

Counties can't keep up with deteriorating bridges

Ohio Department of Transportation records indicate that 2,230 bridges statewide are rated as structurally deficient, but government agencies say they lack the funds to keep up on repairs. "There's not enough money to stay ahead of it," Montgomery County Engineer Paul Gruner said. "The more we let them go, the more it costs to replace them, and we need more money to be able to replace them." A bridge labeled structurally deficient means that it must be monitored and eventually repaired or replaced. But upkeep comes with a high price tag. Gruner points to the Third Street Bridge over the Great Miami River in downtown Dayton. It was built in 1949, but the foundation beneath it dates to 1903. Total replacement will not be complete until 2019 and will cost \$10 million. Clark County Engineer Jonathan Burr said all counties are facing a combination of mounting costs and declining revenues. Population loss means fewer people paying license plates fees that fund repair projects. "I'm down about \$700,000 last year from 2000," Burr said. Shealyn Harmon of Dayton lives near the Keowee Street Bridge that was built in 1931, and is showing its age. Steel in the bridge supports were exposed in several sections of the bridge when chunks of concrete fell from the span onto a bike path below. "I walk over here to go to the store every day and it's dangerous," Harmon said. While engineers do not rate the bridge as an immediate safety problem, it is scheduled to be replaced. Gruner said bridge replacement is scheduled on a priority basis. An analysis of state records shows the cost of bridge projects statewide has been on the rise. It grew from \$570 million in 2003 to a projected \$1 billion in 2014. Records obtained from the ODOT indicate that Preble County ranks first in the area with the most structurally deficient bridges, with 53. Montgomery County comes in second with 48. Champaign County has the fewest with just one. Many of the troubled bridges are short spans that go over a dry run or small creek. The majority of the large, multi-lane structures that carry the most traffic and need to be replaced are in urban areas. Warren County ranks 61st of Ohio's 88 counties for the number of structurally deficient bridges, yet it is the site of the biggest bridge project in the state. The Jeremiah Morrow bridge, named after the ninth governor of Ohio, is being replaced with two new bridges. The Morrow bridge actually features twin spans that are 2,300 feet long and 239 feet high, making it the tallest bridge in Ohio. The bridge, built in 1965, carries 40,000 cars and trucks a day on Interstate 71 over the Little Miami River. Rust and corrosion on the steel truss bridges led the state to investigate the possibility of repairing them and repainting. "It's rated a 5 on a scale of 0 to 9. Four is deficient, so 5 is just above deficient," said Brandon Collett, ODOT Bridge Engineer. Collett said painting alone would cost \$10 million, so in the long run it was more cost-effective to replace the structures. Construction began in 2010 and will continue through 2016 at a cost of \$89 million. "The hardest part is the height has posed some challenges because you have to get all of your materials and have to do everything at a greater height than normal bridges," said Dan Mendel, ODOT transportation engineer and project manager. A report from the American Society of Civil Engineers found that the nation is spending \$12.8 billion a year on bridge projects, but should be spending \$20.5 billion annually to keep up with the number of bridges in need of repair or replacement. Association president-elect Randy Over, a civil engineer in Cleveland, said current funding relies on a combination of the gas tax, license plate fees and municipal income taxes. But Over said that an increased need for money, coupled with vehicles that use less fuel or no gas at all, will require a change in how projects are funded. "We are approaching the time of a transition to a different formula," he said. With no dramatic changes in funding on the horizon, county engineers expect the struggle to keep up with deteriorating bridges to continue. Clark

County's Burr said some costs have doubled in the last few years. The biggest bridge project in Clark County this year will be replacement of the Selma Pike bridge over the Little Miami River, anticipated to cost nearly \$1 million. Montgomery County, meanwhile, has 34 major bridge repair or replacement projects scheduled through 2020. Butler County has 401 bridges and five of them have lowered weight limits due to structural issues. "We have to stretch every bridge to an 80-year life cycle," Butler County Engineer Greg Wilkens said.

Dayton Daily News. 5/7/13.

Ballot is backup for Medicaid expansion plan

If Republican lawmakers won't pass Medicaid expansion, it could be up to Ohio voters. "We are beginning as of today. We will start reaching out and put together a coalition," said Scott Borgemenke, a veteran Republican operative who would lead an effort to extend insurance coverage for hundreds of thousands of poor Ohioans by getting voters to approve a constitutional amendment. "If the General Assembly can't address this, just like any good business, we need a backup plan." Borgemenke, former chief of staff for Secretary of State Jon Husted, began a new job yesterday as senior vice president of advocacy for the Ohio Hospital Association. The hospitals are among the largest proponents of Gov. John Kasich's proposed Medicaid expansion. With less than two months to collect the required signatures for the fall ballot, a proposed constitutional amendment likely would not appear until November 2014. Kasich included in his two-year budget proposal a plan to expand Medicaid eligibility to roughly 275,000 uninsured Ohioans. Under the Affordable Care Act, the federal government would pay the entire cost for three years and 90 percent or more for the next seven, bringing an estimated \$13 billion into the state over seven years. Administration officials say the expansion would save Ohio \$404 million over the next two years, mostly by shifting expenses paid by the state to the federal government. States operate their own Medicaid programs within federal guidelines, with costs shared by the state and federal government. Conservatives in the Ohio House stripped the expansion plan from Kasich's budget, citing concern about the federal deficit and fear that states will incur more expense than promised. The budget is now in the Senate, where President Keith Faber has rejected the idea of reinserting the proposal but said lawmakers will continue to discuss the possibility of expanding Medicaid through separate legislation. Ohio isn't the only state wrestling with Medicaid expansion. Florida lawmakers last week passed a state budget without the proposal. It also faces opposition in Arizona and Michigan. Keith Lake, vice president of government affairs for the Ohio Chamber of Commerce, said, "We're still focused and hopeful that the legislature will consider this and make the need for a ballot issue unnecessary." There is, however, growing concern about the time frame. "A day past Jan. 1 and we will lose the 100 percent federal match, businesses will start to face penalties and, more important, people will go without coverage," said Julie Di Rossi-King, director of policy and public affairs for the Ohio Association of Community Health Centers. Jon Allison, a leader of the Ohio Alliance for Health Transformation, a coalition of community and business groups, health-care providers and religious organizations pushing for Medicaid expansion, said he remains hopeful that lawmakers realize they need to act soon to avoid losing federal money and costing employers millions in penalties. "We've got to be in a hurry with this," he said, adding that if there is no clear pathway to a solution by July 1, when the budget bill must be signed into law, expansion proponents will begin serious talk of a ballot issue. The Medicaid expansion would cover uninsured Americans

earning up to 138 percent of the federal poverty level beginning Jan. 1, when most must have coverage or face fines. Those with higher incomes will purchase insurance through online state health exchanges. Meanwhile, a newly created House subcommittee will begin hearings today to review recent reforms to Ohio's Medicaid system, including the expansion of managed care, patient-centered care and increased focus on prevention.

Columbus Dispatch. 5/7/13

Funds to help uninsured choose health-care options could affect how many get coverage

The wide variation in spending to hire and train navigators and others to assist consumers in the first year of the new marketplaces could have a major impact on how many people actually get coverage under the new health law, experts say. Yet states with some of the nation's highest uninsured rates, such as Florida and Texas, are getting far less federal money per uninsured resident than states with low rates, such as Maryland, Vermont and Rhode Island, according to a Kaiser Health News analysis. That's because states relying on the federal government to run their marketplaces are getting far less money than states setting them up themselves as a result of how the health law was written. In addition, some states such as Maryland that are running their own operations are supplementing the federal dollars with their own funds. "The spending difference could have a huge impact," said Jon Kingsdale, a consultant who helped launch the Massachusetts health insurance exchange in 2006. Consumer assistance is considered key to enrolling the uninsured for several reasons. Polls show most people are unfamiliar with the law's benefits, including new government subsidies that take effect next year. For example, those subsidies will apply to a family of four with an income as high as \$94,000. The online marketplaces, which open for enrollment Oct. 1, were envisioned to be as easy to use as travel Web sites such as Expedia, but experts say that many people will need help figuring out which plan is best for them and what information they might need to sign up for coverage. Some have never applied for health insurance coverage and may need assistance even to navigate the Web site, said Sonya Schwartz, program director of the National Academy for State Health Policy, and project director of State Refor(u)m, a [discussion forum](#) about implementation. The marketplaces, also known as exchanges, are the key way the law expands health coverage to about 27 million people by 2016. That's where people will shop for and enroll in private coverage and determine whether they are eligible for premium discounts, or for Medicaid, the state-federal health insurance program for the poor. Although many customers will not yet have insurance, others with coverage will use the exchanges to take advantage of government subsidies. "It's a shame that we see states with lower rates of uninsured putting more money into education and outreach than states with higher rates of uninsured," said Deborah Bachrach, a former New York state Medicaid director who is special counsel at the law firm Manatt Phelps & Phillips. To be sure, consumer assistance is only one way that potential enrollees can learn about new insurance options and how to sign up for them. Additional federal dollars will go to advertising on radio, television and billboards. And insurers, hospitals and nonprofit groups may supplement public education efforts in many states.

Washington Post. 5/4/13

Sen. Rob Portman targeted by gun control advocates after background check vote

Last year, Ohio Democratic Sen. Sherrod Brown was the U.S. Senate's top target for defeat by the gun lobby. This year, groups that want to limit gun sales are aiming at Ohio Republican Sen. Rob Portman. Portman landed in the [crosshairs of gun control advocates after his April 17 vote](#) against legislation that would have required background checks for firearms purchases over the Internet and at gun shows. His vote helped defeat the Manchin-Toomey Amendment, which effectively halted Senate consideration of gun control legislation prompted by mass shootings like the December killings of 20 students and six staffers at a Connecticut grade school. As Portman traveled through Ohio during this week's congressional recess, occasional gun control pickets greeted his appearances. And a Springfield, Ohio woman whose 27-year-old son was killed in last year's Colorado movie theater rampage [tried to arrange a dinner with Portman](#) so she could express her frustration with his vote. She did so at the urging of Mayors Against Illegal Guns, a national group founded by New York City Mayor Michael Bloomberg that [claims the support](#) of about 100 Ohio mayors, including those from Akron, Cleveland, Cincinnati, Columbus, Dayton, Lorain and Toledo. Jerri Jackson, 52, said she thinks a background check might have kept her son's accused killer from purchasing weapons after police at the university he attended expressed concern about his mental health. Her son, [Matthew McQuinn](#), was shot nine times as he tried to protect his girlfriend from the gunman. James Holmes is [charged](#) with killing her son and 11 other people last July. "Assault rifles have no place on the streets of America," says Jackson. "If he did not have that high powered magazine, he would not have been able to shoot as many people as he did as quickly as he did." A Portman aide told The Plain Dealer the senator's schedule did not permit him to meet with Jackson this week, but he would consider it in the future. The aide said Portman sent a note to Jackson, though Jackson said she hadn't received it by Thursday afternoon. Portman has met with families whose children were killed in Newtown, Conn. and has heard from and spoken with "well intentioned people across Ohio whose views fall on both sides of the issue," says spokeswoman Caitlin Dunn. In a [statement](#) issued when he voted against the Manchin-Toomey legislation, Portman said he didn't think it would prevent "the kind of heartbreaking loss of life seen in Newtown" and other tragedies. Instead, he said its implementation would make it harder "for law-abiding Ohioans to exercise their Constitutionally-guaranteed rights." Portman said the Manchin-Toomey legislation would make it a felony for private citizens to sell guns to lifelong friends without a background check, and would make it "onerous" for people to loan guns to neighbors for even a short period of time. He backed amendments that would have strengthened state reporting of individuals whom courts have found to be mentally ill, to address the "glorification of gun violence in popular culture" and to crack down on those who bypass current gun laws to deliver weapons to violent criminals. "I've looked at the data. You know that about three-quarters of those people, according to people who are incarcerated, got their guns (through) some illegal source and that's why we did support these provisions on straw purchasers," Portman [told reporters after the vote](#). "So we have to get at this underlying problem and if we don't, unfortunately, I don't think we're going to be able to address what I do think is the real issue in this country, which is gun violence." A poll released last week found background checks for gun show and Internet firearm sales are supported by 72 percent of Ohio voters, as well as 56 percent of Ohio Republicans. The survey of 601 Ohioans taken on April 25 and 26 by Public Policy Polling found that 36 percent of voters in the state say they're less likely to support Portman because of his gun vote, while 19

percent consider it a reason to support him. A Quinnipiac University poll of 1,138 Ohio voters that was conducted before Portman's vote found 84 percent support for universal background checks, and that a 52 to 15 percent majority would be more likely to back a Congress member who votes for background checks. Ohio's other U.S. Senator, Brown, backed the Manchin-Toomey Amendment. Brown's spokesman, Yianni Varonis, said his boss has received "overwhelming support for his vote to expand background checks, an idea favored by 90 percent of Americans." "Ohio citizens have let him know that they strongly appreciate his efforts to ensure responsible gun ownership, protect the Second Amendment, and secure our children and communities," said Varonis. Last year, Brown was the National Rifle Association's top target for independent expenditures in the U.S. Senate. According to tabulations by the [Sunlight Foundation](#), the group spent more than \$880,000 in an unsuccessful effort to defeat him. The only candidate it spent more money to attack was President Barack Obama. National Rifle Association spokesman Andrew Arulandanam said his group targeted Brown last year because it believes he consistently attacks the Second Amendment. He attributed Brown's re-election to the fact that last year's elections "were not focused on the gun issue." "That isn't to say we won't be back the next time he runs," said Arulandanam. He said his group has not decided to place ads on Portman's behalf, though it believes he has taken "a principled stand on the Second Amendment." He said it may run ads for Portman in the future. Arulandanam said his group believes that gun background checks should be improved by requiring every state to submit adequate information into the national database used for that purpose. He said 23 states currently supply "zero to minimal information" to the system. The Manchin-Toomey proposal would have "turned law abiding gun owners into criminals. without addressing the problems at hand," Arulandanam said. "We know the vote, a little over two weeks ago, was a first battle in what will be a long and extensive war that lasts for years," Arulandanam said in a telephone interview from an [NRA convention in Houston](#). The NRA wasn't the only gun group represented in Houston that day. Mayors Against Illegal Guns sent several people to the NRA convention who had family members killed in the Connecticut and Colorado shootings. They were there to provide "the other side of the story" on the background check issue, according to group spokeswoman Erika Soto Lamb. She said senators Jeff Flake of Arizona, Kelly Ayotte of New Hampshire, and Mark Pryor of Arkansas, who voted against the Manchin-Toomey compromise, got dinner invitations from high profile gun violence victims in their states, as Portman did. "We are going to hold senators who voted 'no' on background checks accountable for their vote, particularly senators where we know their vote flew in the face of the overwhelming support of their own constituents," said Soto Lamb. "We are going to ask them to explain their vote. We will remind people, up until election day, that their senator does not stand with them on this issue." Springfield's Jackson said she feels that "Portman is avoiding me." She said she didn't have strong feelings about gun control -- apart from the need to take appropriate precautions with guns -- until her son was killed. Jackson said Matt grew up target shooting with his grandfather, a retired police officer, and was always taught the importance of gun safety. He moved to Colorado in 2011 with his girlfriend, Champaign County native Samantha Yowler. They had decided to return to Ohio after they were unable to find the types of jobs they wanted. Her son was killed 10 days before his planned relocation to Springfield. Jackson said that Yowler, 28, who was shot in the knee, moved back to Ohio after the tragedy and has returned to Colorado only once, to clean out their apartment. "I would like for him to at least sit down and talk to me," Jackson said of Portman. "To hear my story and hear the heartbreak of a mother who lost her son

in the prime of his life. How guns have played a part in our lives, but it is what ended his life. We need to do something about it."

Cleveland Plain Dealer. 5/3/13.

Fedor bill targets sex-trade market

If Ohio is going to be serious about cracking down on the selling of minors for sex, it has to get serious about those paying for them, advocates argued Wednesday. "The demand for sex and labor trafficking is thriving, so as we help individuals to a point of safety in restoring their lives, unfortunately there are just more and more victims out there that traffickers are going to turn to," Michelle Hannan of the Salvation Army in Central Ohio told the House Judiciary Committee. After previously pushing legislation aimed primarily at the traffickers themselves, the latest bill from Rep. Teresa Fedor (D., Toledo) targets the market driving modern-day slavery for the sex trade. Anyone who buys or solicits the sexual services of someone under the age of 18 would face a second-degree felony, regardless of whether the "john" knew the person he was hiring was underage. That carries prison time of up to eight years and would require registration as a sex offender. Current law sets different penalties and burdens of proof for prosecutions, depending on the age of the minor involved. The recent news that three women had been imprisoned for nearly a decade in a Cleveland home was mentioned several times during the hearing. But there has been no accusation yet that the women were trafficked. John Murphy, executive director of the Ohio Prosecuting Attorneys Association, voiced support for increasing the penalty for soliciting a minor, but he questioned whether a second-degree felony is too severe. Currently, solicitation is a third-degree felony. "I think one of the concerns that the prosecutors have ... is that having [consensual] sex with a person who is 13, 14, or 15, when the offender is four or more years older than the 'victim' ..., is a felony four," he said. "So you could conceivably have a penalty here for soliciting a person that is higher than the penalty for actually having sex with a person." Megan Mattimoe of Toledo, legal advocacy director for Ao, or Advocating Opportunity, provides legal and court-appointed guardian services for trafficking victims who are minors. She said the comparison between having sex with a minor and a trafficked minor is misplaced. "In over 90 percent of the cases, the women are not consenting, particularly when you're talking about children, who can't necessarily consent to sex with an adult, much less consent to be trafficked," she said. The issue was brought to Toledo's attention in 2005 when a federal sting in Harrisburg, Pa., broke up a trafficking ring involving 177 females. Seventy-seven of the victims were from the Toledo area, including a 10-year-old girl.

Toledo Blade. 5/9/2013.

It is time to talk about teen suicide

Suicide is a subject to avoid. Youth suicide even more so. It is the opposite of polite conversation. But sometimes it becomes unavoidable. A high-profile suicide attempt last week at

La Salle High School has brought the subject out of the darkness. It presents an opportunity now for parents and children to talk about this most unpleasant topic. Perhaps it is an imperative. In Ohio in 2011, 14.3 percent of high school students “seriously considered attempting suicide,” according to the U.S. Centers for Disease Control and Prevention’s annual Youth Risk Behavior Study. Nationally, 16 percent of this age group “seriously considered suicide.” A full 13 percent reported creating a plan, and 8 percent said they tried to take their own life in the 12 months preceding the survey. The CDC puts it bluntly: “Suicide is a serious public health problem.” It is the third leading cause of death among people aged 15-24. But these are just numbers. State Rep. Marlene Anielski, from northeast Ohio, knows the singular pain of losing a child to suicide. Her son Joseph was a high school senior in Cleveland when he killed himself in 2010. “He took his life 165 weeks ago today,” Anielski said Thursday. “He was my oldest. He would be 21 years old.” Anielski loved her son and is proud of him. But as a grieving mother, she has learned much about how uncomfortable the topic makes people. When people ask her how her son died, she tells them he took his own life. “You can see them cringe,” Anielski said. “I lost my son they same way a mother who loses her son in an accident lost her son. I call it the silent epidemic. People don’t want to talk about it.” But they must. There seem to be two types of parents left in the aftermath of a suicide or a suicide attempt: those who sensed there was trouble, and those who had no idea. Anielski is in the latter group. She said her Joseph was tall and handsome. He was a well-liked honors student at St. Ignatius High School, and had already been accepted to college. The future seemed so inviting. “He was a good kid, tons of friends. He was athletic, he rowed crew,” Anielski said. “We still don’t understand why. You can wonder why and drive yourself mad.” So Anielski wants more people looking out for the welfare of the state’s children. All might see the same child a little bit differently. A parent will have one perspective. A teacher might have a second. A school bus driver or a coach might have a third. In 2012, Anielski sponsored a bill in Joseph’s honor that passed the Legislature and was signed by the governor. It became law six weeks ago. It requires all public schools to “incorporate training in youth suicide awareness and prevention into the in-service training ... for each person employed by a school district or service center to work in a school as a nurse, teacher, counselor, school psychologist, or administrator, and any other personnel that the board determines appropriate.” In fact, La Salle has had a nurse and suicide prevention expert come and speak to sophomores about suicide awareness and prevention resources for the past 12 years. La Salle is one of the 20 schools where she educates students. If this proves anything, it might be that suicide prevention must be addressed by all people who care about a teenager. Parents have grown accustomed to talking to their children about avoiding alcohol and other drugs, about date rape and condoms. Parents talk about the dangers of texting and driving. Suicide needs to be part of the conversation. The boy who shot himself Monday in front of classmates remains in critical condition at the University of Cincinnati Medical Center. Liz Atwell is the director of the Mental Health America of Southwest Ohio, which spends much of its time on suicide prevention. She says first, people must start talking. “It is difficult for people,” Atwell said. “I think they are really scared. Your brain can wrap itself around an accidental death, but when somebody takes their own life” Atwell advises parents to talk to their children when they are young, before they may begin to experience difficulty. The idea then, she says, is not to talk about suicide. “The biggest thing people can do is teach how to ask for help,” she said. “Teach that it is OK to ask for help.” High school can be a particularly difficult age. Mental illness can materialize, hormones can begin to rage, there is pressure, both real and imagined, at school. So when parents talk to their children, they must actually listen. And if there is any trouble, Mom and Dad must respond. Atwell says

no stone should be left unturned. Call the family doctor, teachers and school guidance counselors. Involve therapists and social workers. "The key here is to get multiple people involved, to build a support system," Atwell said. "And, along the way, you are gathering pieces of information, pieces of the puzzle." Suicide is not, however, a problem that dissipates as people age. The Centers for Disease Control reported Friday that in 2009, suicide surpassed car accidents as a cause of death in this country. The data showed "substantial increases in suicide rates among middle-aged adults (adults aged 35-64 years) in the United States." The 28 percent increase was attributed to the economic downturn, increased availability of prescription opioids and the fact that the baby boomer generation had a high rate of suicide during their adolescence. Anielski thinks people may need to get past the language of suicide and their fear of talking about it. She said the word itself may be off-putting. "I dislike that word. It is so negative, there is so much stigma," Anielski said. "For my Joe, I say he took his life. It's softer. It's easier for people."

Cincinnati Enquirer. 5/5/13

Ohio Governor hasn't lost hope on Medicaid expansion

Gov. John Kasich hasn't given up hope that the Legislature will expand Medicaid under the federal health care law, even though the plan is unlikely to be included state's two-year budget. Kasich, a Republican, told reporters Wednesday that he's giving lawmakers some breathing room to review Medicaid, the federal-state health care program for the poor and disabled. "I'll be combative when I have to be combative," he said. "But there are times when you just have to be patient, and I'm willing to be patient here with our friends in the Legislature." Kasich's fellow Republicans who control the Ohio House dropped Medicaid expansion from the state's two-year budget before sending it to the Senate last month. And the Senate's GOP leader has said his chamber's version of the spending plan won't include expansion. House lawmakers have started examining potential changes to Medicaid and exploring what the state can do to give beneficiaries a pathway out of the program and into private health care. Senate President Keith Faber, a Celina Republican, also has said that Medicaid reform is not dead in Ohio. Supporters of extending health coverage to more Ohioans are also showing some patience. A Cleveland-based policy organization that had been working on putting the Medicaid issue to a statewide vote said Wednesday it will hold off any further work until July. John Begala, of the Center for Community Solutions, said the organization and its partners have plenty of time to pursue a ballot initiative if the Legislature fails to act. And in the meantime, the coalition is focusing its attention on supporting the governor and Legislature in getting Medicaid expansion adopted, he said. Kasich has continued to make his pitch that the state should move forward with extending the program to cover thousands of more low-income Ohioans. The governor stressed the importance of the expansion to participants at a mental health awareness event Wednesday at the Statehouse. Medicaid expansion would give mental health providers the resources they need to give patients help, hope and a chance at a normal life, Kasich said. "But we have to tell people about why it matters and who the folks are that have to battle each and every day the challenges that come with mental illness," he said, speaking out to a crowd from the steps of the Capitol.

Kasich's administration estimates that rejecting expansion will mean the loss of \$700 million over the next two years for medical care and treatment programs for people with mental illness or substance abuse problems. The Medicaid expansion is one of the key components of Democratic President Barack Obama's federal health care law. Opponents of Medicaid expansion fear being stuck with the long-term costs of the program, which now is being paid for mainly by the federal government. Many conservatives also are philosophically against the idea of expanding government programs and opposed to Obama's law, which calls for mandated health coverage. The federal law expanded Medicaid to cover low-income people making up to 138 percent of the federal poverty level, or about \$15,400 a year for an individual. The provision mainly benefits low-income adults who do not have children and can't get Medicaid in most states. The U.S. Supreme Court later gave states the choice of participating in an expanded Medicaid program, which Kasich has supported. Roughly 366,000 Ohio residents would be eligible for coverage under the Medicaid expansion beginning in 2014 if it's approved. The Kasich administration expects the state to see \$13 billion from the federal government over the next seven years to cover those newly eligible for Medicaid. Asked about whether he'd be open to a ballot initiative on Medicaid expansion, Kasich said Wednesday, "I'm for it however we get there. I would love to think that this could be done, that the Legislature could do it, and I haven't given up hope on that at all."

Associated Press. 5/8/13

Authorities say human-trafficking crimes happening 'in our midst'

Human sex-trafficking crimes, many similar to the cases of the Cleveland women found alive Monday after disappearing as teens more than a decade ago, are occurring all around the area. That was the main topic of a sobering speech U.S. Attorney Steven M. Dettelbach delivered less than a week ago at the City Club of Cleveland. Juvenile trafficking in particular, for forced labor or "literally being raped for money," occurs "in our midst" in communities throughout Northeast Ohio, he said. "It's down the street at a coffee shop. It's at that hotel you drive by off the freeway exit where you live. It's in your neighborhood nail parlor or some of the farms you drive by as you use our interstates," Dettelbach said in his hourlong speech. Although his federal agency, the U.S. Attorney's Office, declined to make any distinct connection between teen trafficking and the extraordinary case involving Gina DeJesus, Amanda Berry and Michelle Knight, the issue was brought to public attention by DeJesus' mother. In April 2004, Gina was 14 when she was last seen on her way home from Wilbur Wright Middle School near West 105th Street and Lorain Avenue in Cleveland. Years later, after never giving up hope her daughter would be found alive, Nancy Ruiz told a Cleveland television crew in April 2012: "I always said it from the beginning: She was sold to the highest bidder." Dettelbach, who began his prosecution career in California in 1996, when he won convictions in a case involving 70 Thai women forced to live in "sub-human conditions" at a compound where they worked as seamstresses for no pay, told his audience Friday that the same kind of horrific conduct has happened here. "It's in downtown

Cleveland. It's in Willoughby Hills. It's in North Olmsted. It's in Mentor," he said. "And that's not just conjecture or me picking on particular cities. That's telling you the places where we discovered some of this conduct and cases we have already prosecuted." In a meeting in Akron last May with reporters and staff members of the Beacon Journal editorial pages, Dettelbach told a similarly chilling story of a trafficking crime that happened a block away from his office. In December 2011, Eric Tutstone, 44, of Cleveland, was sent to prison for 11 years for trying to sell a 16-year-old girl into prostitution to a madam for the sum of \$300. The attempted sale, Dettelbach said, took place at a Starbucks coffee shop on West Sixth Street in Cleveland's Warehouse District. Court records showed the girl told an FBI agent investigating the case: "When I saw Eric take the money, I knew I had just been sold." In another "sex for sale" trafficking case, Dettelbach said in his Beacon Journal interview, a Toledo girl who disappeared as a runaway — at the same age as Gina DeJesus when she went missing — was rescued by authorities only two blocks from where she lived. Michael Tobin, Dettelbach's spokesman, said there are signs the public can look for to prevent trafficking crimes. "In general, it's when something doesn't look right. It can happen in a restaurant or a local nail salon," Tobin said, "when someone is not allowed to talk, or are being intimidated, or appear to be in fear." In Friday's speech in Cleveland, Dettelbach used the stunning example of the Thai women who were kept in forced labor in a guarded compound. It was surrounded by a barbed-wire fence with the wire pointed inward, he said, "so that nobody could get out." Tobin urged anyone suspecting such illegal conduct to make the first call to the FBI: 216-522-1400 in the Cleveland area or 330-535-6156 in the Akron area.

Akron Beacon Journal. 5/7/13.

New Jersey bill on human trafficking signed into law

Gov. [Chris Christie](#) has signed legislation that tightens New Jersey's human trafficking laws ahead of the 2014 Super Bowl. The new law increases penalties on those who fail to verify that advertisers on their sites are not minors, and it establishes so-called "john schools" to educate patrons of prostitutes about the industry's exploitation of women and minors. The law also allows courts to vacate the criminal convictions of those compelled by their traffickers to break the law. The bill's sponsors sought to have the new provisions in place ahead of New Jersey hosting the 2014 Super Bowl, the kind of event they say historically sees an increase in sex trafficking. The laws apply not just to prostitution but also to other forms of forced labor.

Associated Press. 5/6/13.

Ohio House bill would expand Medicaid to cover state's working poor

A proposal to extend Medicaid coverage to Ohio's working poor was introduced Wednesday in the Ohio House, but it may be just the first of many plans yet to come. The bill introduced by

Republican Rep. Barbara Sears of Lucas County is in some ways similar to what Gov. John Kasich proposed in his budget in February. Like the governor's proposal, it would expand coverage for Ohioans earning up to 138 percent of the federal poverty level. But Sears' legislation also requires the state to study reforms that could lower costs and reduce uncompensated care. And it calls for job training services meant to help Medicaid recipients find better jobs that have health coverage of their own. "Ohio's Medicaid system has made substantial improvements over the past few years and this legislation furthers that effort," Sears said in a statement. "By providing a ladder up and out of poverty through quality care, we are allowing for citizens to achieve greater self-sufficiency and creating a healthier Ohio." The legislation also includes a way out for Ohio that could assuage some Republican concerns that promised federal funding could be cut. The Patient Protection and Affordable Care Act provides that the federal government would cover all the costs of newly eligible enrollees for three years and then 90 percent in future years. Analysts have predicted that Ohio could actually come out ahead from the expansion, with its \$13 billion in Medicaid funding. Kasich has also argued Ohio should do it because it is the right thing to do. The plan met resistance from some of Kasich's fellow Republicans and was stripped from the budget package while debated in the House. Conservative House members had said they didn't like the expansion of the government health program, feared it could expand the national debt and didn't trust the government to live up to its funding pledge. That last point was a concern often heard. What would Ohio do if federal assistance were to be cut after it had expanded the program? Sears' bill calls for Ohio's Medicaid program to cease coverage for the expanded group if certain funding reductions occur. The bill also includes specific provisions meant to "reform Medicaid," a phrase that has grown in use around the Statehouse as legislators debate ways to extend coverage without labeling it as a program expansion. The state's Medicaid director, for example, would be required to report to the General Assembly on progress made toward reforms -- measures that leverage the state program's purchasing power or safeguards to bolster efficiency and reduce cost. House Speaker William G. Batchelder hasn't taken a position on the bill yet, but knew it was going to be introduced, said Mike Dittoe, communications director for the House Republican Caucus. And, there could be other proposals yet to come, Dittoe said. "Some of them may just deal with Medicaid reform overall," Dittoe said. "Some of them may deal with other forms of expansion." Kasich spokesman Rob Nichols said the proposal was encouraging and represents progress toward the governor's goal. "There's an appreciation for what's at stake -- Ohio's continued economic recovery and the health of vulnerable Ohioans -- that has been able to move the process forward," Nichols said. "There can be many routes to the same place and as long we get this done, the governor doesn't care who gets the credit." Kasich was more to the point recently when asked if he would support a ballot issue to expand Medicaid. The governor said then it ultimately didn't matter how it was approved. "I just want it to get done," he said.

Cleveland Plain Dealer. 5/22/13

Increase in doctors' pay for Medicaid services off to a slow start

The Obama administration's strategy of enticing more primary-care doctors to treat the poor by raising Medicaid reimbursement rates is off to a slow start. Only a handful of states, including Maryland, have begun paying doctors at the higher rates, which average a 73 percent increase nationally. That's because the administration did not issue the rules until November, and state

officials say they haven't had time to make changes and get the federal government to approve them. But public health and consumer advocacy groups and the head of the FDA say the legislation falls short. While Medicaid doctors' fees vary by state, they are generally far below those paid by private insurance plans and Medicare, which serves seniors. A two-year pay hike was included in the Affordable Care Act and was supposed to have started five months ago. Neither Virginia nor the District has carried out the raise. [Maryland](#) has not only implemented the higher rates but has also extended them to all doctors — increasing pay 24 percent on average for specialists as well as for primary-care doctors. Maryland taxpayers are footing the bill for the extra costs, estimated in the tens of millions of dollars. “We wanted to shore up our provider capacity in advance of the Medicaid expansion,” said Charles Milligan, deputy secretary of the Maryland Department of Health and Mental Hygiene, adding that the state needed more specialists willing to treat poor people. He said the higher rates have attracted additional doctors, although he couldn't specify the number. The District's experience with boosting doctors' pay may offer a cautionary tale, however. The District increased Medicaid rates to all doctors in 2009 to the same level as Medicare but failed to see a big increase in participation, said Medicaid Director Linda Elam. “I understand the logic of the higher rates,” she said, “but our evidence shows it does not make a big difference.” As a result of budgetary pressures in 2011, the [District](#) reduced the payment rates. The city is now waiting for the federal government to approve its plan to raise the rates again. Gene Ransom, chief executive of MedChi, the Maryland State Medical Society, said the District's previous rate increase probably did not draw many new doctors because poor people are concentrated in neighborhoods where few doctors practice. In Maryland, in contrast, people on Medicaid are dispersed throughout the state, he said. Ransom anticipated that the pay increase would spur more doctors to participate and to see more Medicaid patients. Previously, many limited their Medicaid patients because of low reimbursements, he said. Other states that have begun making the higher payments include Massachusetts, Michigan and Nevada, according to the American Academy of Family Physicians. All states have applied to the federal government to start offering the higher rates, but the Centers for Medicare and Medicaid Services has approved only seven of them. “CMS remains confident that the higher payment rates ultimately will help increase access to care for Medicaid beneficiaries,” the agency said in a statement. Earlier this year, CMS said doctors would be able to get the higher fees retroactively to Jan. 1. But many states have set deadlines of April or May for doctors to attest that they are primary-care physicians eligible to get the retroactive pay. Those who miss the deadline will receive the pay raise but not retroactively. Several major physician groups — including the American Medical Association, the American Academy of Pediatrics and the American Academy of Family Physicians — wrote to the administration this month expressing frustration with the delays. “Our organizations have grown increasingly concerned that the brief time frame which states had to implement this provision has resulted in confusion both by state employees responsible for administering the program and the physician community,” stated the letter to Cindy Mann, who runs the Medicaid program. Stephen Zuckerman, a senior fellow at the Urban Institute, said doctors were already hesitant to sign on given that the pay raise expires at the end of 2014, and the implementation problems won't help. “Because of the temporary nature of the pay raise, it was always questionable how many doctors would jump at treating Medicaid patients if they had not done so in the past,” he said. “If doctors were tentative before, they still have a reason to be.” [Kaiser Health News](#) is an editorially independent program of the Henry J. Kaiser Family Foundation, a nonprofit,

nonpartisan health policy research and communication organization not affiliated with Kaiser Permanente.

Washington Post. 5/18/13

State public-safety chief rejects arming teachers

Ohio Public Safety Director Tom Charles said he “would not give guns to teachers in school,” possibly blunting any momentum behind proposals to arm teachers. “We’re making a gun too easily accessible,” Charles told *The Dispatch* yesterday about arming teachers. He made similar statements in a comprehensive safety presentation on Tuesday to the Ohio Board of Education, a follow-up to a deadly shooting in 2012 at Chardon High School and the massacre in December in Newtown, Conn. “Do we want teachers responding to fights with a gun?” Charles said. “I would not have guns in schools.” Attorney General Mike DeWine also spoke to the school board on Tuesday. He supports someone having access to a firearm in schools, but this “someone” would be a person with police or military background and training. DeWine and others stressed that their preference was to have uniformed police more active in schools — some even suggested having police do their paperwork in cars parked outside school buildings. “They were very clear with that sentiment,” said Debe Terhar, board president. “I agree with them. I think we need to make sure that we have fully trained professionals in there, and I would worry about doing anything different.” After a gunman killed 20 children and six adults at Sandy Hook Elementary in Newtown in December, there was some movement in Ohio toward arming teachers to prevent mass shootings. In Montpelier, west of Toledo, the school board voted to allow custodians to carry guns in school. The school board in Orrville, south of Akron, allowed a high-school teacher who also is a police officer to carry a gun, and the Buckeye Firearm Foundation launched a firearms training program for teachers. The Ohio Revised Code allows local school boards to decide who can carry guns in their schools. But in a state with more than 600 school districts, it’s rare. “I don’t think there’s a real big push to do that,” said Tom Gunlock, vice president of the state school board. “Everybody agreed (on Tuesday), putting guns in schools in the hands of teachers is probably not the best idea, unless they were previously trained as a police officer and had already retired, or what have you.”

Columbus Dispatch. 5/16/13

Agency proposes dropping drunk-driving limit to 0.05%

Reducing the blood-alcohol level for legal driving to 0.05 percent, along with better detection and stricter enforcement, is needed to revive recent “relatively slow” progress in combating drunken-driving deaths and injuries, the National Transportation Safety Board said in a report it approved on Tuesday. “Most Americans think that we’ve solved the problem of impaired driving, but in fact, it’s still a national epidemic,” said Deborah Hersman, the safety board’s chairman. “On average, every hour one person is killed and 20 more are injured.” The NTSB report states that by 0.05 blood-alcohol content, also measured as grams per deciliter, research shows that “most drivers experience a decline in both cognitive and visual functions, which significantly increases the risk of a serious crash.” More than 100 countries on six continents

already have set blood-alcohol limits of 0.05 or below, the safety board noted, and the board “has asked all 50 states to do the same.” The proposal got a hearty endorsement from the American Trucking Associations, whose industry’s drivers already must comply with a stricter, 0.04 BAC standard. But the response was tepid from Mothers Against Drunk Driving, whose Ohio executive director said the recommendations for stricter enforcement and development of detection technology are more in line with its current campaign. Requiring ignition-interlock devices in the vehicles of all drivers convicted of drunken driving and advanced systems that would detect exhaled alcohol in vehicles would eliminate the vast majority of fatal alcohol-related crashes, said Doug Scoles, MADD leader in Columbus. “We appreciate the NTSB’s efforts to raise awareness of drunken driving as a major problem on our nation’s roads,” Mr. Scoles said, but MADD is “neutral” on lowering the blood-alcohol threshold. The safety board already had recommended requiring ignition-interlock devices for first-time drunken-driving convictions in a report it adopted in December concerning wrong-way crashes, for which intoxication is the leading cause. Stronger state enforcement is needed because only one in four drivers ordered to use ignition interlocks, which require them to exhale into a tube before their cars will start, comply with those orders, the board said. Ohio and Michigan currently allow courts to require ignition interlocks for first offenses, but only require it for repeat drunken drivers or, in Michigan’s case, those convicted with blood-alcohol contents of 0.17 or higher. Previous efforts to combat drunken driving have reduced the United States’ annual alcohol-related death toll from 21,113 in 1982 to 9,878 in 2011, the safety board said, while the share of traffic fatalities involving alcohol has fallen from 48 percent to about 31 percent in that time. But more needs to be done to address the rest, Ms. Hersman said. “Alcohol-impaired crashes are not accidents,” the board chairman said. “They are crimes. They can — and should — be prevented. The tools exist. What is needed is the will.” Jerome Phillips, a prominent Toledo criminal-defense lawyer, predicted that any legislation to lower blood-alcohol limits would fail because of economic damage to the restaurant and bar industry and beer, wine, and liquor manufacturers. States reduced the limit two decades ago from 0.10 to 0.08 only under the threat of losing their share of federal highway funds, and the scientific evidence to lower it further just isn’t there, Mr. Phillips said. “They say this is to save lives. If you lower the speed limit, you’re going to save lives, but people don’t want to drive 40 miles [per hour] on the Turnpike,” he said, adding later, “I don’t see the federal government doing it in this case.” A typical 180-pound male would approach the 0.08 threshold by drinking four 12-ounce beers, four 4-ounce glasses of wine, or four shots of 100-proof liquor. Cutting the limit to 0.05 would reduce that to “a little more than two drinks,” Mr. Phillips said. Furthermore, he said, most of the drunken-driving cases in his practice involve people whose blood-alcohol was measured at 0.11 or higher. “I can’t recall the last time I had a test reading between 0.05 and 0.08. They all pass the field sobriety tests” that police conduct before going to the Breathalyzer, Mr. Phillips said. The safety board’s proposal got an immediate positive response from an organization of state highway safety officials. “NTSB’s action raises the visibility of drunk driving and we will consider their recommendations,” said Jonathan Adkins of the Governors Highway Safety Association, while underscoring that the group continues to support the 0.08 level. But it was denounced by a trade group for the alcoholic beverage and restaurant industries. The American Beverage Institute said lawmakers and regulators would be better off focusing on highly intoxicated drivers and repeat offenders. “This recommendation is ludicrous,” Sarah Longwell, the group’s managing director, said in an emailed statement. “Moving from 0.08 to 0.05 would criminalize perfectly responsible behavior. Further restricting the moderate consumption of alcohol by responsible adults prior to

driving does nothing to stop hard-core drunken drivers from getting behind the wheel.” “That would definitely begin to encroach on someone having just a glass or two of wine with dinner,” said Gus Mancy, a partner in the Mancy’s Restaurant Group, which operates four restaurants in the Toledo area. Lowering the legal driving limit would, at the very least, cut into the number of customers ordering bottles of wine to share at meals, Mr. Mancy predicted.

Toledo Blade. 5/14/13

Ohio’s aging bridges raise safety concerns

Ohio has 278 bridges similar to the one that collapsed in Washington state last week, sending cars and people into the water below. Although Ohio transportation officials point out that Washington’s bridge collapse was caused by a truck that hit a girder — not a failing bridge — the accident renews concerns about bridge safety as infrastructure ages throughout the country and Ohio. “What happened in Washington could happen anywhere, and it’s going to happen over and over again,” Mark Policinski, executive director of the Ohio-Kentucky-Indiana Regional Council of Governments — the region’s top transportation planning agency — told *The Cincinnati Enquirer*. “You don’t have to be a doom and gloomer to see that,” Mr. Policinski said. “You just have to be a realist. These structures are way behind their lifespan. You have to have the political will to say this has to be a national priority, and what we have to develop first is the will to do what’s right to protect people’s lives.” Of Ohio’s 44,000 bridges, 278 are similar to the one that collapsed in Washington, according to the County Engineers Association of Ohio. They are known as through-truss bridges. Damage to one key piece could bring down an entire span. In Washington on Thursday, a truck that was too tall for the span hit a girder, causing the bridge to collapse. Two cars fell into the Skagit River below. Nobody was killed. The bridge had been deemed “functionally obsolete,” or not meeting current design standards. Across Ohio, 5,761 of about 26,900 county-maintained bridges are considered functionally obsolete or structurally deficient, Fred Pausch, executive director of the state county engineers association, told *The Columbus Dispatch*. Today, bridges are built with a 50-year life expectancy, Mr. Pausch said. Many are older. Five in central Ohio are more than 100 years old. In the Cincinnati area and in northern Kentucky — just across the Ohio River — the *Enquirer* reports that nearly 100 bridges are either so old or have such significant defects that they require weight limits. Like the Washington bridge that collapsed, the 50-year-old Brent Spence Bridge — which spans the Ohio River between Cincinnati and northern Kentucky and is the region’s most heavily traveled bridge — has been listed as functionally obsolete. The bridge has narrow lanes, no emergency shoulders, and limited visibility on the lower deck. Ohio Gov. John Kasich, Kentucky Gov. Steve Beshear, and the Cincinnati business community have been pushing for a new bridge to be built. A finance plan is not in place. Federal earmarks have been banned, and Northern Kentucky state lawmakers have resisted passing legislation they fear would lead to tolling the Kentucky-owned bridge. In Cleveland, the rusting Inner Belt Bridge over the Cuyahoga River is in “serious condition,” inspectors reported, and the Ohio Department of Transportation — which has spent \$10 million to bolster weak sections — advises trucks not to use it, according to the *Plain Dealer*. The bridge will be closed to traffic later this year for good and demolished, once the first of two new bridges is finished. Also in Cleveland last year, the department banned trucks from using the Main Avenue Bridge for five months after an inspection revealed weakness in several steel plates. The department did \$500,000 in emergency repairs on the bridge, which inspectors rate in

“poor” condition. Steve Faulkner, an Ohio Department of Transportation spokesman, emphasized that human error led to the bridge collapse in Washington. “Even the safest bridge in Ohio isn’t safe from a motorist who doesn’t follow laws and restrictions,” Mr. Faulkner said. Although the Federal Highway Administration requires that bridges be inspected every two years, Ohio inspects its bridges every year, he said. For bridges that collapse like the one in Washington, though, it comes down to simple physics. “One overweight [or too-tall] truck that hits a bridge in the wrong spot, and you see what can happens,” Mr. Pausch said.

Associated Press. 5/28/13

Opinion: Ariel Castro is the least of the problems facing Cleveland's Latino community

Cleveland's Latino community should stop worrying about Ariel Castro. It has bigger problems. The escape by Amanda Berry, Gina DeJesus and Michelle Knight from Castro's house on the near West Side had placed a spotlight on the city's Latino community, in which Castro lived. The attention to Castro and his family roots in the community - his relatives were among the first Puerto Rican families to settle in the city after World War II - has become a cause of concern for some Latino leaders and residents. They worry his crimes reflect badly on his family's legacy and Latinos, especially Puerto Ricans. Victor Perez, Cleveland's Puerto Rico-born city prosecutor, inserted this very point into the first major press conference about the kidnapping and rape charges filed against Castro. "I want everyone to know that the acts of the defendant in this criminal case are not a reflection of the rest of the Puerto Rican community here or in Puerto Rico," he started. The statement was heartfelt but seemed out of place given the horror of what he was describing. Castro should not be a cause for embarrassment to a community. The stain he leaves on the community pales compared with stain of failed Latino leadership, devastating poverty and lousy educational achievement that are sad hallmarks of Cleveland's Latino community. Everybody should be embarrassed by these social crimes. The community has political champions, such as attorney Jose Feliciano, who have spent decades helping Latinos. But the problems outpace his and others' efforts. The most noticeable political gap is at Cleveland City Council. Two Latinos made it there but didn't last long. Nelson Cintron Jr. was the first, elected in 1997, and served two terms. He was scrappy but unfocused, and his personal dramas eclipsed his work. He was defeated by a fellow Latino, Joseph Santiago, whose one term was marked by complaints about his poor constituent services and close relationship with nightclubs that residents opposed. The lack of representation only gets notice when council redraws its ward maps, as it did earlier this year. But what good is fighting for a ward full of Latinos if the community can't field a decent candidate to harness that voice? The city's near West Side, which holds the largest concentration of Latinos -- who account for about 10 percent of the city's population -- is also without the resident firebrand to push its agenda. Gina DeJesus' father, Felix, who kept his missing daughter on everyone's mind, is arguably the best known resident that fits the bill. Maybe he should run for council. He certainly understands how to deal with the city bureaucracy. The Hispanic population needs a credible representative, to help raise the standard of living. Poverty in the Latino community is among the worst in the city. And that's saying a lot. Median annual household income is below \$15,000, according to U.S. Census data. The most astounding problem is the lack of education among Latinos. About seven out of 10 fail to graduate from high school. The Cleveland schools' overall rate is about 65 percent. Victor Ruiz,

executive director of Esperanza, which is devoted to helping Latino kids graduate, said there is plenty of community awareness about the issues and signs of improvement. Like Esperanza, many groups are focused on trying to engage Latinos. The Young Latino Network tries to link the professional-minded with the city's movers-and-shakers. Social service organizations, such as the Spanish American Committee, have ebbed and flowed within the community. Plans for a Hispanic Village development project have been around for 20 years and may see a revival soon. The civic-minded Hispanic Roundtable holds a convention every three years to engage the community and set priorities. The latest such meeting, Convencion Hispana, is this October. What's always been missing from these groups has been urgency. The negative attention generated by Castro should provide that urgency. The fastest and best way to erase the memory of Castro is for the community to get moving and succeed.

Cleveland Plain Dealer. 5/18/13

Response: Columnist's 'smear' outrages Hispanics

We write this in response to the column of Mark Naymik's column, which initially appeared on May 17 on his Facebook page with this introduction, "Ariel Castro's stain on Cleveland won't be as bad as the one left by failed Latino leadership . . .," and which reappeared on the front page of the Metro Section on Sunday. We write to rebut the inaccurate underlying assumptions, simplistic assertions and careless analysis in the column about the Hispanic community of Cleveland. The core premise of the column is that the Hispanic leadership is responsible for the social problems facing the Hispanic community, among them "devastating poverty and lousy educational achievement" -- problems faced by many communities in the United States and the entire city itself. This patronizing premise, which would not be asserted against any other group in our city, is offensive. In an effort to villainize the whole of the Hispanic leadership, Naymik skims over the pressing problems of poverty, the simple reality of prejudice and an educational system that is historically inadequate. To be sure, these challenges are faced day in and day out, year in and year out, and decade in and decade out by the civic and social agencies in the Hispanic community. Their work is summarily dismissed as ineffective by Naymik without his even knowing their missions, their challenges and their accomplishments. We challenge Naymik to analyze the work and meet the leadership of the Hispanic Roundtable, the Hispanic Alliance, the Hispanic Contractors Association, Esperanza, the Young Latino Network, LATINA Inc., the Spanish American Committee, El Barrio and Nueva Luz (Urban Resource Center), to name some of the organizations doing outstanding work for the Hispanic community. To state, "What's always been missing from these groups has been urgency," on nothing more than a cursory look, is beyond inaccurate and unfair. It is irresponsible. Another premise of this article is that the Hispanic community, and particularly some in its leadership, is not allowed to be embarrassed by this tragic event, even if it is horrendous to the victims, underscores stereotypes and makes the work of our agencies more difficult. Naymik's fundamental lack of understanding of and due diligence into the community result in his failure to grasp why the Hispanic community has struggled deeply with this tragic event. What makes this article especially unpalatable is how the media -- including, if not particularly, *The Plain Dealer* -- have undercovered our issues, challenges and accomplishments and then smeared the whole of their leadership under a rationale of being "provocative." We would think the standards of journalism would require more. We have had our challenges in electing a Hispanic City Council person, to be sure. Yet, to simplistically suggest that one member of council can attend to the complex question of raising

the standard of living of a community with our challenges evidences a profound lack of understanding and judgment. Next time, do some real due diligence. Joining in supporting these views are Hispanic Alliance Executive Director Juan Molina Crespo, Esperanza Executive Director Victor Ruiz, Young Latino Network President Jose C. Feliciano Jr., LATINA Inc. President and Director Patty Quinonez, Spanish American Committee Executive Director Romonita Vargas, El Barrio Director Ingrid Angel, Nueva Luz Executive Director the Rev. Max Rodas and Hispanic Contractors Association Chairman Gus Hoyas.

Jose Feliciano in the Cleveland Plain Dealer. 5/24/13

States' policies on health care exclude some of the poorest

The refusal by about half the states to expand [Medicaid](#) will leave millions of poor people ineligible for government-subsidized [health insurance](#) under President Obama's [health care law](#) even as many others with higher incomes receive federal subsidies to buy insurance. Starting next month, the administration and its allies will conduct a nationwide campaign encouraging Americans to take advantage of new high-quality affordable insurance options. But those options will be unavailable to some of the neediest people in states like Texas, Florida, Kansas, Alabama, Louisiana, Mississippi and Georgia, which are refusing to expand Medicaid. More than half of all people without health insurance live in states that are not planning to expand Medicaid. People in those states who have incomes from the poverty level up to four times that amount (\$11,490 to \$45,960 a year for an individual) can get federal tax credits to subsidize the purchase of private health insurance. But many people below the poverty line will be unable to get tax credits, Medicaid or other help with health insurance. Sandy Praeger, the insurance commissioner of Kansas, said she would help consumers understand their options. She said, however, that many of "the poorest of the poor" would fall into a gap in which no assistance is available. The Kansas Medicaid program provides no coverage for able-bodied childless adults. And adults with dependent children are generally ineligible if their income exceeds 32 percent of the poverty level, Ms. Praeger said. In most cases, she said, adults with incomes from 32 percent to 100 percent of the poverty level (\$6,250 to \$19,530 for a family of three) "will have no assistance." They will see advertisements promoting new insurance options, but in most cases will not learn that they are ineligible until they apply. Administration officials said they worried that frustrated consumers might blame President Obama rather than Republicans like Gov. Rick Perry of Texas and Gov. Bobby Jindal of Louisiana, who have resisted the expansion of Medicaid. The Congressional Budget Office estimates that 25 million people will gain insurance under the new health care law. Researchers at the Urban Institute estimate that 5.7 million uninsured adults with incomes below the poverty level could also gain coverage except that they live in states that are not expanding Medicaid. In approving the health care law in 2010, Congressional Democrats intended to expand Medicaid eligibility in every state. But the [Supreme Court ruled last year](#) that the expansion was an option for states, not a requirement. At least 25 states — mainly those with Republican governors or Republican-controlled legislatures — have balked at expanding the program, in part because of concerns about long-

term costs. Several Republican governors, like Rick Scott in Florida, wanted to expand Medicaid, but met resistance from state legislators. Mr. Obama and administration officials, including Kathleen Sebelius, the secretary of health and human services, plan to fly around the country this summer promoting the health care law to a public largely unaware of the new insurance options. Bee Moorhead, the executive director of [Texas Impact](#), an interfaith group that favors the expansion of coverage, said: “A lot of people will come in, file applications and find they are not eligible for help because they are too poor. We’ll have to tell them, ‘If only you had a little more money, you could get insurance subsidies, but because you are so poor, you cannot get anything.’ “That’s an odd message, a very strange message. And if people are sick, they will be really upset.” In Atlanta, Amanda Ptashkin, the director of outreach and advocacy at [Georgians for a Healthy Future](#), a consumer group, said: “Hundreds of thousands of people with incomes below the poverty level would be eligible for Medicaid if the state decided to move forward with the expansion of Medicaid. As things now stand, they will not be eligible for anything. What do we do for them? What do we tell them?” Jonathan E. Chapman, the executive director of the [Louisiana Primary Care Association](#), which represents more than two dozen community health centers, described the situation in his state this way: “If the breadwinner in a family of four works full time at a job that pays \$14 an hour and the family has no other income, he or she will be eligible for insurance subsidies. But if they make \$10 an hour, they will not be eligible for anything.” Bruce Lesley, the president of [First Focus](#), a child advocacy group, said: “In states that do not expand Medicaid, some of the neediest people will not get coverage. But people who are just above the poverty line or in the middle class can get subsidized coverage. People will be denied assistance because they don’t make enough money. Trying to explain that will be a nightmare.” The subsidies, for the purchase of private insurance, will vary with income and are expected to average more than \$5,000 a year in 2014 for each person who qualifies. Evan S. Dillard, the chief executive of Forrest General Hospital in Hattiesburg, Miss., said the eligibility rules would be “very confusing to working poor individuals in this, the poorest state in the country.” Starting in January, most Americans will be required to have health insurance and will be subject to tax penalties if they go without coverage. However, the penalties will not apply to low-income people denied access to Medicaid because they live in states that chose not to expand eligibility. Deborah H. Tucker, the chief executive of Whatley Health Services, a community health center in Tuscaloosa, Ala., said it was wonderful that many uninsured people would gain coverage, but “tragic that some of the most vulnerable, lowest-income people” would be excluded. Ms. Tucker said her clinics cared for nearly 30,000 patients a year, including 16,000 who were uninsured. More than 75 percent of the uninsured patients have incomes below the poverty level and are unlikely to qualify for Medicaid or subsidies, she said. The Obama administration is urging people who “need health insurance” to report their telephone numbers and e-mail addresses to the government via a Web site, [healthcare.gov](#), so they can be notified of new insurance options. Consumers will not necessarily know whether they are eligible for premium tax credits, Medicaid or the [Children’s Health Insurance Program](#). So if a person applies for one program, federal and state officials will check eligibility for all three. People who

are currently eligible but not enrolled may sign up for Medicaid, even in states that do not expand the program. Still, Roy S. Mitchell, the executive director of the Mississippi Health Advocacy Program, a nonprofit group that supports the expansion of Medicaid, said “there’s going to be a huge void” as many uninsured poor people find that they are not eligible for Medicaid or insurance subsidies. “There will be an outcry,” Mr. Mitchell said. “It may bolster our advocacy efforts.” The history of Medicaid shows that it took several years for some states to sign up in the 1960s, raising the possibility that additional states may decide to expand eligibility in coming years.

New York Times. 5/24/13

Ohio’s aging bridges raise safety concerns

Ohio has 278 bridges similar to the one that collapsed in Washington state last week, sending cars and people into the water below. Although Ohio transportation officials point out that Washington’s bridge collapse was caused by a truck that hit a girder — not a failing bridge — the accident renews concerns about bridge safety as infrastructure ages throughout the country and Ohio. “What happened in Washington could happen anywhere, and it’s going to happen over and over again,” Mark Policinski, executive director of the Ohio-Kentucky-Indiana Regional Council of Governments — the region’s top transportation planning agency — told *The Cincinnati Enquirer*. “You don’t have to be a doom and gloomer to see that,” Mr. Policinski said. “You just have to be a realist. These structures are way behind their lifespan. You have to have the political will to say this has to be a national priority, and what we have to develop first is the will to do what’s right to protect people’s lives.” Of Ohio’s 44,000 bridges, 278 are similar to the one that collapsed in Washington, according to the County Engineers Association of Ohio. They are known as through-truss bridges. Damage to one key piece could bring down an entire span. In Washington on Thursday, a truck that was too tall for the span hit a girder, causing the bridge to collapse. Two cars fell into the Skagit River below. Nobody was killed. The bridge had been deemed “functionally obsolete,” or not meeting current design standards. Across Ohio, 5,761 of about 26,900 county-maintained bridges are considered functionally obsolete or structurally deficient, Fred Pausch, executive director of the state county engineers association, told *The Columbus Dispatch*. Today, bridges are built with a 50-year life expectancy, Mr. Pausch said. Many are older. Five in central Ohio are more than 100 years old. In the Cincinnati area and in northern Kentucky — just across the Ohio River — the *Enquirer* reports that nearly 100 bridges are either so old or have such significant defects that they require weight limits. Like the Washington bridge that collapsed, the 50-year-old Brent Spence Bridge — which spans the Ohio River between Cincinnati and northern Kentucky and is the region’s most heavily traveled bridge — has been listed as functionally obsolete. The bridge has narrow lanes, no emergency shoulders, and limited visibility on the lower deck. Ohio Gov. John Kasich, Kentucky Gov. Steve Beshear, and the Cincinnati business community have been pushing for a new bridge to be built. A finance plan is not in place. Federal earmarks have been banned, and Northern Kentucky state lawmakers have resisted passing legislation they fear would lead to tolling the Kentucky-owned bridge. In Cleveland, the rusting Inner Belt Bridge over the Cuyahoga River is in “serious condition,” inspectors reported, and the Ohio Department of Transportation — which has spent \$10 million to bolster weak sections — advises trucks not to use it, according to the *Plain Dealer*.

The bridge will be closed to traffic later this year for good and demolished, once the first of two new bridges is finished. Also in Cleveland last year, the department banned trucks from using the Main Avenue Bridge for five months after an inspection revealed weakness in several steel plates. The department did \$500,000 in emergency repairs on the bridge, which inspectors rate in “poor” condition. Steve Faulkner, an Ohio Department of Transportation spokesman, emphasized that human error led to the bridge collapse in Washington. “Even the safest bridge in Ohio isn’t safe from a motorist who doesn’t follow laws and restrictions,” Mr. Faulkner said. Although the Federal Highway Administration requires that bridges be inspected every two years, Ohio inspects its bridges every year, he said. For bridges that collapse like the one in Washington, though, it comes down to simple physics. “One overweight [or too-tall] truck that hits a bridge in the wrong spot, and you see what can happen,” Mr. Pausch said.

Associated Press. 5/28/13

Ohio remains in bottom third on U.S. health list

Ohioans spent about \$500 more per person on health care during the past five years, but those expenditures yielded little to no progress in several key health measures, based on a new analysis of government and private health statistics by [the Health Policy Institute of Ohio](#). Ohio ranks near the bottom of list of states with the healthiest populations as a result of its high rates of infant mortality, diabetes, smoking and obesity, among other factors, according to HPIO. The nonprofit, nonpartisan health care research organization cited annual state rankings from the [United Health Foundation](#), which ranked Ohio [No. 37 for best health outcomes](#) last year, up from No. 41 in 2007. Over the same period, however, per capita spending on health care in the Buckeye State rose to \$7,076, from \$6,558, HPIO found. The average cost of a day of inpatient care at hospital alone rose about 17 percent to \$2,138 last year from \$1,833 in 2007. Compared to other states, the increase in per capita health spending was moderate, ranking Ohio among the middle third of the 50 states and the District of Columbia. Nevertheless, spending was up while the health of many Ohioans declined. The obesity rate of the adult population rose to 30 percent from 28 percent over the past five years, while diabetes was up to 10 percent from 7 percent over the same period and the smoking rate increased from 22 percent to 25 percent. “It’s not as though we are underinvesting overall in terms of health spending, but we’re likely not investing in the right kinds of things to get the kinds of outcomes we want,” said HPIO president [Amy Rohling McGee](#). Ohio ranked in the upper third of states in two categories: reducing the number of preventable deaths before age 75, and the percentage of the population with angina or coronary heart disease, which inched down to 5 percent from 6 percent over the past five years, HPIO reported. But the state ranked in the lower third of states nationally in eight of the 13 metrics listed on HPIO’s online [Health Outcomes and Costs Dashboard](#), which it uses to track Ohio’s progress in improving health outcomes while also controlling health care costs. “We have a lot of work to do to improve health value in Ohio,” said Amy Bush Stevens, a researcher and policy analyst at HPIO. To that end, HPIO is planning a meeting with health officials, providers and other stakeholders from across the state to seek ways to improve health outcomes while also controlling costs. The group will be charged with developing a standardized set of health measures that can be tracked over time, reflecting the impact of health spending and costs on the health outcomes for Ohioans. “We all agree we need better value in our health system, the question is how would we recognize better value if we saw it,” Rohling McGee said. “We’re trying to

quantify that.” Jeff Cooper, assistant to the Montgomery County health commissioner, applauded HPIO’s efforts and said an epidemiologist from Public Health-Dayton & Montgomery County would participate in the work group. Cooper said the Health Outcomes and Costs Dashboard underscores the need for more spending on public health and prevention programs. “We believe that on a community wide basis, you get a much better return on your dollar if you spend that money on trying to prevent chronic diseases rather than having to pay for treatment of chronic diseases through medical care or hospitalization,” Cooper said. “Public health as an agency is very supportive of the concept of trying to figure out ways to get better long-term quality health care for the community while reducing costs.” Chris Jensen of Dayton is not waiting for the work group’s recommendations. He began walking on a treadmill at the downtown YMCA several weeks ago to help control his high blood pressure and maybe “stop spending so much on medication.” At 71, he’s hardly the youngest person in the gym. But it’s never too late to get started, he said. “For me, the idea of going to the gym was always like, well, I don’t think so,” Jensen said. “But I lost seven pounds in five days. Now I can walk and talk with somebody at the same time without losing my breath.”

Dayton Daily News. 5/30/13

Proposed OVI law change not an easy sell

A National Transportation Safety Board proposal to lower the blood alcohol content to be considered driving drunk from 0.08 to 0.05 is meeting with skeptics in some quarters. Lou Kennedy, owner of the Royal Oaks bar on Oak Street, said he does not think the new proposal would do much to cut down on drunken driving, and will only increase arrests for people accused of driving under the influence as well as cut down on alcohol sales. He said hardcore drinkers will not be deterred by the lowering of the limit, but other customers will. “People who drink, drink,” Kennedy said. “It’s the other people that come out. It’s the husband and wife that go out to dinner and the wife will be afraid to have a glass of wine. It’ll cut into alcohol sales.” The NTSB earlier this month recommended the limit be cut. It based the recommendation on the fact that 100 countries have a limit of 0.05 and they have far less accidents and fatalities from drunken drivers. It would equal one drink for a woman weighing 120 pounds and two drinks for a man weighing 160 pounds. Youngstown Police Detective Sgt. Patricia Garcar runs the Accident Investigation Unit for her department and said she does not believe lowering the limit will help to decrease the number of serious crashes. She said in all the serious crashes with alcohol she’s investigated usually the driver’s limit is way over 0.08. “I’ve never had one that low [0.05],” Garcar said. “It’s been significantly higher.” Campbell police Detective Sgt. John Rusnak also said he does not think lowering the limit would do much to curb drunken-driving accidents. He said serious accidents involving drunk drivers are often caused by people who are much over the legal limit. “They’re way over 0.10,” Rusnak said. He also said it would cause normal people who only wanted a drink or two to be afraid they were breaking the law — and it would not stop serious drinkers from getting drunk. “A drinker’s going to drink,” Rusnak said. Calls to the local Ohio State Highway Patrol posts were referred to spokeswoman Lt. Anne Ralston in Columbus. She said troopers who pull a driver off the road they think is impaired weigh several factors before seeking a test for their blood-alcohol content. She stressed that the proposal by the NTSB is just a recommendation and did not say either way if the patrol supports or disapproves of the proposal. Ralston said she remembers when the state limit was 0.10 before

it was lowered, and the message to drivers is the same now as it was then: To make sure they think before they decide to drink and drive a vehicle. John Lavanty, owner of Nicolinni's Ristorante in Austintown said he does not think the proposal would affect his business that much because it does not have a bar that stays open all night. But he did add he could see it cutting into alcohol sales at places that have a large bar business. Michael Pasquale, owner of the Boulevard Tavern on Southern Boulevard in Youngstown, said such a change probably would not hurt his business much because he does not sell hard liquor and most of his business is food. He did say he could see businesses that cater to younger customers taking a hit, however. "They'll take it on the chin," Pasquale said. Kennedy of Royal Oaks said he thinks the proposal is nothing more than someone in the federal government having too much free time on their hands. "It's just more legislation," Kennedy said. "It's somebody's job as a lawmaker to make up more laws." U.S. Rep. Bill Johnson, R-Marietta, said in an email he thinks drunken driving is a serious problem, but individual states should study the NTSB recommendation to see if it is best for their individual state. "Drunk driving is a very serious issue, and determining the threshold at which point responsible behavior becomes impaired is both important and difficult," Johnson said. State Rep. Sean O'Brien, D-Brookfield, is an attorney and former Trumbull County Prosecutor in Eastern and Central District courts. He said he does not think lowering the threshold would be a good idea because it would lead to more litigation. He said lawyers would be handling more OVI cases and it would clog up the court system. O'Brien said since he has been an attorney the limit has been lowered from 1.5 to 1.0 to 0.08 and he wondered how it could go. "To keep lowering it you might as well be saying there's no drinking and driving at all," O'Brien said. O'Brien said the measure is one he would probably oppose at this time given all he knows if it ever came to the floor for a vote.

Youngstown Vindicator. 5/30/13

With medical marijuana bill's progress blunted, advocates look to 2014 ballot issue

Medical marijuana advocates will likely need to turn to voters next year as legislation to legalize the practice appears to be stalling in committee, sponsor Rep. Bob Hagan (D-Youngstown) said Wednesday. Rep. Hagan, speaking with other cannabis advocates at a Statehouse news conference, said medical marijuana is polling very well among voters and is needed by people suffering from diseases or chronic pain. Under Rep. Hagan's bill ([HB 153](#)), Ohioans with debilitating conditions such as cancer or glaucoma would be able to possess up to 200 grams of usable marijuana and 12 mature cannabis plants if they get written certification from a doctor and register with the Ohio Department of Health. Following testimony before the House Health & Aging Committee (*see separate story*), Rep. Hagan said he doesn't believe any further hearings on his legislation will be scheduled. "If that's the case, then it's obvious that the only process left is the citizen's initiative. And the people now have to speak up," he said. Rep. Hagan was a secondary sponsor of similar medical marijuana legislation last session, but the bill (House Bill 214) died in committee. The legislator noted 19 other states and the District of Columbia already allow medical marijuana in some manner. He said it's time for Ohio to "stop punishing people who are sick and in pain." "Story after story echoes the fact that medical marijuana can

truly help those afflicted with chronic pain and improve the quality of life," he said. Rep. Hagan said the bill has safeguards to ensure that only those in need of medical marijuana would get access to it. Cannabis advocates have also been pushing a separate constitutional amendment to legalize medical marijuana. Unlike Rep. Hagan's proposal, the system would be overseen by a new regulatory commission instead of the Department of Health. The ballot initiative has already been certified by the Attorney General, and the Ballot Board has approved the proposed language of the referendum question. Backers of the Ohio Cannabis Rights Amendment said they're optimistic that during the next 13 months, they can get the 385,000 petition signatures needed to put their proposal on the 2014 ballot. A referendum drive in 2012 only yielded about 5,000 signatures, leaders with the Ohio Rights Group said. But this time, they said, they're better prepared, have more time to organize, and aren't competing with a presidential election for voters' attention. Ohio Rights Group leaders referred to a 2009 University of Cincinnati poll showing 73% of state residents support the use of marijuana to treat pain and suffering. Mary Jane Borden, co-founder of the organization, estimated a successful referendum effort would require about \$3 million to \$5 million. Columbus resident Angelica Warren, 24, described how she had a brain tumor the size of an apple. After surgery and two years of chemotherapy, she said, she became lethargic and found it extremely difficult to eat, sleep, or get out of bed. "I had friends who convinced me to smoke some marijuana," she said, "and within minutes I was laughing along with them and ate food, which I was able to keep down. "It was the first time I saw my mother cry."

Gongwer News Service. 5/29/13

The U.S. legacy on Vieques

"The navy was up to full scale operations, that included NATO participants, for many years. The concern for exposing the residents to the toxic plume generated as a result of the prevailing trade winds was never taken into consideration and are still not taken into consideration as open detonation continues to this day for disposals operations when there are technological alternatives."

- James Barton, a munitions expert and co-author of a report on the ecological, radiological, and toxicological effects of naval bombardment on Vieques

On the Puerto Rican island of Vieques, residents cite cancer, birth defects and diseases as the lasting legacy of decades of US weapons use there. But 10 years after the bombings stopped, the US refuses to acknowledge a link. For more than 60 years, the idyllic Caribbean island was used as a practice ground for US Navy weapons, turning more than half of it into a no-go zone. The island of 10,000 struggled for decades to get its land back. On May 1, 2003, the US government ended bombing on Vieques. Bunkers that once held thousands of bombs were shuttered, and land used by the military was converted into nature reserves. But a decade after this major victory, Vieques remains an island in trouble. Islanders suffer significantly higher rates of cancer and other illnesses than the rest of Puerto Rico, something they attribute to the decades of weapons use. But a report released in March by the US Agency for Toxic Substances and Disease

Registry (ATSDR), the federal agency in charge of investigating toxic substances, said it found no such link. "The people of Vieques are very sick, not because they were born sick, but because their community was sickened as a result of many factors, and one of the most important is the contamination they were subjected to for more than 60 years. These people have a higher rate of cancer, of hypertension, of kidney failure," Carmen Ortiz-Roque, an epidemiologist and obstetrician, told Al Jazeera. For more than 60 years, the Navy was bombing us with many poisons, napalm, agent orange, depleted uranium and many other things, some of which we may never know definitively. Norma Torres Sanes, a civil disobedient in the fight against foreign military presence in Vieques "The women of child bearing age in Vieques are drastically more contaminated than the rest of the women in Puerto Rico 27 percent of the women in Vieques we studied had sufficient mercury to cause neurological damage in their unborn baby," she added. Vieques has a 30 percent higher rate of cancer than the rest of Puerto Rico, and nearly four times the rate of hypertension. "Here there is every type of cancer - bone cancer, tumors. Skin cancer. Everything. We have had friends who are diagnosed and two or three months later, they die. These are very aggressive cancers," said Carmen Valencia, of the Vieques Women's Alliance. Vieques has only a basic health care with a birthing clinic and an emergency room. There are no chemotherapy facilities, and the sick must travel hours by ferry or plane for treatment. Seafood, which is an important part of the diet - making up roughly 40 percent of the food eaten on the island, is also at risk. "We have bomb remnants and contaminants in the coral, and it's clear that that type of contamination passes onto the crustaceans, to the fish, to the bigger fish that we ultimately eat. Those heavy metals in high concentrations can cause damage and cancer in people," Elda Guadalupe, an environmental scientist, explained. But the ATSDR said it could find no relationship between mercury in fish and military operations on Vieques. So, will the US government accept any responsibility? And what solutions can the islanders implement to tackle this health situation? *Inside Story Americas* travelled to Vieques to produce a special report on the ongoing environmental issues and health crisis there. Together with presenter Shihab Rattansi, we discuss the crisis with guests: Katherine McCaffrey, a professor of anthropology at Montclair University, who has also written a book on the military presence in Vieques; James Barton a munitions expert and co-author of a report on the ecological, radiological, and toxicological effects of naval bombardment on Vieques. Representatives from the ATSDR declined to appear on the show.

The US Agency for Toxic Substances and Disease Registry issued this statement to *Inside Story Americas*:

"For more than a decade, ATSDR has been concerned for the health of Vieques residents and involved in evaluation of potential health hazards related to the Navy's past military activities on the Island of Vieques. ATSDR appreciates that the people of Vieques still have questions about the effects of environmental contamination from military operations on the island and their health. To respond to these concerns, ATSDR evaluated its previous findings at Vieques. ATSDR carefully and critically reviewed these data, including studies conducted by persons outside of ATSDR." "Based on available data, there is no indication that past military activities have caused exposure to high levels of contamination. ATSDR looked at information about contaminants in air, water, soil, plants, and marine seafood; medical tests to measure the amount of chemicals in residents' bodies; and reports about health conditions, new cancer cases, and deaths. Even though we looked specifically for a link, our review of these data could not find a link between military activities and human exposure." "ATSDR recommends that public health officials look into ways to develop more reliable population-based statistics for conditions like

asthma, diabetes, high blood pressure, and other chronic diseases on Vieques using an existing health survey such as the Behavioral Risk Factors Surveillance System. ATSDR will provide laboratory and other technical support if a biomonitoring investigation is conducted." "ATSDR considers our evaluation complete at this time. However, if public health issues arise or additional studies are conducted, we could evaluate additional data and information."

The US Navy issued this statement to *Inside Story Americas* about Vieques:

"The US Navy has been working with the Puerto Rico Environmental Quality Board, the US Environmental Protection Agency, and the US Fish and Wildlife Service to clean the former Navy range which covers approximately 15,000 acres, and much of this area contains few or no munitions. To date more than 2,500 acres have been cleared which accounts for approximately 17 million pounds of scrap metal removed and more than 38,000 munitions items destroyed."

"The Navy requested the assistance of the Agency for Toxic Substances and Disease Registry (ATSDR), an agency of the US Department of Health and Human Services, to investigate the alleged contamination in Vieques. After studying the four pathways (Groundwater, Soil, Fish/Crabs, and Air) that would most likely result in exposure to contaminants, ATSDR released a number of Public Health Assessments (PHAs) in the summer and fall of 2003 and concluded there were no health risks to the residents of the island." "In 2009, ATSDR again investigated whether there were any health hazards associated with the Navy's use of Vieques. In December 2011, ATSDR released its summary report for public comment and, in March 2013, reaffirmed its findings that there is no scientific evidence of any health hazards associated with the Navy's use of Vieques."

Inside Story Americas in Al Jazeera. 5/14/13

Mexican members of international sex trafficking ring indicted in U.S.

Arturo Rojas-Coyotl, Odilon Martinez-Rojas and Severiano Martinez-Rojas, all of Tenancingo in the state of Tlaxcala, Mexico, have been indicted on charges of sex trafficking and alien harboring, announced the Justice Department's Civil Rights Division and the U.S. Attorney's Office for the Northern District of Georgia. A fourth man, Daniel Garcia-Tepal, also of Tlaxcala, Mexico, is charged with encouraging and inducing aliens to enter and reside in the United States unlawfully. According to U.S. Attorney Yates, the charges, and other information presented in court: Rojas-Coyotl and his uncles Odilon Martinez-Rojas and Severiano Martinez-Rojas used force, fraud, and coercion to compel three women to engage in prostitution in Atlanta and Norcross, Georgia, at various times between 2006 and 2008. Daniel Garcia-Tepal and Arturo Rojas-Coyotl are also charged with encouraging and inducing a fourth woman to unlawfully enter and remain in the United States between 2010 and 2013. Special Agents of the FBI and ICE Homeland Security Investigations arrested Arturo Rojas-Coyotl, Odilon Martinez-Rojas, and Daniel Garcia-Tepal in a highly coordinated law enforcement sweep on Tuesday. Severiano Martinez-Rojas remains a fugitive and is believed to be in Mexico. The FBI will coordinate with its legal attaché in Mexico City to affect his arrest and subsequent extradition back to the U.S. Four search warrants were also executed today in Atlanta and Norcross, Georgia, in conjunction

with the arrests. Rojas-Coyotl, 26; Martinez-Rojas, 41; Martinez-Rojas, 48; and Garcia-Tepal, 28, are scheduled for arraignment Tuesday. Each sex trafficking charge carries a maximum sentence of life in prison while each alien harboring charge has a maximum sentence of 10 years in prison, with all counts carrying a fine of up to \$250,000 each. In determining the actual sentence, the court will consider the United States Sentencing Guidelines, which are not binding but provide appropriate sentencing ranges for most offenders. This case is being investigated by special agents of the FBI and the U.S. Immigration and Customs Enforcement's Homeland Security Investigations. Interagency cooperation in international sex trafficking operations is imperative and vital to the success of the prosecution. Assistant U.S. Attorney Susan Coppedge and Trial Attorney Benjamin Hawk of the Civil Rights Division's Human Trafficking Prosecution Unit are prosecuting the case. Anyone with information related to sex trafficking should call the Atlanta FBI hotline at 404-679-9000 or the National Human Trafficking Resource Center at 1-888-3737-888. Members of the public are reminded that the indictment contains only allegations. A defendant is presumed innocent of the charges, and it will be the government's burden to prove a defendant's guilt beyond a reasonable doubt at trial.

Latin America Herald Tribune. 5/22/13

Human trafficking is 'a disgrace for our societies', says Pope Francis

Human trafficking is "a despicable activity, a disgrace for our societies, which describe themselves as civilised", Pope Francis has said. Refugees, displaced and state-less people are particularly vulnerable to "the plague of human trafficking, which increasingly involves children subjected to the worst forms of exploitation and even recruitment into armed conflicts," the Pope said on May 24. With many victims of trafficking forced into prostitution, Pope Francis said that "exploiters and clients at every level must make a serious examination of conscience before themselves and before God." "In a world that talks so much about rights, how many times are human rights trampled," he asked. "In a world that talks so much about rights, the only thing that seems to have them is money. Dear brothers and sisters, we live in a world where money rules. We live in a world, in a culture, where money worship reigns." Pope Francis made his comments during a meeting with members of the Pontifical Council for Migrants and Travellers, who were holding their plenary assembly at the Vatican. Their main focus was on the rights and needs of refugees and forcibly displaced people. The Pope urged government leaders, legislators and the international community to find "effective initiatives and new approaches for safeguarding their dignity, improving their quality of life and for facing the challenges emerging from modern forms of persecution, oppression and slavery." He also urged Catholics to take seriously their obligation to see migrants and refugees as their brothers and sisters and "give voice to those not able to make their cries of pain and oppression heard". Christians must be sensitive and respond to refugees and forcibly displaced people and their experiences of "violence, abuse, being far from their family's affection, traumatic events, fleeing their homes and being in refugee camps uncertain about their futures". At the same time, he said, Christians must learn to appreciate "the light of hope" shining through the eyes and lives of refugees and displaced people. "It is a hope that is expressed in their expectations for the future, their willingness to make friendships, their

desire to participate in the society that welcomes them, including through learning the language, entering the job market and sending their children to school.” Pope Francis, whose four grandparents were born in Italy and immigrated to Argentina, said: “I admire the courage of those who hope to gradually resume a normal life in the expectation that joy and love will once again brighten their existence. All of us can and must nourish their hope.”

Catholic Herald Online. 5/27/13