to be awarded the Nobel Peace Prize. During a visit to Moscow by Maduro last summer, Maduro and Putin reaffirmed, in Putin's words, "their wish for continuing their course towards strategic cooperation in all sectors."

Putin was the first Russian president to visit Cuba since the collapse of the Soviet Union. Pravda quoted Putin as declaring in 2012 that Russia gained the consent of the Cuban leadership to place "the latest mobile strategic nuclear missiles 'Oak' on the island," supposedly as a brush back against U.S. actions to create a buffer zone near Russia. Last month, according to a report by Fox News Latino, "the intelligence-gathering ship Viktor Leonov docked in Havana's harbor without warning." It was reportedly armed with 30mm guns and anti-aircraft missiles.

Left-wing Argentinian President Cristina Fernández is intent on forging closer relations with Russia, inviting Russia to invest in fuel projects. In return for Russia's support of Argentina's quest to annex the Falkland Islands, Fernández supported Putin's grab of Crimea. Crimea "has always belonged to Russia," she said, just as the Falkland Islands have "always belonged to Argentina." She added that the Crimean referendum was "one of the famous referendums of self-determination."

Ecuador's President Rafael Correa praised Russia as a "great nation" during a visit to Moscow last October after Putin pledged to invest up to \$1.5 billion into new domestic energy projects in Ecuador. Correa said Ecuador was also interested in buying Russian military equipment.

Brazil is planning to purchase short-to-medium-range surface-to-air Pantsir S1 missile batteries and Igla-S shoulder-held missiles from Russia. It has already bought 12 Mi-35 attack helicopters. This is all part of what Brazil views as a growing strategic relationship with Russia, as Brazil leads efforts to counter U.S. electronic surveillance that included alleged spying on Brazilian citizens. "More than buying military equipment, what we are seeking with Russia is a strategic partnership based on the joint development of technology," said Brazilian Defense Minister Celso Amorim after meeting with his Russian counterpart.

After Daniel Ortega, the leader of the Sandinista revolution, returned to power in Nicaragua in 2007, Russia and Nicaragua have moved in the direction of a strategic economic and military relationship. In October 2013, for example, Nicaragua and Russia signed a memorandum of international security cooperation. Russia's Security Council Secretary Nikolai Patrushev noted during his visit to Nicaragua that "Nicaragua is an important partner and friend of Russia in Latin America," pointing to the coincidence of views of the two countries' authorities "on many issues." For his part, Ortega said: "We are very grateful and very much appreciate the Russian people's support of our country." Ortega welcomed the arrival of two Russian strategic bombers Tupolev Tu-

160. Ortega added that Putin had sent him a letter, in which the Russian leader reaffirmed his "readiness to continue to work together with our country."

According to a March 2014 report by the Strategic Culture Foundation, a progressive, pro-Russian think tank, Nicaragua's

parliament has ratified a cabinet resolution allowing Russian military divisions, ships and aircraft to visit the republic during the first half of 2014 for experience sharing and training of military personnel of the Central American republic. Furthermore, the parliament has approved the participation of Russian military personnel in joint patrols of the republic's territorial waters in the Caribbean Sea and the Pacific Ocean from January 1 through June 30, 2015.

Russia is also forging a closer relationship with El Salvador, which has been led by the Farabundo Martí National Liberation Front ("FMLN") that arose out of a left-wing guerrilla movement from the country's 1979-1992 civil war. Leftist ex-guerrilla Sanchez Ceren has just won the presidential election. He can be expected to build on the "Federal Law On Ratification of the Agreement on the Foundations of Relations" between the Russian Federation and the Republic of El Salvador, signed by Vladimir Putin in November 2012. It was the first interstate agreement between the two countries since they established diplomatic relations in 1992.

In fact, given Ceren's background – one of five top guerrilla commanders during the civil war that left 76,000 dead and over 12,000 missing – we can expect a more avowedly anti-U.S. government that will welcome Russia's outstretched arms. After all, the FMLN leadership during the civil war described its own ideology as "Marxism-Leninism."

On a regional level, the Strategic Culture Foundation has reported that the Central American Common Market, which includes Guatemala, Costa Rica, Nicaragua, Honduras and El Salvador, "advocates the creation of a free trade zone with the Customs Union of Russia, Kazakhstan and Belarus."

Foreign ministers from members of the Community of Latin American and Caribbean States (CELAC) and Russia declared their intention, after meeting in Moscow last May, that they were working to establish a means of continuous dialogue "to discuss and synchronize positions on international issues." CELAC includes thirty-three countries in the Americas, but the United States and Canada are excluded.

"Imperial Russia never left, to be blunt," Stephen Blank, senior fellow at the American Foreign Policy Council said as quoted in Deutsche Welle. "What they're looking for in Latin America is great-power influence, they have never forsaken that quest. There's no doubt that Moscow is dead serious about seeking naval bases and port access in Latin America."

In the Middle East, also out of range of Russia's "immediate neighbors," Russia continues to prop up the Assad regime in Syria with increased shipment of arms. Reuters reported in January 2014 that "[I]n recent weeks Russia has stepped up

5:30pm-6:00pm

Guest: DENNIS WOLFE

> Author, *The Sick Solution: The Prescription for National Health*

> Dennis started WOLFE Insurance Services and almost immediately, he began writing healthcare benefit plans and became known for his expertise in helping both smaller, growing businesses and larger, internationally established companies develop competitively priced benefit plans. He has designed benefit plans and administered them for a multi-national public company and an international law firm.

Topic: update on Obamacare shenanigans

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Some Bay Area Residents Refuse To Sign Up For Insurance, Will Pay Penalty

April 1, 2014 12:02 AM

SAN JOSE (KPIX 5) – Despite an extended deadline to sign up for health care under Covered California, some in the Bay Area are choosing to pay a penalty instead of insurance because of the cost.

Brian Roi has worked as a bartender without insurance for the last two years. He chose not to sign up for health coverage because at the end of the night, he said the math does not add up.

“It doesn’t work for me.” Roi told KPIX 5. “I went to college. I have to pay all these student loans still I’m paying those. I’m paying credit card bills that incurred when I went to college.”

Roi said he would have to pay about \$3,000 this year for health insurance under the Affordable Care Act.

He said it's just too expensive. "I'm just trying to stay healthy," Roi said.

Roi would rather pay the penalty, which is \$95 the first year or one percent of a person's taxable income, whichever is greater. In his case, it comes out to \$350 for 2014. "I guess they're trying to scare people into doing it. But a smart person will realize that's only one month of insurance," he said.

Covered California spokesperson Dana Howard told KPIX 5 about those who don't sign up, "That would be a mistake, because you might be able to come out ahead financially for a short time of paying the penalty and not paying for your premium, but you will pay that penalty and you will have nothing to show for it."

As of February, 25 percent of Obamacare applicants were young adults under 34.

Robert Hicken, a self-employed entrepreneur, said, "I could have done it, I could have pulled the trigger, but that feeling in the back of my mind is still kind of rubbed me the wrong way that I live here in the United States of America and I'm being forced to do something."

Hicken knows he can't go without health insurance for long, but he is taking the risk for now.

Representatives for Covered California told KPIX 5 that they don't know how many people know about the law but refuse to sign up.

DNC worried about midterm turnout because 'lower turnout means that we'll lose'

When Democratic National Committee operatives describe something as "undemocratic," they mean it's not good for the Democratic Party.

"We believe that we should expand democracy -- that expanding democracy is good for the nation; it is good for our party," Democratic National Committee spokesman Mo Elleithee told reporters during a conference call in which he attacked "undemocratic" Republican voter ID laws and other state-level election laws.

The DNC operatives offered several platitudes about the importance of voting during the call, which was scheduled apropos of a New York Times story on Republican-supported election laws, but they kept slipping up and mentioning their ulterior concern.

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"The fundamental notion is that lower turnout means that we'll lose, and so we've got to drive it up as much as possible," Elleithee said.

Maggie Toulouse Oliver, a Democratic candidate for New Mexico Secretary of State, explained that she believes telling voters that Republicans are trying to deprive them of the right to vote could motivate Democratic voters to go to the polls this year.

Referring to a list of people whose voting eligibility was question by the state government, she said that "those individuals in particular are going to be targeted by me or by other campaigns saying, you know, 'Did you know that your right to vote was almost taken away?' "

I think actually, what could end up happening is that what happens as a result of these efforts, that these efforts completely backfire, especially with the Hispanic and Latino community, and that especially we could see increased and improved turnout as a result of that, in response to that," Toulouse Oliver said.

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And right on cue, the website crashed ... again.

HealthCare.gov was down early Monday morning — on deadline day for enrollment in health-insurance plans under the Affordable Care Act.

The federal site became unavailable shortly after 3 a.m. ET. A representative for the Department of Health and Human Services said the site's tech team had found a software bug as part of routine overnight maintenance, but the issues spilled into the early hours of the morning on the East Coast.

CNBC: Website stumbles on last day.

Officials said the website wasn't hacked. The site, which was receiving 1.5 million visitors a day last week, received about 1.7 million on Sunday. The federal site serves 36 states. Fourteen states and the District of Columbia are running their own sites, some of which have been crippled by technical problems.

Nonetheless, the administration and the states appear to be on track to sign-up about 6.5 million people for subsidized private health insurance through the new online markets. That's half way between a revised goal of 6 million and the original target of 7 million. The earlier goal was scaled back after the website's disastrous launch last fall, which kept it off-line during most of October.

It is unclear how many consumers who have signed up ultimately closed the deal by paying their first month's premium. Also unknown is how many were previously uninsured - the real test of President Barack Obama's health care overhaul law

Mark Thiessen: Making up good news about Obamacare.

Recall that between 5 million and 6 million Americans lost their health plans because of Obamacare last fall. If the administration now succeeds in signing up 5 million to 6 million previously insured Americans, it will have achieved . . . nothing. Breaking even is no great accomplishment.

And let's not forget: Many of those new Obamacare sign-ups are self-sufficient people who were previously paying their own way and now receive government subsidies for insurance. Creating government dependency is not progress — it's a step backward.

The stated goal of Obamacare was not to move millions of privately insured Americans into taxpayer-subsidized health coverage. The goal was to cover the uninsured. That was the justification for all the chaos and disruption Americans have experienced — and that is the standard by which the administration should be judged.

We don't know yet, but the signs are not good. A March survey by McKinsey & Co. found that 27 percent of consumers who had purchased new coverage in the individual insurance market in February were previously uninsured — up from 11 percent in January. But McKinsey also found that the payment rate for the previously uninsured was just 53 percent, compared with 86 percent for the previously insured. We don't know how many of those policies were purchased under Obamacare, but remember: Those who sign up and do not pay are not actually enrolled.

Goldman Sachs is projecting that only 1 million Obamacare sign-ups will come from previously uninsured Americans. Indeed, it estimates that the number of total signups will be just 4 million — not 6 million, as the administration claims — because "HHS figures . . . count all persons who selected an ACA exchange plan regardless of whether or not they have actually completed the enrollment process by paying their premium." Goldman Sachs also anticipates that fully 75 percent of all the Obamacare sign-ups will be from people who already had insurance.

Jay Cost: the Big picture on the politics of Obamacare.

Today is the last day of open enrollment in the Obamacare exchanges. Last week the administration had announced six million enrollments, with about five days left to go. If they enroll new people into the system at the same rate as they had the previous 10 days, that would put the final, nominal number around 6.5 million. If there is a surge of enrollments, then that could place it higher still.

NO: The reality is that the number of people who actually get health insurance will be less than what the administration is saying. Industry expert Bob Laszewski—who has lately become a fixture on television and in news reports--says the number will be 80 percent of the nominal total. Additionally, the handful of states that have reported paid enrollments show them to be running at about 80 percent of the nominal total.

What is more, there is a massive churn operation going around here, which is to say that the bulk of new enrollments appears to be people who previously had health insurance. An as-yet-unreleased report from RAND says that about a third of exchange enrollees were previously uninsured. It is reasonable to expect that this percentage will increase with the end of open enrollment, but it still is not a great number.

YES: These are people who previously had not been insured. Factor in the people newly enrolled in Medicaid, and we are looking at something like 5 to 6 million people previously uninsured (let's exclude those who received insurance from their parents

under the age of 26, as this is an uncontroversial measure that would survive any reform effort). That is a substantial group of people for political purposes. Add to this group the people whose net costs have decreased because of significant premium and deductible support, and Obamacare now has a substantial constituent base.

Forbes: this was not how Obamacare was supposed to work.

Today is March 31, 2014: in theory, the last day you can sign up for coverage under the subsidized Obamacare insurance exchanges. If you've been a regular reader of this space, you know that the numbers routinely paraded by the Obama administration regarding Obamacare website sign-ups don't tell us much about the actual number of uninsured individuals who have gained coverage. A new study from the RAND Corporation indicates that only one-third of exchange sign-ups were previously uninsured.

The RAND study hasn't yet been published, but its contents were made available to Noam Levey of the Los Angeles Times. RAND also estimates that 9 million individuals have purchased health plans directly from insurers, outside of the exchanges, but that "the vast majority of these people were previously insured."

The RAND report appears to corroborate the work of other surveys. Earlier this month, McKinsey reported that 27 percent of those signing up for coverage on the individual market were previously uninsured.

RCP: Obamacare what happens next?

Obama's hallelujahs that more than 6 million people have enrolled nationwide, along with millions more under Medicaid (plus an unknown number who purchased their coverage directly from insurers), will dominate White House messaging this week.

Critics of the Patient Protection and Affordable Care Act, however, have no intention of muting their warnings of costly complications ahead. And the public, still refereeing, will likely be as confused as ever. To lay out the issues in play, and look ahead to what's in store, RCP offers this Q&A clarifier.

Read more:

Couple gets pre-marked voter registration cards from "Covered California, the state's Obamacare exchange.

LA MESA, Calif. - A local couple called 10News concerned after they received an envelope from the state's Obamacare website, Covered California. Inside was a letter discussing voter registration and a registration card pre-marked with an "x" in the box next to Democratic Party.



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Fri., April 4, 2014

5:10pm-6:00pm

Guest: JOE MURRAY

> Writer, Constitutional Attorney, Reporter

Topic: headline news

CONTACT #: [REDACTED]

b/u: [REDACTED]

Boeing Got 7250 In Tax Breaks For Every 1 It Spent Lobbying

When it comes to great investments, it's hard to beat collecting \$7,250 for every \$1 you spend.

That's the benefit Boeing Corp. will reap from a ramped-up lobbying push in Washington state that ended with a massive \$8.7 billion tax subsidy, according to an analysis of lobbying data released Thursday. The tax break came as part of a deal to keep production of a new jet, the 777X, in the Seattle area.

Lobbying data is notoriously difficult to parse -- matching individual dollars to specific legislative priorities is often impossible. It's plausible that the company could have achieved the same result with a single phone call, given how terrified state officials were that the company might ship high-paying jobs elsewhere. The governor's office had estimated that Washington would lose an estimated 20,000 jobs and more than \$20 billion in economic activity if Boeing took production of the new jets elsewhere.

But the new analysis of the lobbying data shows that Boeing didn't leave anything to chance in pursuit of its goal: that it went about getting what it wanted the old fashioned way, by spending gobs of money on lobbyists to follow lawmakers around, to call them incessantly and otherwise convince them that tax revenue isn't really all that important anyway.

The bottles of air will to be manufactured as part of a tourism scheme by authorities in the southwestern Guizhou province.

Air from the area's eco-tourism zones such as Fanjing and Leigong mountains will be bottled, and on the shelves to be sold from June 20.

However, entrepreneurial types are already cashing in on the idea.

Costumed characters called Oxygen Babies have been giving away bottles, which are filled with air collected at the Tianmu mountain scenic spot in the county of Linan in Zhejiang province.

Dense smog: Pollution levels in China have been described as an environmental disaster by the WHO

They are expected to tour the country, promoting to the new products, which are currently free of charge, and were pictured in the city of Hangzhou in east China's Zhejiang province.

Product manager Long Peng said: 'The air in Tianmu mountain is so fresh that negative oxygen ion is 3,300 per cubic centimetre, much higher than the normal level.

'The problem is that there are not enough negative ions in daily life. All the modern things we have generate an overabundance of positive ions that make us feel tired, depressed and irritable.'

The inspiration for the idea reportedly came from tourist shops near Mount Fuji in Japan, where cans of fresh air have been a huge success.

Oxygen Bunnies: Bottles of fresh air are handed out to locals and tourists as part of a promotion in China

During a National Congress meeting, China's president, Xi Jinping, suggested Guizhou 'sell cans in the future', adding: 'Air quality is now a deciding factor in people's perception of happiness.'

However, it's not the first time bottle air has gone on sale in China. Last year, Chen Guangbiao, who made his fortune in the recycling business and is a high-profile philanthropist, claimed to have sold 10 million cans in just 10 days, as pollution levels reached a record high. The move comes after the country's biggest online travel agency and insurance firms joined forces to offer policies to tourists whose trips are visually impaired by the pollution.

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Cops to Inspect Homes Without Notice For Illegal Rentals

Authorities in Long Island have launched a crackdown on homeowners who rent their house out to tenants who have not been registered under a "zero tolerance" program that will see police conduct home inspections without notice.

Landlords in the Long Island community of Westbury will be targeted by a newly created police "Housing Enforcement Unit" that will "modify search warrant law to eliminate prior notice, aggressively use warrants and housing sweeps on a regular basis."

Residents are being encouraged to report their neighbors to authorities if they suspect they are housing tenants who have not been registered with the government. Local station News 12 also gave out an email address and phone number encouraging viewers to, "report a suspected illegal rental."

Maintenance rules and violation fines will also be raised under the new program.

Mayor Peter Cavallaro told News 12 that permitting property owners to call the shots on rentals "victimizes the community as a whole."

Although the crackdown was launched after complaints by residents, its primary purpose appears to be a way to target landlords and homeowners who rent out rooms in order to help pay the cost of exorbitant property taxes.

Respondents to the News 12 report decried the move as a selfish attempt to prop up house prices at the expense of property rights and personal freedom.

"TAXES for your bloated New York nanny state politicians is what this is all about, they don't give a damn about the people," stated one YouTube user.

"Boo hoo hoo, my property value is declining. I know, let's call the state goon squad to destroy the lives of people that may harm the value of our homes. This "community" action will backfire, causing property values to drop to zero in a zero tolerance "community," added another.

"Yes! Report an illegal rental ASAP. The American people have raised their voices loud and clear. They're saying, "State supremacy forever!", and "Police supremacy over all!" joked another respondent.

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How the NSA Can Use Metadata to Predict Your Personality

The president and congressional leaders want to end NSA bulk metadata collection, but not the use of metadata, which may even be expanded. From a technical perspective, the question of what your metadata can reveal about you, or potential enemies, remains as important as it was since the Edward Snowden scandal. The answer is more than you might think.

First, the background. On Thursday, the Obama administration released a brief statement on ending the collection of metadata and limiting, slightly, the circumstances under which metadata could be accessed. The timing was in keeping with a self-imposed deadline to create legislation to address NSA bulk collection. The statement said "the government will not collect these telephone records in bulk; rather, the records would remain at the telephone companies for the length of time they currently do today."

Two leaders of the House Intelligence Committee, Reps. Michael Rogers, R-Mich., and Dutch Ruppersberger, D-Md., are also putting forward a proposal, called the "End Bulk Collection Act," which would likewise seek to switch the collection of bulk metadata collection from the NSA to phone companies.

The companies would be required to keep the data no longer than 18 months, as opposed to the 5 years it is currently held by NSA. But the House bill would also increase the circumstances under which the government could access metadata, from probable cause to the far more nebulous "reasonable articulable suspicion."

In a USA Today op-ed from last July, Ruppersberger argued that the practice of collecting metadata was benign. But is it?

"The phone-records tool is not some wildly intrusive surveillance program. In reality, what we are talking about is collection of 'metadata,' not content. No names, no addresses and absolutely no conversations," he wrote.

Recent research shows that the sort of metadata the NSA uses in its investigations is actually highly personal.

A group of researchers from the MIT Media Lab found that your metadata — including, but not limited to, the way in which you use your phone, how you make calls, to whom, for how long, etc. — can serve as an indicator of your personality.

Here's how they figured it out. The researchers, Yves-Alexandre de Montjoye, Jordi Quoidbach, Florent Robic and Sandy Pentland, had 100 students fill out surveys to determine their personality along five distinct personality types:

- Neurotic: Defined roughly as a higher than normal tendency to experience unpleasant emotions
- Open: Defined as broadly curious and creative
- Extroverted: As in, looks toward others for stimulation
- Agreeable: As in warm, compassionate, and cooperative
- Conscientiousness: Self-disciplined organized and eager for success

These types are in keeping with the so-called Five Factor Model of Personality, a widely used method for describing personality traits. Once the researchers had the survey data to show how each of the subjects fell along the spectrum, they examined the subjects' phone records between March 2010 and June 2011, well within the new 18-month window. Specifically they looked at these metadata elements:

- Basic phone use including the number of calls
- Active user behaviors, as in the number of calls initiated, and the time it took the subject to answer a text
- Location, or how far the subject moved, the number of places from which calls have been made, and other indicators of so-called radius of gyration
- Regularity of calling routine

- Diversity, defined as the ratio between the subject's total number of contacts and the relative frequency at which he or she interacts with them

Once the researchers had values for these behaviors they ran the result through a machine-learning algorithm to determine how each one refers to personality type. De Montjoye is careful to point out that there isn't a one-to-one matchup between a specific observed behavior and a specific personality. So if your radius of gyration, for instance, is particularly large, that doesn't serve as a clear indicator of neuroticism. Rather it's the combination of behaviors and the strength of the data available that allows the model to come up with predictions.

"We let the algorithm determine the right mix," he said. "Each indicator is useful but is conditional on all the other indicators. That doesn't mean each one is causal or that people who travel more are neurotic. Let's say that the relationships between A and B are not linear, if you do a linear progression you see no relationship; you do a quadratic progression, you *do* see how A can predict B."

The model, in other words, can't tell you which behavior to change to make your personality less predictable.

Here's what it can do: predict personality type much better than random guessing. When they looked at how the model's guesses for each subject's personality (as revealed by the survey) compared to random assumptions, they found that the model performed much better at predicting all of the personality types, about 42 percent on average but as high as 63 percent.

The [paper](#) was published in the Proceedings of the 6th International Conference on Social Computing, Behavioral-Cultural Modeling and Prediction.

"We see a lot of comments along the lines of 'It's only metadata. It's not personal. And it only gets personal when a human looks into it,' said de Montjoye. "We wanted to show an example at a small scale of what you might be able to do" with that data on how long calls last, when they are made, and where.

"At the end of the day, the vast majority of the use of this data is extremely positive," said de Montjoye, citing the utility of metadata in city planning, emergency response and other areas. He said he wanted to help researchers and the public develop a better "understanding of what can be done as well as the limits of privacy. This is really why we do this."

From a national security perspective, the use of metadata remains a powerful tool for finding links between people, including potential enemies. However, despite the reassurances of Ruppertsberger, President Barack Obama and others that the data isn't personal," it lends itself easily to creating windows into private lives.



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Tu., April 15, 2014

5:10pm-5:30pm

Guest: DENNIS WOLFE

> Author, *The Sick Solution: The Prescription for National Health*

NOTE: Dennis started WOLFE Insurance Services and almost immediately, he began writing healthcare benefit plans and became known for his expertise in helping both smaller, growing businesses and larger, internationally established companies develop competitively priced benefit plans. He has designed benefit plans and administered them for a multi-national public company and an international law firm.

Topic: update on Obamacare shenanigans; tax day 2014 – will the IRS be held accountable for their targeting of conservatives? Kathleen Sebellius resignation – what is she running from?

CONTACT #: IN STUDIO

www.JDWolfe.com

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The Patient Protection Affordable Care Act – The Worst-Named Law in American History

Posted on April 9, 2014 by [John Dennis Wolfe](#)

It seems that not a day goes by during which I listen to and talk with people on the issue of health care. What is amazing to me is how few people take the time to actually think about the full legal name of ObamaCare – The Patient Protection Affordable Care Act (The PPACA). The more one sees the name and begins to analyze it, the more one begins to understand perhaps why they began marketing it as ObamaCare.

So, let's look at the original name of the law and see if it makes sense

From against what or from whom are Patients being Protected? The second two words may offer a clue. Those two words are "Affordable Care". If the protection is against

the high cost of health care services, then do these two words make sense? After all, everyone who is reading this already knows that the costs for health care services are skyrocketing. There is no relief in the law for offering people the opportunity to access Affordable Care. Therefore the law does not offer you, the Patient, any Protection against these out-of-control non-Affordable costs for your Care.

This raises the question, "What should the law have been named"? Let us explore the new normal to see if we can create a new name for the law.

What the law does do is to mandate that everyone buys an insurance policy, which will hopefully pay the claims for covered health care services. Assuming the insurance policy actually does what it is supposed to do, protect you as a patient from paying all these unaffordable costs, would not this also mean low deductibles and reasonable caps on out of pocket for your share of the covered expenses? Unfortunately, we now know that the deductibles are in the thousands of dollars and the potential annual caps on a person's out-of-pocket maximums can with some policies be in the multi-thousands of dollars beyond the annual deductible.

Due to the mandates within The PPACA certain new benefits were required to be covered. These were previously un-reimbursed health care expenses, but now the insurance companies were forced to redesign and fund the policies they offered. However, in order to accomplish this, the insurers would have to raise the rates to substantial levels. Instead they cancelled policies. Why? Well, unknown to most consumers, the PPACA placed financial limits on what an insurer could do in setting rates in order to pay claims. This is known as The Minimum Loss Ratio – The MLR.

With the insurers unable to build an individual policy that would cover all current and new benefits at an affordable premium, there was no choice but to cancel their existing blocks of business because the premiums were going to be unaffordable or significantly shift more of the out of pocket expenses (deductible and annual cap limits) onto the consumers, with the goal to keep the premium increases as low as possible. Obviously, most carriers opted to cancel their blocks of individual business. This was 100% caused by The PPACA, and yet due to the misinformation of the consumers, the consumers blamed the insurers. The irony is something to behold as it is illustrative of the general public's lack of knowledge about the health care cost-deliver system.

For those insurance companies who wanted to offer renewals for existing policies (at much higher premiums), a new problem arose. Part of how a rate is built is predicated upon the network of providers. A large, expansive network that includes access to top level facilities and be covered means that there will be higher claims potential and that in turn means higher rates.

The only alternative for the insurance companies to keep rate increases down would require the insurance carriers to reduce the network of available health care providers. The more expensive facilities were now not part of the network in these rebuilt/redesigned policies.

Worse, along with the more expensive facilities and specialty physicians, older, more established family doctors were forced out. So, because of The PPACA mandate to insurers over new the Minimum Loss Ratio the insurance companies now offered policies that limited where Patients could go to receive health care services. As patients have begun to find this out when their doctor said he/she could no longer see them as a contracted provider with their insurance coverage, anger rose in the marketplace.

So, there clearly is now significantly limited protection for the patient against the increasing costs for health care services. What The PPACA effectively did was eviscerate the ability of an insurance company to compete in the open market, while simultaneously taking away the patient/consumer's ability to choose among a wide array of contracted providers.

This explains why an insurance policy offered direct from the insurance carrier, would essentially be the same policy you could get through the new ObamaCare Exchanges.

We now need to focus on what was the enticement to go through the Exchange. Since insurance carriers in some states completely bailed out, The PPACA Exchange insurance policies might be your only option. The PPACA actually by design took away freedom of choice.

With the increased premiums for these new limited policies now being the new normal, The PPACA motivated consumers to buy through The Exchanges by offering a financial vehicle to help offset these increased premiums – subsidies. These subsidies are only available by enrolling through the state exchange.

Since you are now restricted where you can go to get care and since everyone around you is also restricted to a more limited network, the waiting in the lines at your new doctor's office are naturally and dramatically are going to increase. Supply equals demand, after all.

Therefore, there is...

...no protection against high cost of health care and,

...no access to top quality health care facilities due to limited networks and,

...no coverage to more expensive facilities and,

...no cost controls to make health care more affordable and,

...no low-premium policies anymore.

What could possibly make this even more interesting? Indeed, there is.

Right now there is a lawsuit that is winding its way through the federal court system that challenges the subsidies offered through The PPACA Exchanges. [Click here to read it.](#)

It seems that written into the law, The PPACA can ONLY offer federal subsidies to States that establish their own health care exchanges. For States that did not set up their own health care exchanges, thereby deferring to the federal exchange (www.healthcare.gov), the legal language in The PPACA specifically says that no subsidies are available to help offset the high premiums. Of course, as you are reading this article, The Department of Health and Human Services issued regulations that authorized these subsidies (paid from your tax dollars) for all fifty states and DC.

We still do not know where this will end, but it is clear that the name for this piece of legislation makes no sense at all.

Perhaps, the more appropriate name for ObamaCare would be "The Patient's Unprotected, Unaccountable and Unaffordable Care-less Act"!

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The Washington Post

Let HHS nominee Sylvia Burwell explain Obamacare lie

By [Marc A. Thiessen](#), Published: April 14

Senate Democrats have been desperately trying to move the national conversation away from Obamacare to just about anything else before the midterm elections — "paycheck fairness," the minimum wage, even the Koch brothers.

But President Obama's choice of Sylvia Burwell to replace Kathleen Sebelius as secretary of Health and Human Services thrusts Obamacare right back into the national spotlight — and with it Obama's false promise that "if you like your health-care plan, you can keep your health-care plan."

The agency Burwell heads, the Office of Management and Budget, is responsible for the president's budget. But OMB also has another, lesser-known responsibility: fact-checking presidential speeches. Every proposed presidential utterance is scrubbed for accuracy by OMB.

When speechwriters finish a draft presidential address, it is circulated to the White House senior staff and top cabinet officials in what is known as the "staffing process." As part of that process, nonpartisan career policy experts at OMB review the speech

and are responsible for attesting to the factual accuracy of everything the president says.

So thanks to Burwell's nomination, Americans may finally get to the bottom of how the biggest presidential lie in recent memory made it through OMB's fact-checking process — not once but dozens of times.

The first time the lie surfaced — when Obama told the American Medical Association on June 15, 2009, "If you like your doctor, you will be able to keep your doctor, period. If you like your health-care plan, you'll be able to keep your health-care plan, period. No one will take it away, no matter what" — it wasn't on Burwell's watch.

But Burwell was OMB director when Obama declared on Sept. 26, 2013: "Now, let's start with the fact that even before the Affordable Care Act fully takes effect, about 85 percent of Americans already have health insurance — either through their job, or through Medicare, or through the individual market. So if you're one of these folks, it's reasonable that you might worry whether health-care reform is going to create changes that are a problem for you — especially when you're bombarded with all sorts of fear-mongering. So the first thing you need to know is this: If you already have health care, you don't have to do anything."

Burwell should explain to Congress and the American people how her office allowed blatant falsehoods to get into presidential speeches, including whether political aides overruled career policy advisers who warned that the president's claims were untrue.

This isn't just a rehashing of ancient history, because the worst impacts of Obama's lie are still to come. While some 6 million Americans lost their individual market plans last fall, tens of millions of Americans will see their employer-based health plans canceled or changed dramatically when the employer mandate kicks in. Obama has delayed the mandate for a year in an effort to prevent cancellations before the midterm elections. But on Burwell's watch, he has also falsely promised that those with employer-based plans have nothing to worry about.

In October 2013, Obama declared: "Keep in mind that the individual market accounts for 5 percent of the population. So when I said you can keep your health care, I'm looking at folks who've got employer-based health care." But "folks who've got employer-based health care" are going to lose their coverage, too — in fact, some businesses like Target, Trader Joe's and Home Depot are already canceling plans and scaling back health benefits before the mandate kicks in. Burwell should be forced to explain how *that* Obama lie made it through the OMB fact-checking process.

If Senate Democrats are smart, they will be the ones pushing hardest for this information — especially the 12 up for reelection this year who repeated the Obama lie. Sen. Mary Landrieu (La.) pledged, "If you like the insurance that you have, you'll be able to keep it." Sen. Mark Pryor (Ark.) said Arkansans want to know "are we gonna be able to stick with our plan? The answer is yes." Sen. Kay Hagan (N.C.) promised, "If you like your insurance and your doctors, you keep them." Sen. Jeanne Shaheen (N.H.) swore, "Everyone will have the freedom to keep their health plan if they like it." Sen. Mark Begich (Alaska) vowed, "Alaskans who have health insurance now, and are happy

with it, can keep it." Sen. Mark Warner (Va.) declared, "I'm not going to support a health-care reform plan that's going to take away the health care you've got right now or a health-care plan that you like." The rest made similar pledges.

Burwell should not be confirmed until she explains how OMB allowed the president of the United States to lie — repeatedly — to the American people. If Democrats don't demand answers, they can be sure that Republicans will. Since avoiding the subject is not an option, her hearings will be a fascinating insight into the Democrats' 2014 strategy on Obamacare. Vulnerable Senate Democrats have two choices: Come to Obama's defense, or use the Burwell hearings to separate themselves from the president and blame him for misleading them like he misled the rest of America.

We'll soon see which one they choose.

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The Legal Challenge to Obamacare You Probably Haven't Heard of (And Why It Matters) *Apr. 15, 2014 12:04pm* [Becket Adams](#)

A federal appeals court in Washington, D.C., is debating a challenge to a provision of the Affordable Care Act that could completely destroy the law's stated goal of offering affordable health insurance coverage.

"What you're asking for is to destroy the individual mandate, which guts the statute," Judge Harry Edwards of the U.S. Court of Appeals for the District of Columbia said during a hearing in March, according to ABC News.

Edwards, an appointee from the Carter administration, is joined by two other judges: Thomas Griffith (appointed by George W. Bush) and A. Raymond Randolph (appointed by George H.W. Bush).

The case, *Halbig v. Sebelius*, deals with the American Health Benefit Exchanges, known more commonly as the "exchanges." The exchanges were created with the idea that if enough people use them to sign up for health insurance coverage, the cash put into the system would then make it easier and more affordable for people without coverage to enroll.

Obamacare dictates that individual states can either set up and operate their own exchanges or the federal government will do it for them. Only 16 states and the District of Columbia currently run on their own exchanges. The remaining 34 states have elected to rely on the federally operated exchanges.

And this is where we run into an issue: Depending on various factors, including income levels, people signing up through the state and federal exchanges may be eligible for subsidies that could drastically reduce the cost of health insurance coverage. The little-known challenge being argued in the District of Columbia deals with the government's definition of who is eligible for these tax credits.



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Tu., May 20, 2014

5:20pm-6:00pm

Guest: DENNIS WOLFE

> Author, *The Sick Solution: The Prescription for National Health*

NOTE: Dennis started WOLFE Insurance Services and almost immediately, he began writing healthcare benefit plans and became known for his expertise in helping both smaller, growing businesses and larger, internationally established companies develop competitively priced benefit plans. He has designed benefit plans and administered them for a multi-national public company and an international law firm.

Topic: update on Obamacare shenanigans

CONTACT #: IN STUDIO

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What Happens To A Consumer Who Gets Exchange Plan Buyer's Remorse?

This week, I answered questions from readers who are confused about coverage under the health law.

Q. I signed up for a Health Net plan on the exchange, but I don't like the plan's terms, which were never explained to me. I would prefer to have insurance through Kaiser Permanente. How do I go about making that happen?

A. You may have a tough time switching plans before the next open enrollment period that begins Nov. 15. In general, people can only change plans midway through the year under limited circumstances, and not liking the plan they picked isn't one of them.

It's up to you to make sure you understand the plan's terms before you sign up.

"If you picked a plan and everything was correct in the available information and you just don't like the plan, I don't see anything under federal law that you can do to switch" outside open enrollment, says Kevin Lucia, senior research fellow at Georgetown University's Center on Health Insurance Reforms.

Having said that, if the information posted online about your plan was incorrect, for example, or a counselor enrolled you in the wrong plan, those kinds of problems could create a special enrollment opportunity that enables you to switch plans during the year.

If you think you may qualify for a special enrollment period, your next step should be to contact your health insurance marketplace call center for help, says a spokesperson for the Centers for Medicare and Medicaid Services.

Q. I will be retiring this year from my company, before age 65. My company is dropping retiree health care in January, stating that retirees younger than 65 can elect coverage through the exchanges. Will the company be required to offer COBRA starting in January? I fear that coverage will be expensive through the exchanges since we will not be eligible for any subsidies due to my husband's \$200,000 income. He's self-employed and covered under my company's health plan.

A. In general, if an employer discontinues its retiree plan, it's not required to offer retirees the opportunity to extend their coverage for up to 18 months under the federal law known as COBRA, according to a Treasury Department official. The cancellation of your retiree plan will create a special enrollment opportunity for you to sign up for a plan on the health insurance exchanges. You won't need the special sign-up period; however, since January is midway through the annual open enrollment period that runs from Nov. 15 through Feb. 15 when people can change plans anyway.

As you note, you won't be eligible for subsidized coverage on the exchange because your husband's income exceeds 400 percent of the federal poverty level (\$62,920 for a couple next year). But it's worth checking out plans on the marketplace anyway, says Laurel Lucia, a policy analyst at the Center for Labor Research and Education at the University of California, Berkeley. Depending on your health needs, a marketplace plan might be a better fit. "The typical job-based plan resembles a gold or platinum marketplace plan, but on the marketplace they'd have the option of buying silver and bronze level plans as well," she says.

Q. I'm trying to understand the benefits that the Affordable Care Act provides to uninsured people. Under the law are local hospitals required to offer uninsured people preventive services, such as mammograms and colonoscopies, even if they don't have the ability to pay for those services?

A. The health law requires insurers on the individual market to accept all applicants regardless of their health, and limits how much insurers can charge for coverage. For uninsured people, that's a big improvement over the way things used to be. But while the law requires most health plans to cover recommended preventive services like cancer screenings for their plan members at no cost to them, people who don't have

insurance can't take advantage of that. Uninsured people can get care at federally funded health centers regardless of their ability to pay. The centers provide primary and preventive care at more than 9,000 locations nationwide.

But they generally don't have specialists on staff, making access to mammograms or colonoscopies chancy. Those screenings are available to low-income uninsured people through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, available in every state, and the Colorectal Cancer Control Program, available in half of the states. Unfortunately, these programs have historically been underfunded and serve far fewer people than are eligible, says Alissa Crispino, a spokesperson for the American Cancer Society's Cancer Action Network.

2. Political TV ads on health law total \$445M

A new analysis finds the nation's health care overhaul deserves a place in advertising history. That's according to a report Friday by nonpartisan analysts Kantar Media CMAG.

Obamacare: How many have paid?

President **Barack Obama's** health care law has been the focus of extraordinarily high spending on negative political TV ads—ads that have gone largely unanswered by the law's supporters.

The report estimates that \$445 million has been spent on commercials mentioning the law since 2010. Spending on negative ads outpaced spending on positive ones by more than 15 to 1.

Nearly all the spending was on local TV stations, in campaigns ranging from state treasurer and governor to congressional offices and the presidency.

3. Mercy lays off 29 workers

One of Des Moines' main hospital and clinic systems laid off 29 employees this week as part of an attempt to cut \$15 million in payroll costs.

Mercy President Bob Ritz told employees that the cuts were necessary to deal with financial strains, including low payments from public and private health-insurance programs.

"It may be small comfort to those negatively impacted, but please know Mercy is not alone in facing these challenges," Ritz wrote in a memo to employees. "Many Iowa hospitals are faring worse and losing money. Several have implemented similar cost-cutting measures, including downsizing of staff."

In a press conference Thursday afternoon, Ritz noted that the cuts represented relatively small changes for the company, which has more than 7,000 employees and about \$950 million in annual operating revenue.

The news came a few days after Mercy leaders disclosed a plan to shutter an outpatient mental-health clinic that has 8,000 patients. However, Ritz emphasized that a psychiatrist shortage, not finances, were behind that move. He said if new psychiatrists are found, the clinic will remain open.

Overall, Ritz said, the company is trying to save \$38 million, either through budget reductions or through increased payments for services.

Ritz said that besides the 29 people who lost jobs, Mercy will not fill about 107 vacant positions. However, he said, some of the people whose jobs were eliminated probably will find new positions among the 300 other openings the company is actively trying to fill. Others may be hired by related health-care companies, he said.

The positions that were cut are mainly support or management jobs, Ritz said. They aren't direct patient-care positions.

Ritz emphasized that the changes mainly reflect a continuing shift from inpatient hospital services to outpatient treatment. A few of the underlying issues are related to the Affordable Care Act, he said, but most of them aren't.

Ritz said that although Mercy is feeling a financial pinch, it remains profitable. "We're not doing this because we're weak," he told reporters.

Ritz, who took the reins at Mercy last year, cited several reasons for the system's financial concerns. The first factor he cited in his memo to employees was low reimbursements from the government's Medicare and Medicaid insurance programs. "Mercy loses tens of millions of dollars each year providing care to patients covered by government programs," Ritz wrote. Iowa medical leaders have complained for many years that the public programs short-change health-care providers here.

At the press conference, Ritz also referred to a Medicare rules change that defines people as outpatients unless they spend "two midnights" in a hospital. That shift alone costs Mercy \$8 million per year, he said. It is not part of the Affordable Care Act.

Ritz also wrote that Mercy has not been sufficiently rewarded for taking part in a new way of organizing health care. Mercy was one of the first Iowa hospital systems to embrace the idea of Accountable Care Organizations, under which insurers are supposed to reward hospitals and doctors for keeping people well instead of just for providing more treatment when patients become ill.

The approach, which is encouraged by the federal Affordable Care Act, is supposed to increase health-care quality while decreasing costs.

In his memo this week, Ritz indicated Mercy has been faring poorly under the new arrangement. "The Mercy ACO and its providers have been tremendously successful in improving the health of people with chronic diseases," Ritz wrote. "As a result,

admissions to the medical center are down and we have saved the payers millions of dollars. Unfortunately, the economic rewards from payers have been small."

Ritz told reporters that Mercy's inpatient admissions are down about 2.2 percent this fiscal year. Mercy narrowly missed a savings target for 2013 under the Medicare portion of its Accountable Care Organization. Because of that, he said, Medicare did not provide several million dollars in expected incentives. However, he said, Mercy remains committed to the idea and is optimistic that it will gain ACO rewards from Medicare next year.

He said the hospital has yet to see a substantial decrease in need for charity care, which was expected to happen as more Americans gained health insurance under the Affordable Care Act.

Ritz said the company has a current operating margin of 0.9 percent. That margin, which is akin to a profit level, was supposed to be 2.9 percent this fiscal year, he wrote in his memo. But he said at the press conference that the company's margin has improved in recent months.

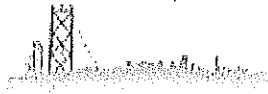
Scott McIntyre, a spokesman for the Iowa Hospital Association, said many Iowa hospitals are feeling financial pinches. The main problem, he said, is that hospital and clinic systems are not being rewarded sufficiently for successful efforts to keep patients healthy and out of hospitals. Statewide, the number of inpatients at Iowa hospitals dropped about 3 percent last year. The health-care providers are doing their part, he said, "but the payers in a large way are still doing business as usual."

Jennifer Perry, a spokeswoman for Mercy rival UnityPoint Health-Des Moines, expressed understanding of Mercy's moves. "The health care environment is constantly changing and we have seen these changes first hand as reimbursement approaches change and more care is provided at alternative sites, such as hospital outpatient departments, our clinics and through our home health division," she wrote in a statement. Perry said UnityPoint is financially stable, but also has taken measures to reduce costs. The company has not had layoffs in recent years, she said, although it did offer some early retirements a couple of years ago.

The Register asked the state's dominant health-insurer, Wellmark Blue Cross & Blue Shield for response to Mercy's complaint about low reimbursement from private carriers. Wellmark spokeswoman Traci McBee replied that the insurer has been increasing payments to hospitals for 15 years by amounts linked to the general inflation rate. It plans to do so again on July 1. She also noted that Mercy could gain incentives from Wellmark under its Accountable Care Organization.

4. Federal health-care subsidies may be too high or too low for more than 1 million Americans

The government may be paying incorrect subsidies to more than 1 million Americans



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Wed., May. 21, 2014

5:10pm-5:45pm

Guest: **CONGRESSMAN TOM McCLINTOCK**
> California-4th Dist.

Topic: Putting fish before people...AGAIN.

CONTACT #: he will call

b/u [REDACTED] Jennifer, Communications Director)

www.mcclintock.house.gov

In the following remarks Congressman McClintock discussed the release, by the Bureau of Reclamation, of more than 70,000 acre feet of water from dams on the American and Stanislaus rivers to meet environmental demands that place fish above people:

Putting Fish Before People

House Floor
May 2014

"Mr. Speaker:

California is suffering one of the worst droughts in its history. More than a half-million acres of the most fertile farmland in the nation have been devastated. Some Central Valley farmers have been notified that they will receive ZERO water allocations this year from the federal system. The owners of long-held water rights are being cut off.

In some communities, "water police" go from door to door to enforce water restrictions. Homeowners are forbidden to water their lawns except under the most rigid constraints. Sacramento offers an "app" so people can turn in neighbors to the water authorities.

And yet, knowing full well we are facing a devastating drought and that our dwindling water supply will be desperately needed by our people this summer, over the past several weeks the Bureau of Reclamation has released more than 70,000 acre feet of water from dams on the American and Stanislaus rivers to meet environmental demands that place fish above people.

That is enough water to meet the ANNUAL needs of a city of half a million people – all sacrificed in order to flush salmon smolts to the ocean (where they tend to swim anyway) and to keep the river at just the right temperature for the comfort of the fish.

The releases of this water are so enormous they are called “pulse flows.” Citizens are warned to exercise extreme caution on rivers undergoing pulse flows – so swift is the water current they produce as that water rushes toward the ocean.

Four months ago, Folsom Lake on the American River was almost empty. Yet on April 21st, the Bureau of Reclamation more than tripled water releases from Folsom and Nimbus dams from 500 cubic feet per second to more than 1,500 cubic feet per second for three days – about 7,000 acre feet of water.

On April 14th, a 16-day pulse flow drained nearly 63,000 acre feet of water from New Melones and Goodwin Dams on the Stanislaus.

The irony is that if we hadn't built these dams, these rivers would be nearly dry in this drought and there wouldn't be any fish.

We cannot demand that our people scrimp and save and stretch and ration every drop of water in their parched homes while at the same time, this government treats our remaining water supply so recklessly, so irresponsibly and so wastefully.

This conduct utterly destroys the credibility of government demands for stringent conservation and sacrifice by our people, and it thoroughly undermines its moral authority to make these demands.

Inflexible laws administered by ideologically driven officials have taken this wastage of water to ridiculous extremes, and it cries out for fundamental reform.

The House twice has passed such a reform bill, most recently as HR 3964, but the Senate refuses to act on it or to pass its own alternative.

Nevertheless, the administration has the authority to stop these releases through provisions in the Endangered Species Act, but it has failed to do so.

Mr. Speaker, we use the word “outrage” too often on this floor, but in this case, it is an understatement.

If a homeowner is caught with a one gallon puddle on his lawn on the wrong day, he can be severely fined. But the government thinks nothing of flushing 23 billion gallons of desperately needed water this past month for the comfort and convenience of the fish.

How much longer will the people tolerate this kind of mismanagement from their government? How much longer will we allow these policies to threaten the health, safety and prosperity of the human population throughout these drought-afflicted lands?

California's chronic water shortages won't be addressed without additional storage. There are plenty of suitable and affordable sites, but current environmental laws have delayed them indefinitely and made them cost-prohibitive.

Until those laws are changed and new dam construction can begin, our state and federal governments have a responsibility to manage our dwindling water supply as carefully as we ask our citizens to do.

The wildly frivolous and extravagant water releases from our dams last month make a mockery of the extraordinary sacrifices that our citizens are making to stretch supplies in this crisis.

Perhaps, at least, they will serve to educate the public on just how unreasonable are these environmental laws -- and the policy makers responsible for them."

5:50pm-6:00pm

Guest: **SETON MOTLEY**

> President of **Less Government.com**

> Editor in Chief of StopNetRegulation.org.

Topic: update on latest FCC/net neutrality

CONTACT #: [REDACTED]

b/u: [REDACTED]

www.StopNetRegulation.org

The Media's One-Side-Fits-All Approach to Net Neutrality

By [Seton Motley](#) | May 19,

What at times is worse than the Jurassic Press not covering something? The Jurassic Press covering something.

The all-encompassing government-Internet-power-grab that is Network Neutrality rarely gets outside-the-Tech-World media attention. But Thursday the Federal Communications Commission (FCC) voted in Democrat Party-line fashion to begin its process of imposing it. This was a big enough deal that it garnered over-the-weekend Big Media coverage from ABC (with a Bloomberg assist) and PBS (with a *Washington Post* assist). And it will shock you to learn that they only provided the pro-regulation side of the discussion - leaving out myriad essential points that are at cross-purposes with their government-growth efforts.

Their reporting was in fact so warped that - as huge as the FCC's power grab is - there was palpable upset that the Commission didn't go further. And hope that it will increase its overreach as the process moves forward.

ABC's *This Week* host (and former President Bill Clinton staffer) George Stephanopoulos first ran a Jeff Zeleny terribly mal-informed recorded piece. In which the only person with whom Zeleny spoke was Tim Wu - the creator of Net Neutrality. Wu was not identified as having done so - his opinion was merely taken at face value and presented unopposed. PBS's *News Hour* host (and author of a book effusively praising of President Barack Obama) Gwen Ifill read a brief, mildly awful introductory piece.

Then came the near mirror-image interviews - in that they both pushed the same inaccurate information about what the FCC's power grab will mean. Stephanopoulos spoke with Bloomberg Television anchor Cory Johnson - Ifill with Washington Post National Tech Reporter Cecilia Kang.

No one - questioners, answerers or or set piece reporters - ever mentioned that there have been no Net Neutrality regulations for the entire life of the Internet. During which it has grown into the unbelievably dynamic, free speech-free market Xanadu we all know and love.

Had viewers been told this, they would unquestionably ask "If it ain't broke - why is the perpetually-broken government trying to fix it?"

No one mentioned that the FCC has already twice tried to impose Net Neutrality - and twice had it unanimously thrown out by the D.C. Circuit Court as outside the bounds of their authority.

Unquestionably viewers would look on the FCC even more dubiously if they knew this was their third totally unnecessary attempt at imposition.

Here's some of what Kang and Johnson did decide to discuss.

Kang: *What was approved today could change that structure, in that Internet service providers — that's your telecom and cable company that provide the Internet into your home — can decide to charge Web sites for faster or premium delivery of content. And that means higher quality content.*

Johnson: *(T)his changes the future of -- all of the stuff we do on the internet, whether it's business, whether it's personal interactions, watching movies on Netflix, all those things will be changed by this decision.*

So much wrong to unpack here.

"Change" implies it wasn't allowed before. In fact Internet Service Providers (ISPs) have all along been allowed to charge huge bandwidth hogs like Netflix and Google for being huge bandwidth hogs - no Net Neutrality regs ever, remember? Quite a few such deals have already been made or discussed.

It's a basic economic precept - Use-More-Pay-More.

Netflix and (Google's) YouTube Are the Internet's Bandwidth Consumption Kings (A) new study from broadband service company Sandvine...estimates YouTube and Netflix combine to account for just over half of all peak-hour download traffic in the United States and around 45% of all total traffic including uploads.

If the media had their way, government would mandate that gas stations charge the same for empty Escalades and Escorts.

More Kang and Johnson:

Kang: *And what they (the Leftist protestors) were saying is, they don't like the idea, again, of fast lanes on the Internet...*

So the FCC can rewrite, re-tweak this idea, especially on fast lanes.

Johnson: *And what this decision is trying to do is allow certain companies to have their own fast lane on the internet.*

"Fast lanes" have not been - and will not be - created. What the ISPs will do is move huge-bandwidth-consuming content - like Netflix and YouTube videos - closer to the off-ramps from the Information Superhighway to your home.

No other content gets any slower. In fact it'll likely get faster - by getting these bandwidth beasts out of the way. Imagine taking all the 18-wheelers off the highways - would that not improve traffic for the rest of us?

We do know that without these deals everyone will pay much more for Internet service. Because the government will force all of us to pay the huge bandwidth costs of Netflix and Google. Thereby subsidizing the profits of Netflix and Google. Crony Socialism, anyone?

Shocker.

There was much more media wrongness and omission - but you by now get the gist.

Neither ABC-Bloomberg nor PBS-*Washington Post* were interested in accurately reporting the FCC's Net Neutrality power grab.

They were instead working on getting it done - and in fact expanding it.



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

www.KFAX.com

PROGRAM DATE: Tu., May 27, 2014

5:20pm-6:00pm

Guest: DENNIS WOLFE

> Author, *The Sick Solution: The Prescription for National Health*

NOTE: Dennis started WOLFE Insurance Services and almost immediately, he began writing healthcare benefit plans and became known for his expertise in helping both smaller, growing businesses and larger, internationally established companies develop competitively priced benefit plans. He has designed benefit plans and administered them for a multi-national public company and an international law firm.

Topic: update on Obamacare shenanigans

CONTACT #: IN STUDIO

www.JDWolfe.com

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Posted on May 26, 2014 by [John Dennis Wolfe](#)

A very great Californian, American, and true Patriot, Steve Frank, recently posted this article on his website.

Covered California ILLEGALLY Recruited Illegal Aliens to Enroll in Program

May 25, 2014

Even the Washington Democrats agreed to disallow illegal aliens from participating in ObamaCare. In California the law means nothing, just as citizens voting for initiatives means nothing to the Democrats or the courts. The Covered California folks were more

interested in numbers than the law. They decided to put out literature telling illegal aliens to apply, don't worry about the law.

"According to the laws and implementing regulations," the website says, "the information provided by individuals for coverage cannot be used for purposes other than ensuring the efficient functioning of the insurance market (Covered California) or administration of the program, or to verify certain eligibility determinations including verification of the immigration status of these people."

Democrats Yee, Calderon and Wright are crooks. Covered California is a corrupt operation—how much money are they illegally spending, how many illegal aliens did they sign up—what can be done to reverse this open corruption by a government agency—approved of by our confused Guv Brown?

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Obamacare Recruiting Illegals in California

by Joel B. Pollak, Breitbart, 2/14/14

In 2009, Rep. Joe Wilson (R-SC) apologized profusely to the White House for shouting, "You lie!" as President Barack Obama told Congress that Obamacare would not cover illegal immigrants. Now it would appear that the White House owes Wilson an apology, as Covered California—the flagship of state Obamacare exchanges—is recruiting illegal ("undocumented") immigrants to sign up for the program, regardless of their eligibility.

The Covered California website includes a special page entitled: "No temas si eres indocumentado/a y quieres inscribir a tu familia en un seguro médico" ("Fear not if you are undocumented and want to enroll your family in health insurance"). The website goes on to explain that information shared with Obamacare cannot be shared with Immigration and Customs Enforcement (ICE). It does not explicitly warn that illegal aliens are ineligible.

"According to the laws and implementing regulations," the website says, "the information provided by individuals for coverage can not be used for purposes other than ensuring the efficient functioning of the insurance market (Covered California) or administration of the program, or to verify certain eligibility determinations including verification of the immigration status of these people."

As Bloomberg News notes, Latinos have been slow to sign up for Obamacare, partly because of problems with the Spanish-language version of the Obamacare website, and partly because some immigrant families are afraid of providing information to the government or using public assistance, among other factors. Covered California is devoting additional resources to recruiting more Latino enrollees before the deadline at the end of March.

Obamacare has been under greater pressure to produce impressive enrollment numbers as the program comes under more intense scrutiny from politicians and the public,

providing a possible motive for recruiting illegal aliens to enroll. Earlier this week, the federal government announced that 3.3 million people had signed up nationwide, but that included people who had not yet paid, and actually represented a slowing rate of enrollment, with too few young people joining the program.

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Report: Just 26 Percent of Obamacare Enrollees Previously Uninsured

By Andrew Johnson May 12, 2014 11:48 AM

Only about one in four people who enrolled in a health insurance plan through the Obamacare exchange were previously uninsured, according to a new report by McKinsey. The number may be even lower for those who have paid.

The consulting firm found that just 26 percent of those who selected new 2014 Affordable Care Act plans on the exchanges were uninsured prior to their enrollment.

The Manhattan Institute's Avik Roy concludes that when factoring in those that have actually paid thus far, the percentages goes down to about 22 percent, which comes out to approximately 1.7 million enrollees out of the administration's celebrated 8 million figure.

About another 865,000 previously uninsured people purchased a plan outside of the exchange, Roy finds, raising the number of the newly insured from qualified private Obamacare plans to about 2.6 million.

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Unions, employers square off over ObamaCare costs in collective bargaining

Published May 27, 2014

The Wall Street Journal

Roughly 2,000 housekeepers, waiters and others at nine of 10 downtown Las Vegas casinos have voted to go on strike June 1 if they don't reach agreements on a series of issues, the thorniest of which involve new ObamaCare-related cost increases, according to the union.

Disputes between unions and employers over paying for new costs associated with the Affordable Care Act are roiling labor talks nationwide.

Unions and employers are tussling over who will pick up the tab for new mandates, such as coverage for dependent children to age 26, as well as future costs, such as a tax on premium health plans starting in 2018. The question is poised to become a significant point of tension as tens of thousands of labor contracts covering millions of workers expire in the next several years, with ACA-related cost increases ranging from 5 percent to 12.5 percent in current talks.

In Philadelphia, disagreement over how much workers should contribute to such health-plan cost increases has stalled talks between the region's transit system and its main

union representing 5,000 workers as they try to renegotiate a contract that expired in March.

Roughly 2,000 housekeepers, waiters and others at nine of 10 downtown Las Vegas casinos voted this month to go on strike June 1 if they don't reach agreements on a series of issues, the thorniest of which involve new ACA-related cost increases, according to the Unite Here union.

Flight attendants at Alaska Airlines voted down a tentative contract agreement with management in February, in part because it didn't provide enough protection against a possible surge in ACA-related costs, union members said. They are still without a new contract.

Labor experts on both sides say the law doesn't take into account that health benefits have been negotiated by employers and unions over decades, and that rewriting plans to meet new requirements can affect wages and other labor terms.

"It's been a challenge for even some of the stronger unions to maintain the quality health plans that they have offered over the years," said Daniel Murphy, an attorney in New York who represents employers in labor talks.

Among the earliest supporters of the health-care law, unions have unsuccessfully tried to win concessions from the Obama administration on some issues now involved in the labor talks.

An Obama administration official said: "We have worked hard to smooth implementation" of the health law.

One pressure point is the higher costs of new mandates, especially the requirement that health plans expand coverage for dependents. For Unite Here, adding that coverage for 14,000 dependents raised costs in the health-care fund run by the union's Las Vegas local by \$26 million since 2011, said union spokeswoman Bethany Khan.

The union plan covers 55,000 workers and 120,000 people in total. Casinos on the Strip have agreed to pay more to meet the higher health-care costs, according to contract summaries. Unite Here President D. Taylor called the rising costs tied to the health law the biggest hurdle to reaching settlements in Las Vegas.

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WH rules that employers can't dump workers into health exchanges

May 26, 2014

It figures the Obama administration would wait for a three-day weekend to announce its latest executive rule change to Obamacare (aka the "law of the land").

This one is a doozy. The implications are so far-reaching that the official White House newspaper, the **New York Times**, **buried the story by Robert Pear** on page A12 of the New York edition. Here's the gist of it:

Many employers had thought they could shift health costs to the government by sending their employees to a health insurance exchange with a tax-free contribution of cash to help pay premiums, but the Obama administration has squelched the idea in a new ruling. Such arrangements do not satisfy the health care law, the administration said, and employers may be subject to a tax penalty of \$100 a day — or \$36,500 a year — for each employee who goes into the individual marketplace.

The ruling this month, by the Internal Revenue Service, blocks any wholesale move by employers to dump employees into the exchanges.

Many employers — some that now offer coverage and some that do not — had concluded that it would be cheaper to provide each employee with a lump sum of money to buy insurance on an exchange, instead of providing coverage directly.

Pear quotes Obama as recently saying, "I don't think that an employer-based system is going to be, or should be, replaced anytime soon," which is a total reversal of the official position articulated in February. Back then, the **administration and its contingent in Congress were bragging that Obamacare allowed workers to "escape their jobs."** Suddenly, the dreaded condition known as "job lock" is back on the table, hamstringing the hordes of Americans who were planning to pursue their lifelong dreams.

According to the **Galen Institute**, which has been keeping score, this latest directive from the IRS becomes the 42nd unilateral "administrative action" undertaken by the White House.

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Critics call Obama funding plan for health insurer losses a 'bailout'

Little-noticed adjustment to Affordable Care Act makes billions of extra dollars available to insurers

Republicans point to new provision as evidence of Obamacare 'bailout' for insurers
Obamacare insurance premium increases could affect midterm congressional campaigns
The Obama administration has quietly adjusted key provisions of its signature healthcare law to potentially make billions of additional taxpayer dollars available to the insurance industry if companies providing coverage through the Affordable Care Act lose money.

The move was buried in hundreds of pages of new regulations issued late last week. It comes as part of an intensive administration effort to hold down premium increases for next year, a top priority for the White House as the rates will be announced ahead of this fall's congressional elections.

5:45p-6p

PSA segment

Guest: ***DR. JANE ANDERSON***

> Retired Pediatrician for children at the Mount Zion center of UCSF Benioff Children's Hospital. She is committed to helping parents understand the stages of child development and to help them feel knowledgeable and comfortable in their role as parents.

> graduated from the UCLA School of Medicine and completed her pediatric residency at Stanford University Medical Center. She is board certified in pediatrics. Anderson served as director of General Pediatrics at Mount Zion from 1982 to 1995.

Topic: skin safety in the summer sun

CONTACT #: [REDACTED]

b/u: [REDACTED]

Dr. Anderson's recommended resource: www.ACPeds.org

(American College of Pediatricians)

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We all need some sun exposure; it's our primary source of vitamin D, which helps us absorb calcium for stronger, healthier bones. But it doesn't take much time in the sun for most people to get the vitamin D they need, and repeated unprotected exposure to the sun's ultraviolet rays can cause skin damage, eye damage, immune system suppression, and skin cancer. Even people in their twenties can develop skin cancer.

Most kids rack up a lot of their lifetime sun exposure before age 18, so it's important that parents teach their children how to enjoy fun in the sun safely. With the right precautions, you can greatly reduce your child's chance of developing skin cancer.

Facts About Sun Exposure

The sun radiates light to the earth, and part of that light consists of invisible ultraviolet (UV) rays. When these rays reach the skin, they cause tanning, burning, and other skin damage.

Sunlight contains three types of ultraviolet rays: UVA, UVB, and UVC.

1. **UVA** rays cause skin aging and wrinkling and contribute to skin cancer, such as melanoma. Because UVA rays pass effortlessly through the ozone layer (the protective layer of atmosphere, or shield, surrounding the earth), they make up the majority of our sun exposure. Beware of tanning beds because they use UVA rays as well as UVB rays. A UVA tan does **not** help protect the skin from further sun damage; it merely produces color and a false sense of protection from the sun.
2. **UVB** rays are also dangerous, causing sunburns, cataracts (clouding of the eye lens), and effects on the immune system. They also contribute to skin cancer. Melanoma, the most dangerous form of skin cancer, is thought to be associated with severe UVB sunburns that occur before the age of 20. Most UVB rays are absorbed by the ozone layer, but enough of these rays pass through to cause serious damage.
3. **UVC** rays are the most dangerous, but fortunately, these rays are blocked by the ozone layer and don't reach the earth.

What's important is to protect your family from exposure to UVA and UVB, the rays that cause skin damage.

Melanin: The Body's First Line of Defense

UV rays react with a chemical called melanin that's found in skin. Melanin is the first defense against the sun because it absorbs dangerous UV rays before they do serious skin damage.

Melanin is found in different concentrations and colors, resulting in different skin colors. The lighter someone's natural skin color, the less melanin it has to absorb UV rays and protect itself. The darker a person's natural skin color, the more melanin it has to protect itself. (But both dark- *and* light-skinned kids need protection from UV rays because *any* tanning or burning causes skin damage.)

Also, anyone with a fair complexion — lighter skin and eye color — is more likely to have freckles because there's less melanin in the skin. Although freckles are harmless, being outside in the sun may help cause them or make them darker.

As the melanin increases in response to sun exposure, the skin tans. But even that "healthy" tan may be a sign of sun damage. The risk of damage increases with the amount and intensity of exposure. Those who are chronically exposed to the sun, such as farmers, boaters, and sunbathers, are at much greater risk. A sunburn develops when the amount of UV exposure is greater than what can be protected against by the skin's melanin.

Unprotected sun exposure is even more dangerous for kids with:

- moles on their skin (or whose parents have a tendency to develop moles)
- very fair skin and hair
- a family history of skin cancer, including melanoma

You should be especially careful about sun protection if your child has one or more of these high-risk characteristics.

Also, not all sunlight is "equal" in UV concentration. The intensity of the sun's rays depends upon the time of year, as well as the altitude and latitude of your location. UV rays are strongest during summer. Remember that the timing of this season varies by location; if you travel to a foreign country during its summer season, you'll need to pack the strongest sun protection you can find.

Extra protection is also required near the equator, where the sun is strongest, and at high altitudes, where the air and cloud cover are thinner, allowing more damaging UV rays to get through the atmosphere. Even during winter months, if your family goes skiing in the mountains, be sure to apply plenty of sunscreen; UV rays reflect off both snow and water, increasing the probability of sunburn.

With the right precautions, kids can safely play in the sun. Here are the most effective strategies:

Avoid the Strongest Rays of the Day

First, seek shade when the sun is at its highest overhead and therefore strongest (usually 10 a.m. until 4 p.m. in the northern hemisphere). If kids must be in the sun between these hours, be sure to apply and reapply protective sunscreen — even if they're just playing in the backyard. Most sun damage occurs as a result of incidental exposure during day-to-day activities, not at the beach.

Even on cloudy, cool, or overcast days, UV rays travel through the clouds and reflect off sand, water, and even concrete. Clouds and pollution don't filter out UV rays, and they can give a false sense of protection. This "invisible sun" can cause unexpected sunburn and skin damage. Often, kids are unaware that they're developing a sunburn on cooler or windy days because the temperature or breeze keeps skin feeling cool on the surface.

Make sure your kids don't use tanning beds at any time, even to "prepare" for a trip to a warm climate. Both UVA and UVA/UVB tanning beds produce sunburn. And there is an increase in the risk of melanoma in people who have used tanning beds before the age of 35.

Cover Up

One of the best ways to protect your family from the sun is to cover up and shield skin from UV rays. Ensure that clothes will screen out harmful UV rays by placing your hand inside the garments and making sure you can't see it through them.

Because infants have thinner skin and underdeveloped melanin, their skin burns more easily than that of older kids. But sunscreen should **not** be applied to babies under 6 months of age, so they absolutely must be kept out of the sun whenever

possible. If your infant must be in the sun, dress him or her in clothing that covers the body, including hats with wide brims to shadow the face. Use an umbrella to create shade.

Even older kids need to escape the sun. For all-day outdoor affairs, bring along a wide umbrella or a pop-up tent to play in. If it's not too hot outside and won't make kids even more uncomfortable, have them wear light long-sleeved shirts and/or long pants. Before heading to the beach or park, call ahead to find out if certain areas offer rentals of umbrellas, tents, and other sun-protective gear.

Use Sunscreen Consistently

Lots of good sunscreens are available for kids, including formulations for sensitive skin, brands with fun scents like watermelon, long-lasting waterproof and sweat-proof versions, and easy-application varieties in spray bottles.

What matters most in a sunscreen is the degree of protection from UV rays it provides. When faced with the overwhelming sea of sunscreen choices at drugstores, concentrate on the SPF (sun protection factor) numbers on the labels.

For kids age 6 months and older, select an SPF of 30 or higher to prevent both sunburn *and* tanning. Choose a sunscreen that states on the label that it protects against both UVA and UVB rays (referred to as "broad-spectrum" sunscreen). In general, sunscreens provide better protections against UVB rays than UVA rays, making signs of skin aging a risk even with consistent use of sunscreen. To avoid possible skin allergy, don't use sunscreens with PABA; if your child has sensitive skin, look for a product with the active ingredient titanium dioxide.

To get a tanned appearance, teens might try self-tanning lotions. These offer an alternative to ultraviolet exposure, but only minimal (or no) protection from UV light.

For sunscreen to do its job, it must be applied correctly. Be sure to:

- Apply sunscreen whenever kids will be in the sun.
- Apply sunscreen about 15 to 30 minutes before kids go outside so that a good layer of protection can form. Don't forget about lips, hands, ears, feet, shoulders, and behind the neck. Lift up bathing suit straps and apply sunscreen underneath them (in case the straps shift as a child moves).
- Don't try to stretch out a bottle of sunscreen; apply it generously.
- Reapply sunscreen often, approximately every 2 hours, as recommended by the American Academy of Dermatology. Reapply after a child has been sweating or swimming.

**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

PROGRAM DATE: Fri., June 20, 2014

5pm-6pm

Guest: *JOE MURRAY*

> Writer, Constitutional Attorney, Reporter

Topic: week in review; current hot topics

CONTACT # [REDACTED]

b/u: [REDACTED]



**TALK SHOW GUEST & PROGRAM INFO.
5P-7P**

www.KFAX.com

PROGRAM DATE: Tu., June 24, 2014

5:05pm-5:15pm

Guest: **PAT VITUCCI**

- > Principal, Vitucci & Assoc.
- > Wealth Management Specialist
- > host of "Your Financial Life"

Topic: upcoming seminar, *Your Financial Plan Should Help You Reach Your Retirement Goals*. Feb 27, 2014 - 7:00 PM - 9:00 PM at the DoubleTree by Hilton in San Jose.

CONTACT #: [REDACTED]

www.dontinvestandforget.com

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REGISTER FOR THE EVENT!

"Creating a financial plan designed to reach you retirement goals"

JUN 25, 2014 - 06:30 PM - 08:30 PM

**NEW LIFE CHRISTIAN CHURCH
1265 B STREET HAYWARD, CA 94541**

Do you know what you'll need financially to live your desired lifestyle in retirement? Are you on track? Are you taking advantage of the current "up" market? Do you have investments, a 401(k), an IRA or other retirement accounts, but don't really know how they are doing? Pat Vitucci will cover these questions and more to help you achieve the retirement you desire.

5:20pm-6:00pm

Guest: DENNIS WOLFE

> Author, *The Sick Solution: The Prescription for National Health*

NOTE: Dennis started WOLFE Insurance Services and almost immediately, he began writing healthcare benefit plans and became known for his expertise in helping both smaller, growing businesses and larger, internationally established companies develop competitively priced benefit plans. He has designed benefit plans and administered them for a multi-national public company and an international law firm.

Topic: lament; sack cloth and ashes; and a cheerful update on Obamacare shenanigans

CONTACT #: IN STUDIO

www.JDWolfe.com

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Woman told to call her own ambulance

Jun 16th 2014 9:31AM

A UK family is devastated after a grandmother suffering from a heart attack was left helpless at a hospital.

A receptionist at Palmer Community hospital told 58-year-old Hannah Barnes she had to call her own ambulance because she didn't meet what's called "urgency criteria."

Receptionists are supposed to make a quick visual assessment of a patient's condition when they arrive. If they request an ambulance, they're supposed to seek advice from a GP.

The grandmother of three walked to the center after she began feeling symptoms of a heart attack - she's already had one.

After being rejected by employees, she frantically searched for her phone in her bag to make the call herself...but it was too late.

She was admitted to the hospital where she has stayed for the past week in a critical condition after suffering her second heart attack since January.

The Daily Caller reports receptionists at medical centers in the UK don't have a great history - a study from the 1980s called them "the dragons behind the desk" and later a group of researchers revealed many were often under-trained and overworked.

So far, none of the employees at the community hospital have faced any legal punishment.

Thousands to Be Questioned on Eligibility for Health Insurance Subsidies

WASHINGTON — The Obama administration is contacting hundreds of thousands of people with subsidized health insurance to resolve questions about their eligibility, as consumer advocates express concern that many will be required to repay some or all of the subsidies.

Of the eight million people who signed up for private health plans through insurance exchanges under the new health care law, two million reported personal information that differed from data in government records, according to federal officials and Serco, the company hired to resolve such inconsistencies.

The government is asking consumers for additional documents to verify their income, citizenship, immigration status and Social Security numbers, as well as any health coverage that they may have from employers. People who do not provide the information risk losing their subsidized coverage and may have to repay subsidies next April.

Federal subsidies for the purchase of private insurance are a cornerstone of the Affordable Care Act. More than eight out of 10 people who selected health plans through the exchanges from October through mid-April were eligible for subsidies, including income tax credits. So far this year the federal government has paid out \$4.7 billion in subsidies, and the amount is expected to total \$900 billion over 10 years.

Since June 1, the government has notified hundreds of thousands of people that "the information in your application doesn't match what we found in other records." Accordingly, the notice says, "you need to follow up as soon as possible and provide more documents to make sure the marketplace has the correct information."

"If you don't send the needed documents," it says, "you risk losing your marketplace coverage or help you may be receiving to pay for such coverage."

The government has a long list of documents that consumers can use to establish their eligibility. These include copies of birth certificates, Social Security cards, high school diplomas, driver's licenses, pay stubs and voter registration cards.

"The law requires us to double- and triple-check this data," said Julie Bataille, a spokeswoman at the Centers for Medicare and Medicaid Services, so "we're reaching

out to consumers — via mail, email and phone calls — to encourage them to provide supporting documentation.”

Mara Youdelman, a lawyer at the National Health Law Program, an advocacy group for low-income people, said: “In some cases, consumers say they already sent the documents to the federal marketplace. They don’t understand why they are being asked to send them in again.”

Even though consumers have sent documents to Serco’s office in London, Ky., the government cannot always link the documents to applications for coverage filed months earlier. In addition, some consumers report persistent problems when they try to upload documents through HealthCare.gov.

For months, Republicans have asserted that the administration was lax in verifying the income and eligibility of people who applied for insurance subsidies.

The government enrolled people “before the systems were in place to accurately confirm eligibility,” said Representative Diane Black, Republican of Tennessee.

In some cases, the government told consumers that they had been found eligible for subsidized insurance and could enroll right away. But to keep the coverage, it said, they had to “send the marketplace more information” to verify their eligibility.

Representative Erik Paulsen, Republican of Minnesota, said “many Americans are going to find out that they owe money to the Internal Revenue Service because their premium tax credits were paid incorrectly.”

Representative Joseph Crowley, Democrat of New York, said such remarks showed the Republicans’ “unending zeal to undermine the Affordable Care Act.”

At the same time, supporters of the health care law worry that some of its chief beneficiaries will be upset if they find next spring that their tax liability is greater than they expected.

Ronald F. Pollack, the executive director of Families USA, a liberal-leaning consumer group, said he believed that the government would not find major discrepancies in the amounts most consumers should receive in premium tax credits. But he said, “We share concerns that the longer the process of verifying and resolving inconsistencies takes, the more some consumers will owe when they reconcile their tax returns.”

The [Congressional Budget Office](http://CongressionalBudgetOffice) estimates that subsidies this year will average \$4,400 for each person who receives a subsidy. Federal law generally limits the amount that lower- and moderate-income people may be required to repay. A family of four with an annual income of \$80,000 could be required to repay as much as \$2,500.

Executives at Serco, the federal contractor, said that technical problems with HealthCare.gov had limited their ability to investigate discrepancies.

Until late May, a Serco executive said, the company had to rely on “manual processes” to resolve conflicts between information provided by consumers and information in government databases.

The government was supposed to develop a system to scan documents and transfer information automatically into electronic files, but the system was not developed, so Serco employees had to type in the information. Serco said it took an hour to perform tasks that were expected to take just five minutes.

Subsidies depend on household income and the number of people in a family seeking assistance. But internal memorandums from the Department of Health and Human Services say that the insurance exchanges had no way to verify family size.

The government has also had difficulty checking information about employer-sponsored insurance. The Obama administration delayed until 2015 a requirement for employers to inform the government of insurance that they provide. Workers are generally ineligible for subsidies if they have access to affordable employer-sponsored coverage that meets basic federal standards.

US Hires United Healths Slavitt to Lead Obamacare Effort

The UnitedHealth Group Inc. (UNH) executive whose Optum division helped states and the federal government fix Obamacare health exchanges will become second-in-command at the agency that runs the U.S. program.

Andy Slavitt, Optum’s group executive vice president, was named principal deputy administrator at the Centers for Medicare and Medicaid Services, U.S. officials said. The company he comes from, UnitedHealth, is the nation’s largest health insurer.

The U.S. Department of Health and Human Services will also hire a chief executive officer and chief technology officer for the insurance exchanges, said Sylvia Mathews Burwell, who was approved by Congress as the HHS secretary on June 9, in a statement. Previously, no single person was in charge of the exchanges, a lack of accountability faulted by both foes and supporters of Obamacare after healthcare.gov was found to be riddled with technical errors.

The changes “bring additional operational and technological firepower and have a clear single point of contact in the marketplace CEO to streamline decision-making,” Burwell said in the statement.

In his new job, Slavitt will have broad responsibility for all of CMS’s operations, including Affordable Care Act programs, Medicare, the program for the elderly and disabled, and Medicaid, the program for low-income people. He will report to the agency’s administrator, Marilyn Tavenner.

Optum Hiring

Separately, two Republican senators sent letters to Tavenner yesterday questioning Optum's role in the health exchanges. The senators, Charles Grassley of Iowa and Orrin Hatch of Utah, suggested it may present a conflict of interest for a UnitedHealth subsidiary to have a hand in running insurance exchanges while its parent company at the same time competes against other insurers in the marketplaces.

"We would like to ensure that all potential conflicts of interest are mitigated," they wrote, requesting documents related to Optum's contract with Tavenner's agency.

A spokesman for UnitedHealth, Matt Stearns, declined to comment on the inquiry. A CMS spokesman, Aaron Albright, said in an e-mail that the agency has ensured Optum "has taken steps to meet standards required by federal acquisition regulations to prevent organizational conflicts of interest."

Slavitt offered his company's services to the Obama administration in late October as the federal website was floundering. The government hired Optum's Quality Software Services Inc. unit as lead contractor for the site, and by December, it functioned for most customers.

Open Enrollment

The exchanges re-open for most Americans on November 15, and making sure the technology works on day one is Burwell's top concern. The management shake-up for the Affordable Care Act programs marks her first major decision as secretary.

"Ensuring that the second open enrollment period is administered as effectively as possible must be a top priority, and it is most encouraging that Secretary Burwell is acting promptly towards that end," Ron Pollack, executive director of Families USA, a consumer advocacy group in Washington that supports the health law, said in an e-mail. "These administrative improvements will enable the second enrollment period to build on, and to improve, the success of the millions of people who gained health coverage recently."

States with exchange problems of their own began calling Optum soon after healthcare.gov was fixed, including Maryland, Minnesota and Massachusetts. The company was credited with helping each of the states enroll thousands of people in new Affordable Care Act health plans despite websites that barely functioned, if at all. Vermont hired Optum this month.

8 Million

About 8 million people used the exchanges to sign up for private health plans by the end of April. UnitedHealth itself has a small footprint in the marketplaces, selling its plans in just five states this year. It plans to expand its exchange offerings in 2015.



TALK SHOW GUEST & PROGRAM INFO.
5P-7P

PROGRAM DATE: Wed., June 25, 2014

5:10pm-5:45pm

Guest: **SETON MOTLEY**

> President of **Less Government.com**

> Editor in Chief of StopNetRegulation.org.

Topic: NSA renews phone program; is America becoming a police state?

CONTACT #: [REDACTED]

b/u: [REDACTED]

www.StopNetRegulation.org

Court renews NSA phone program

The federal court overseeing the country's spy agencies renewed an order Friday allowing the National Security Agency to collect phone records of people in the United States.

The Foreign Intelligence Surveillance Court's renewal of the contested program, authorized under Section 215 of the Patriot Act, comes as lawmakers continue to debate reform legislation.

"Given that legislation has not yet been enacted, and given the importance of maintaining the capabilities of the Section 215 telephony metadata program, the government has sought a 90-day reauthorization of the existing program," the Justice Department and Office of the Director of National Intelligence (ODNI) said in a joint statement.

The NSA's bulk collection of phone "metadata," such as which numbers people dial and how long they talk, was one of the most controversial programs revealed by former NSA contractor Edward Snowden last summer. The program requires renewal by the secretive spy court every 90 days.

Some privacy advocates have urged the Obama administration not to ask for reauthorization while Congress debates a measure to effectively end the program.

The program is "not effective," "unconstitutional" and "has been misused," more than two-dozen groups wrote in a letter this week.

Administration officials have said that the program is necessary to track terrorists and foreign agents and have rejected calls to end or significantly reform the program without legislation from Congress.

The program's renewal, which was officially issued on Thursday but unclassified on Friday, expires on Sept. 12.

The House last month passed the USA Freedom Act to end the phone records program, but that bill is still working its way through the Senate. Multiple reform advocates have worried that it does not go far enough.

The bill would end the NSA program and require government agents to get a court order before searching private phone companies' storehouses of phone records, a move endorsed by President Obama earlier this year.

"Overall, the bill's significant reforms would provide the public greater confidence in our programs and the checks and balances in the system, while ensuring our intelligence and law enforcement professionals have the authorities they need to protect the Nation," the Justice Department and ODNI explained.

Critics on both sides of the aisle, however, have worried that compromise language in the version passed by the House could still allow NSA agents to grab vast amounts of records in one sweep, such as those of every resident in a single ZIP code or all subscribers of a particular phone company like Verizon.

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Americas expanding police state

Neighborhood cops are becoming armed soldiers

With so much happening internationally and the number of scandals, crises and general screw-ups of the Obama administration here at home, it's worth noting a disturbing development here on the domestic front: a rapidly expanding police state.

On my radio program last week I had the pleasure of speaking with Cheryl Chumley, a reporter for The Washington Times, about her new book, "Police State USA: How George Orwell's Nightmare is Becoming our Reality." The title says it all, and aptly describes the shocking transformation of what had been our free society.

We all know about the scope of National Security Agency (NSA) spying. It's fair to say at this point in our lives that the notion of privacy is all but dead and gone. However, it didn't start there. In her book, Mrs. Chumley takes us on a ride through history,

reminding us of the original intentions of the Founding Fathers versus the assault on the original design by "21st century realities."

Keep in mind, people in the political class constantly reveal their contempt for regular citizens. That contempt is the inevitable result of a group of people who have convinced themselves that big government is necessary because the little people can't control their own lives.

These same politicians and bureaucrats then begin to see themselves a genuinely better than everyone else. After all, if they were just like us, then they'd be part of the rabble, and they can't have that. The solution to their dilemma is a police state.

Mrs. Chumley's chapters in "Police State USA" provide a treatise on all the elements of society that are under attack as big government seeks to sustain itself through a police state, including aspects of an expanding and increasingly paranoid bureaucratic system that has decided the individual is the problem.

Regarding our nation being under attack by thugs intent on creating a police state, Mrs. Chumley notes:

"The Founding Fathers wouldn't recognize America today. The God-given freedoms they championed in the Bill of Rights have been chipped away over the years by an ever-intrusive government bent on controlling all aspects of our lives in the name of safety and security. NSA wire-tapping and data collection is Orwellian in its scope. The TSA, BLM, and IRS are all jockeying for control of our lives. Warrantless searches are on the rise and even encouraged in some communities. Free speech, the right to bear arms, private property, and freedom of religion all are under attack. The Constitution has been tossed on the same trash pile as the Bible."

Spying is one thing, but control is, in fact, key. During the Obama administration, most of us have grown concerned about the massive buy-up of ammunition of various federal agencies. The U.S. Postal Service, the Department of Agriculture, the Commerce Department and even the National Oceanic and Atmospheric Administration, among so many other agencies, have acquired billions of rounds of ammunition.

In an article for Newsmax, Mrs. Chumley spoke with Philip Van Cleave, president of the Virginia Citizens Defense League, who asked a telling question: "Why exactly does a weather service need ammunition?"

"NOAA — really? They have a need? One just doesn't know why they're doing this," he said. "The problem is, all these agencies have their own SWAT teams, their own police departments, which is crazy. In theory, it was supposed to be the U.S. marshals that was the armed branch for the federal government."

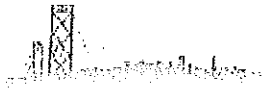
In addition to mini-police forces attached to federal agencies, Mrs. Chumley addresses the "acquisition by police departments of major battlefield equipment emboldens officials to strong-arm those they should be protecting." The New York Times reports, "During the Obama administration, according to Pentagon data, police departments have received

tens of thousands of machine guns; nearly 200,000 ammunition magazines; thousands of pieces of camouflage and night-vision equipment; and hundreds of silencers, armored cars and aircraft."

Silencers? Machine guns? Now why would local law enforcement need that sort of gear?

They do if they're conditioning everyone, including local law enforcement itself, to believe that a police state is necessary and inevitable. The good news is, that's a lie. It doesn't have to be either. Speaking to a solution, Cheryl Chumley's book concludes with a call to "Throw the bums out — why virtue, accountability are key."

It's one thing to have this unfold, and quite another to allow it to continue. One of the first things necessary to take back this nation is becoming informed. "Police State USA" is the book that will get you there and inspire you to defend this nation from big government zealots who believe you won't notice what they're up to.



TALK SHOW GUEST & PROGRAM INFO.
5P-7P

PROGRAM DATE: Thu., June 26, 2014

5:05pm-5:15pm

Guest: **BRAD DACUS**
> President, Pacific Justice Institute

Topic: Supreme's ruling on McCullen v. Coakley (pro-life/free speech) and what it means

CONTACT #: [REDACTED]

www.PacificJustice.org or call (916) 857-6900

PJI Statement on McCullen v. Coakley Ruling

June 26, 2014

Washington D.C.—Pacific Justice Institute released the following statement from Brad Dacus, President of PJI, on the United States Supreme Court ruling in *McCullen v. Coakley*:

"We at the Pacific Justice Institute salute the Supreme Court in their decision to strike down this terrible prohibition in violation of the free speech rights of pro-life demonstrators. Without question, the first Ammendment is there not just to protect speech as it may be convenient for some—like Planned Parenthood—but rather it's to protect the speech for everyone, including pro-lifers."

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NATIONAL REVIEW ONLINE
JUNE 26, 2014 1:23 PM

Oddity in McCullen v. Coakley

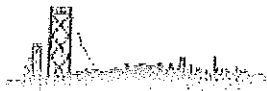
As you know, the Supreme Court released its decision today in *McCullen v. Coakley*, the case about buffer zones established under Massachusetts state law. (Ed Whelan's summary is [here](#).) I'm still digesting the opinion, but one thing in the Chief Justice's majority opinion jumped out at me on pages 16-17 of the slip opinion. The Chief has just worked through several of the stated reasons for the no-speech buffer zone and the exception for clinic employees who are acting in the "scope of their employment":

Petitioners did testify in this litigation about instances in which escorts at the Boston clinic had expressed views about abortion to the women they were accompanying, thwarted petitioners' attempts to speak and hand literature to the women, and disparaged petitioners in various ways. It is unclear from petitioners' testimony whether these alleged incidents occurred within the buffer zones. There is no viewpoint discrimination problem if the incidents occurred outside the zones because petitioners are equally free to say whatever they would like in that area. Even assuming the incidents occurred inside the zones, the record does not suggest that they involved speech within the scope of the escorts' employment. If the speech was beyond the scope of their employment, then each of the alleged incidents would violate the Act's express terms. Petitioners' complaint would then be that the police were failing to enforce the Act equally against clinic escorts. While such allegations might state a claim of official viewpoint discrimination, that would not go to the validity of the Act. In any event, petitioners nowhere allege selective enforcement.

It would be a very different question if it turned out that a clinic authorized escorts to speak about abortion inside the buffer zones. In that case, the escorts would not seem to be violating the Act because the speech would be within the scope of their employment. The Act's exemption for clinic employees would then facilitate speech on only one side of the abortion debate—a clear form of viewpoint discrimination that would support an as-applied challenge to the buffer zone at that clinic. But the record before us contains insufficient evidence to show that the exemption operates in this way at any of the clinics, perhaps because the clinics do not want to doom the Act by allowing their employees to speak about abortion within the buffer zones. [citations omitted]

Now this is truly odd. The Chief says that the plaintiffs' claim isn't really about viewpoint discrimination because the plaintiffs haven't shown that the escorts were acting illegally (i.e., outside the scope of their employment, and therefore subject to the criminal penalties). But it was apparently clear that in these incidents, the escorts were (1) hired by the clinic; (2) working for the clinic; (3) bringing women to the clinic; (4) with the women outside the clinic; (5) disparaging the plaintiffs; and (6) pushing away people who oppose the clinic. The state never prosecuted the escorts, suggesting that the state thought they were acting within the scope of their employment. And yet the Chief thinks there's no record of evidence that the escorts were speaking within the scope of their employment? That is, to put it mildly, absurd.

In addition, the Chief wanted yet more evidence to show that the escorts were acting legally. But how does the facial validity of a state law turn on whether the clinic escorts were acting legally? As the Chief admits, that's only relevant to a claim of selective enforcement. It's incoherent.



TALK SHOW GUEST & PROGRAM INFO.
5P-7P

PROGRAM DATE: Fri., June 27, 2014

5:05pm-6:00pm

Guest: JOE MURRAY

> Writer, Constitutional Attorney, Reporter

Topic: headline news

CONTACT #: [REDACTED]

b/u: [REDACTED]

1. Border Bedlam - Obama has lost control of the border. A Mexican military chopper crossed into US airspace and fired at agents. The government has been stock piling immigrants in Texas and are now sending more to NY. Disease is rampant. And, in light of Congress saying immigration reform looks to be DOA, Obama has stated he will go it alone.

Report: Mexican Military Chopper Crosses Into US, Shoots At Border Agents

June 27, 2014 7:40 AM

TUCSON, Ariz. (CBS Las Vegas) — Border Patrol agents in Arizona were reportedly fired upon by a Mexican military¹ helicopter that traveled across the border.

KVOA-TV reports that Mexican authorities were conducting a drug interdiction operation when the incident happened early Thursday morning on the Tohono O'odham Indian Nation. The Mexican chopper fired at the agents and then flew back into Mexico.

Art del Cueto, Border Patrol Tucson Sector union president, tells KVOA that they called and apologized for the incident.

"The incident occurred after midnight and before 6 a.m. Helicopter flew into the U.S. and fired on two U.S. Border Patrol agents," del Cueto said in a statement to KVOA. "The incident occurred west of the San Miguel¹ Gate on the Tohono O'odham Indian Nation. The agents were unharmed. The helicopter went back into Mexico. Mexico then contacted U.S. authorities and apologized for the incident."

Andy Adame, Border Patrol spokesperson, said that Mexican authorities fired two shots at the border agents.

"Two shots were fired from the helicopter but no injuries or damage to U.S. property were reported," Adame told KVOA.

The incident is under investigation.

Long Island Facility Eyed to House Influx of Immigrant Children

Thursday, Jun 26, 2014 | Updated 7:29 PM EDT

A Long Island facility is being eyed as possible temporary housing for some of the thousands of children streaming over the U.S.-Mexico border without guardians. Sheldon Dutes reports.

A Long Island facility is being eyed as possible temporary housing for some of the thousands of children streaming over the U.S.-Mexico border without guardians.

The federal government is considering using Peregrine Business Park at 15 Grumman Road, a former Grumman Corp. facility in Bethpage, according to [Newsday](#). It's one of five New York facilities that the government has examined, the paper said.

Rep. Steve Israel, a Democrat representing Huntington, said "it is not a viable solution to simply place unaccompanied children from Central America in temporary shelters."

The General Services Administration told [Newsday](#) that no decision has been made.

Border Patrol agents have apprehended more than 52,000 immigrant children crossing the border alone since October. Most are from Central America and have been caught in the Rio Grande Valley of Texas.

Homeland Security Secretary Jeh Johnson told Congress this week that the influx has overwhelmed the system.

With Concern Over Disease, Border Patrol Looking To House Immigrants In Abandoned Warehouses Along Rio Grande

June 27, 2014 5:21

SOUTH TEXAS (KRLD) – More than 52,000 children have entered the country illegal in recent months, many of them coming into the U.S. through South Texas. Former Zapata County Sheriff Gonzales, who now works as a consult with law enforcement agencies along the Texas border, says space is running out to house the children and adults that are coming across.

"The local governments are being overwhelmed because of the possibilities for diseases. There are people that are being apprehended that are coming in with warrants for murders or prior convictions for child abuse, and these are the guys that are coming in the same groups with 12 year olds and 5 year olds," says Zapata. "They're looking at

some centers in the valley... abandoned buildings where they're going to put fences inside the buildings to create detention cells and just throw people in there. "

Zapata says the situation is unprecedented, but the closest comparison would be to how the Astrodome in Houston was used during Hurricane Katrina, when 25,000 evacuees were housed inside of it.

"They're going to go in there and divide the whole building into 4 pieces or 8 pieces using a hurricane fence or a cyclone fence and just put people in... until they're processed."

Congressman Henry Cuellar (D-Laredo), who works closely with agents along the border, confirmed the border patrol's intentions to create additional housing areas.

"Its basically a former warehouse and they're working on retrofitting that to re-house the kids," says Cuellar. "There's really no other places to do this, but we're trying to do the best that we can."

Customs and Border Patrol has been shipping illegal immigrants to facilities all over the country and reportedly are even looking at using an abandoned Walmart in New York, according to Congressman Chris Collins (R-NY).

"It is unacceptable the federal government is trying to force the hardworking taxpayers of New York to foot the bill to house undocumented immigrants," said Congressman Chris Collins. "The President's actions have fueled the current crises along the southern border, and now New York residents are being directly impacted by his irresponsible actions. If President Obama was committed to enforcing the immigration laws currently in place, this would not be an issue. Instead, the President has decided to pick and choose which laws he wants to enforce, creating an environment where wrongdoing goes unpunished."

In San Antonio, federal officials say a child in a temporary shelter is still recovering from swine flu.

Kenneth Wolfe, a spokesman for the U.S. Department of Health and Human Services, says the unaccompanied child was recently hospitalized after being diagnosed with swine flu, or H1N1. Wolfe says officials believe this is an isolated incident but are closely monitoring all children at Lackland and other similar shelters the agency is operating around the country.

"That tells you that when you've got kids coming in from some of these countries where they don't have great health systems, we gotta watch out," says Cuellar. "I've talked to border patrol down in McAllen. They've seen TB; they've seen chicken pox; they've seen scabies. And according to Border Patrol, 4 or 5 of their agents have tested positive for those diseases."

White House Press Secretary: 'We're Not Just Going to Sit Around and Wait' for Congress to Write Laws

President Obama, tired of waiting for Congress to act on immigration reform, is currently exploring ways to address issues with Department of Homeland Security Secretary Jeh Johnson.

During an interview with MSNBC's Chuck Todd, White House Press Secretary Josh Earnest explained that the Obama administration was getting impatient with Congress.

"[W]e're not just going to sit around and wait interminably for Congress," he explained. "We've been waiting a year already. The president has tasked his Secretary of Homeland Security Jeh Johnson with reviewing what options are available to the president, what is at his disposal using his executive authority to try to address some of the problems that have been created by our broken immigration system."

Earnest added that, although Obama was exploring executive action, it was "not a substitute for robust Congressional action" on immigration reform.

"That's why we're trying to focus on getting that done," he concluded.

Obama has been heavily criticized after his 2012 executive decision to defer the deportations of some young illegal immigrants, which critics argue was a key incentive for more children to cross the border illegally.

2. Mississippi Mayhem - The stunning defeat of Tea Party frontrunner Chris McDaniel by incumbent Thad Cochran sent shockwaves through the nation. Cochran, who came in second during the June 3rd primary, won the runoff by relying on Democrat voters. Is this stealing an election or fair use of an open primary system? Is the race over or will McDaniel fight the results in court, citing irregularities?

BREAKING: McDaniel Supporters Barred From Reviewing Voter Rolls in Nine Mississippi Counties

Posted by Jim Hoft on Friday, June 27, 2014, 10:14 AM

Breaking--

The Chris McDaniel campaign identified multiple Mississippi counties in which enough improper ballots were cast that a legal challenge to the outcome of the election is warranted.