

Tahoe Tails – Adoptable Pets in South Lake Tahoe



Maddox

Maddox is a handsome orange striped fellow with soft long hair. He is playful and friendly.

Maddox was brought into the shelter after a divorce. He's still a bit unsure why he's not sitting in someone's lap being petted, or watching birds through a window. Maddox has been at the shelter for about four weeks. He will appreciate a loving home with lots of attention and playtime.

Maddox has been neutered, microchipped, and vaccinated. He is available at the El Dorado County Animal Services shelter in Meyers, along with many other dogs and cats who are waiting for their new homes.

Go online or the Tahoe animal shelter's Facebook page to see photos and descriptions of all pets at the shelter.

Call 530.573.7925 for directions, hours, and other information on adopting a pet.

For spay-neuter assistance for South Tahoe residents, go online.

– Dale Payne

Cash transactions becoming rare

By Bruce Kennedy, MoneyWatch

Have we really, truly turned into a cashless society?

There have been loads of predictions over the years that coin-and-paper currency may soon become museum pieces. And studies agree more and more that financial transactions now involve debit and credit cards – as well as other electronic forms of money transference, such as bank-to-bank transfers or online payment services such as Paypal, which is owned by eBay.

In fact, according to a survey of more than 2,300 adult U.S. citizens by U.K.-based Vouchercloud.net, 57 percent of the Americans polled said they “never” carry cash – compared to the 17 percent who sometimes carry it, and the ten percent who say they “always” have cash on them.

Even Uncle Sam appears to be in agreement that plastic is trumping paper as the American consumer’s preferred method of moving money around.

The 2013 Federal Reserve Payments Study, issued late last year, reported payments have become increasingly card-based – with the number of debit card payments rising more than any other payment system between 2009 and 2012.

Read the whole story

Cancer survivors in the U.S. on the increase

By Marilyn Marchione, AP

CHICAGO – It's National Cancer Survivors Day, and chances are good that you know at least one of them.

Cancer survivors now number more than 14.5 million in the United States and are expected to grow to 19 million over the next decade, a report finds. More cancers are cured, more people are living longer with the disease and people are living longer in general, which boosts the number of cases and survivors because the risk of developing cancer rises with age.

"They're living longer and we hope with better quality of life," said Patricia Ganz of UCLA, whose research focuses on quality-of-life issues.

The American Cancer Society's report was released today during the annual meeting of the American Society of Clinical Oncology, the world's largest group of specialists who treat the disease.

Here are five things to know about cancer:

Gender' influence

Survival varies by gender and cancer type. For male survivors, the most common cancers they faced were prostate, followed by colorectal and melanoma. For female survivors, the most common

types were breast cancer, followed by uterine and colorectal.

Diagnosis timing

Two-thirds of today's cancer survivors were diagnosed at least five years ago, and 15 percent were diagnosed 20 or more years ago.

Long lives

About half of cancer survivors are 70 or older. Only 5 percent are under age 40.

Lung cancer survival poor

Lung cancer is the most common malignancy in men and women, but it is so deadly that it ranks No. 8 among survivors. That may change with promising treatments on the horizon, said Gwen Darien, head of programs and services for Cancer Support Community, a nationwide support group.

The deadly skin cancer melanoma has seen a flurry of new treatments in recent years, and "that gives us hope for some of the other cancers where survival has not improved as much," she said.

The road ahead

Cancer survivors are at greater risk of second cancers and need to be monitored closely for the rest of their lives. Darien is an example – she survived non-Hodgkins lymphoma 21 years ago and now is being treated for breast cancer.

How men can be more stable in golden years

By Chris Orestis

June is Men's Health Month, a reminder for men to do the things that they generally don't do as well as women: getting screened for conditions that, detected early, are easily treated; seeking education about health issues, and supporting each others well-being.

If being happier with good health isn't enough, then men should consider the extraordinarily high medical cost of poor health – especially during the retirement years.

Just one health incident can wipe out an individual's savings, leaving little money for living expenses, which explains the problem of funding long-term care and offers solutions.

That can mean a major loss of independence, from having to move in with a son or daughter or worse. Baby boomers, who are retiring in droves, have about 8 percent less wealth than those 10 to 15 years older than them, partly because of the recent recession.

In addition to taking care of their health, retired and soon-to-be-retired men can avoid flirting with poverty by exercising some financial options.

Here are some tips:

- Hold off on collecting Social Security until age 70. The life expectancy for men today is 76, an increase from past years, and it's expected to continue to climb. If you're worried about outliving your money, hold off on collecting Social Security benefits early (age 62), which results in up to 30 percent less benefits. People born from 1943 to 1959 are

eligible for full benefits at 66, and those born in 1960 or later are eligible at 67. However, if you wait until age 70, you can receive up to 8 percent more in benefits.

- Turn your life insurance into a long-term care fund. Instead of abandoning a life insurance policy because you can no longer afford the premiums, policy owners can convert a portion of the death benefit value into a Life Care Benefit – Long Term Care Benefit Plan. The money is deposited into a fund earmarked for paying for private duty in-home care, assisted living, skilled nursing, memory care and hospice care. By converting a life insurance policy, a senior does not have to resort to Medicaid and the many restrictions that come with it, but will still be Medicaid-eligible when the benefit is spent down.

- Consider investing part of your portfolio in fixed-rate indexed annuities: Having all of your retirement savings in stocks exposes retirees and pre-retirees to too much risk. As you get closer to retirement age, it's important to find alternatives that provide for growth while protecting savings. Fixed-rate indexed annuities – money loaned to an insurance company that guarantees payments over a specified length of time – allows you to forecast the income you'll generate. Fixed-rate indexed annuities have a ceiling on interest rates, but they also have a floor. Your principal is safe and you can ride an up market without the risk.

Chris Orestis is a nationally known senior health-care advocate, expert, and author is CEO of Life Care Funding.

2 nights of pops concerts at STHS

South Tahoe High School pops concerts are June 2 and June 4 at 7pm in the TADA Theater.

On Monday night, the Vocal Pops Concert with the Glee Club and Chorale will perform their favorite songs from famous blockbuster movies.

The Band & Orchestra Pops Concert will be Wednesday night with special "Dream" songs to be performed.

The first STHS commissioned piece, "The Lake in the Sky," written by Alan Lee Silva will be performed. Silva is a composer, arranger, and orchestrator whose credits include scores for the independent feature films "Full Moon Fables" and "Eli's Coming"; orchestrations and arrangements for feature films "Cinderella 3", "Enough", and "Lethal Weapon 4" and more.

Other original pieces written by the STHS class of 2014 graduating seniors will be performed. These pieces include "What Stalks at Midnight" written by Joseph Robles and "Midnight Dream" written by Bryan Arreola and Sara Ortega.

Tickets will be available at the door for \$5.

For further information, contact Casson Scowcroft at 530.541.4111.

Barton keeping focus on pain management

By Warren Withers

Death by drug overdose has tripled from 1990 to 2008. In 2008, according to the Center for Disease Control and Prevention, 36,450 people died from a drug overdose and 75 percent of overdoses were prescription drug related.

Of the prescription drug-related deaths in 2008, the CDC reports 74 percent were opiate prescription drugs.

Opiate pain medications are prevalent and frequently prescribed. They are sold under many names: Vicodin, Norco, and Lortab are brand names for pills that contain hydrocodone, and Percocet and Oxycontin are brands containing oxycodone.

Other common opiate pain medications include morphine, methadone, and Dilaudid.

Between 1999 to 2010, the CDC claims that the quantity of opiate pain medication prescribed in the United States increased fourfold.

The origin of the increase of opiate pain medication prescribing goes back to the 1990s when pain management was considered not aggressive enough. The medical community, along with encouragement from the pharmaceutical industry, recognized this as an issue that needed to be corrected. Consequently, with the rise in availability of prescription opiate pain medications in the last twenty years, data shows that addiction, overdoses, and death related to prescription opiate pain medicine has increased.

Against this backdrop, the physicians and staff in the Barton Memorial Hospital emergency department acknowledge the

strengths and limitations of opiate pain medications. We have comprehensive knowledge and experience with current opiate medications as a pain relieving strategy. Opiates can be quite potent and effective in certain settings. However, as their use broadens, we have seen diminishing returns and a cost, a cost paid in lives.

With this in mind, the Barton emergency team wants to bring a new perspective to the prescribing of opiates. While we strive to alleviate pain, it is our primary obligation to do no harm. We have committed to the following steps toward reducing opiate abuse in our community.

- We will work closely with community physicians to coordinate care of patients with chronic pain.
- We will identify people with chronic pain and direct them to primary care and/or chronic pain specialists.
- We will identify high risk behavior and use that information in our prescribing practice.
- We will do all for the health and safety of our community.
- We believe one day opiates in the management of chronic pain will become far less common. There will be newer, safer, and more effective medications and therapies to relieve chronic pain. This is not wishful thinking, but is the history of modern medicine. We look back, a decade or two, and see medications and therapies that were standard accepted practice, but now appear old-fashioned or even dangerous.

One day, this will be the history of opiates. For now, we will do our best to consider the safety and well-being of our patients and our community as our highest goal.

Warren Withers is the medical director for emergency medical services at Barton Health.

Prescription drug use in U.S. keeps climbing

By Dennis Thompson, HealthDay

Prescription drugs are playing an increasingly larger role in U.S. life, with nearly half of all Americans taking one or more medications.

Among adults, the most common prescription drugs are for cardiovascular disease and high cholesterol.

Those are two of several key findings in the federal government's annual comprehensive report on the nation's health that was released Wednesday.

The relationship between Americans and their prescriptions is complex, according to the report produced by the U.S. Centers for Disease Control and Prevention.

On the one hand, more people than ever are receiving effective treatment for chronic conditions like diabetes, high blood pressure, elevated cholesterol levels and depression.

But doctors and pharmacists also find themselves struggling with unintended consequences of drug use, such as prescription narcotics abuse and the advent of antibiotic-resistant germs.

Read the whole story

California Chrome fever swells in Gardnerville

By Susan Wood

GARDNERVILLE – When California Chrome co-owner Steve Coburn told his wife, Carolyn, he was going to Sharkey's Casino to bet on their winning thoroughbred to launch his march with destiny, she stood by her man – and her horse.

"I gave him the money to do it," she told *Lake Tahoe News* of the undisclosed amount.

The Coburns, and hundreds of new friends, on May 28 were at the Carson Valley casino where they had placed that bet. They and their horse were bestowed with gifts, kudos and well wishes for another win in Elmont, N.Y., on June 7.



Steve Coburn, right, with Joe Asher, CEO of William Hill Sportbook, and Sharkey's owner Harold Holder. Photos/Susan Wood

The chestnut colt won the Kentucky Derby on May 3 – against 200 to 1 odds. It was the first time in 52 years a California horse won the first jewel of the horse-racing industry's Triple Crown. The horse continued its quest two weeks later

and won the Preakness, along with the hearts and souls of many people who longed for a Cinderella story.

And that it is.

The prized horse only cost the Topaz Lake couple and co-owner Perry Martin of Yuba City \$10,000. It has also brought redemption to 77-year-old trainer Art Sherman after a long Derby drought.

California Chrome – who gets his name from his white markings called “chrome” – also shares the same birthday with Steve Coburn’s late sister Brenda, who gets a prayer before every race. To this day, it’s difficult for Coburn to mention the connection without getting choked up, and Wednesday was no exception in his little hometown casino. The horse’s quest has also given jockey Victor Espinoza something for his brother, a former rider, to cheer about after a traumatic brain injury ended his career.

“Victor knows that horse. They understand each other,” Carolyn Coburn said, while sitting with family friend Teri Vandenberg at the casino bar. One could say the same about the Coburns, who have been married for 20 years.

“They are the most small-town, modest, humble people – so down to earth. They’ve been made celebrities overnight, and they’re overwhelmed,” Vandenberg said.



Carolyn and Steve Coburn on

May 28 meeting hundreds of fans and signing autographs at Sharkey's in Gardnerville.

Despite the fame, Steve Coburn went back to work at a company in Gardnerville that makes magnetic strips for items such as credit cards. On Wednesday, he belled up to the bar clad in blue jeans, a T-shirt and a cap for a swig of beer and to take time out from the hoopla. He was soon surrounded by patrons wanting a picture taken with him and an autograph. His wife quietly watched from a distance.

Unlike her more well known husband, the Coburn matriarch is soft spoken, but a powerhouse anchor for the family, which now includes a four-legged equine who aptly pays for his board and keep.

Despite the rural Nevada roots, Carolyn Coburn dressed the part of a racehorse owner at the Derby with a signature hat.

"At the winner's circle, it blew off," she said.

The Coburns and Martins co-owned California Chrome's mother, Love the Chase, but she didn't have the same love of running like her son. What both horses loved were cookies from Mrs. Pastures.

Most in attendance at the Sharkey's ceremony and around the country say the same thing: "There's something about that horse," a thoroughbred that's become a working-class hero when he beat the million-dollar babies in Louisville.

Back in Gardnerville, fans couldn't be more pleased with seeing their connection to the horse – the Coburns.

"We're honored the Coburns like Sharkey's. This is such a Cinderella story," Sharkey's owner Harold Holder told *Lake Tahoe News*. He and the executives at the sportsbook company

William Hill US stood out in their suits, but blended in with their enthusiasm.

Holder and William Hill CEO Joe Asher presented Coburn with a blanket so the Cinderella-storied horse can slip into something comfortable after the Belmont Stakes in June.

"I hope he wears it," Holder said.

"Oh, he will," Coburn quickly replied, as if speaking of a son. The executives also gave Coburn a \$1,000 check to bet on his horse for a charity of his choice.

With no hesitation, Coburn promised the adoring crowd another win for California Chrome, which would be the first time a horse has won the Triple Crown since Affirmed took the title in 1978. A dozen others have tried since then.

"There's no doubt in my mind he'll win the Triple Crown," Coburn announced. "The whole state of Nevada, and hell, the whole state of Kentucky is pulling for us."

The local crowd cheered.

The same crowd went upstairs to stand in line for autographs of various items. Some came bearing gifts, including that of a Nevada license plate by an aide of Gov. Brian Sandoval's. Carolyn Coburn was touched by a well-wisher presenting a necklace and earrings.

What's the first thing the couple plans to do upon winning the Triple Crown?

"Probably cry," they both said.

As Earth warms, West Nile spreads

By Brittany Patterson, Atlantic

The day that everything changed was a broiling Thursday in July—95 degrees, the kind of dry heat that Sacramento Valley residents are used to. If you have to work outside, you do it before noon, swathed in long sleeves and pants to keep the sun at bay and the mosquitoes from eating you alive.

On this day, however, my grandmother, an active and spritely woman even at 80, never made it outside to the garden. She mentioned at breakfast that she wasn't feeling well, and my grandfather suggested that she take a nap in the sunroom. When he finally woke her up at 4pm, she still felt ill and feverish. The nearest emergency room is more than an hour's drive from their 20-acre farm in rural northern California, but they decided to make the trip. The doctors performed a CAT scan, gave my grandmother some Tylenol, and sent her home.

When my grandparents finally got back at around 11pm, my grandfather tried to convince my grandmother to eat something; she said that she could manage a piece of toast. A few days later he found the toast, one bite taken out of it, abandoned in the microwave.

Although it may be possible to disregard the slow changes happening within our climate, it's less easy to ignore the effects of a disease ravaging a family.

While getting ready for bed, my grandmother went into the bathroom and stood in the dark for 10 minutes. "I asked her what she was doing, and she said she was washing her teeth," my grandfather recalls. He coaxed her out, and they climbed into bed.

It was around 4am when the tumult began. "I'm falling out of bed!" my grandmother screamed. Half asleep, my grandfather tried to push her back in, but when he touched her, she shrieked and began sobbing. He rushed down the hallway, phoned the hospital, and was told to call 911. By the time that he could get back to the bedroom, my grandmother was slumped on the floor, her head against the bedside table, babbling incoherently. The paramedics arrived within 15 minutes.

"I wasn't thinking of it being anything," my grandfather says now. "I thought it was something she would get treated for and get better."

My grandmother – or Oma, as we call her, the German word for grandmother – had always been a picture of perfect health, a trait that she and Opa, my grandfather, attributed to decades spent farming organic produce and tending to their land. But as Oma spent the next 32 days in the hospital and then three weeks in a rehabilitation facility, my family came to realize that the first night of terror was just the beginning. Despite the best efforts of her doctors, Oma did not get better.

* * *

On Aug. 23, 1999, an infectious disease doctor in northern Queens reported two patients with encephalitis—swelling of the brain—to the New York City Department of Health, according to a Centers for Disease Control and prevention (CDC) report from October 1999. Upon investigation, the health department identified six patients with identical diagnoses who lived in the same vicinity.

In what appeared to be an unrelated development, crows were being found dead all over New York state that summer. It was as if they were dropping from the sky. In early September, a cormorant, two captive-bred Chilean flamingos, and an Asian pheasant died at the Bronx Zoo. The unexplained deaths filled the papers with foreboding stories. It was thought that

mosquitoes were spreading some kind of virus, but which one, and whether it could spread to humans, was unknown.

The local mosquito vector control agency jumped into action and began spraying pesticides. About 300,000 cans of DEET-based mosquito repellent and 750,000 pamphlets with information about personal protection against mosquito bites were distributed to NYC residents, according to the same CDC report.

On Sept. 20, samples from the deceased birds at the Bronx Zoo were tested and sent to the CDC. DNA sequencing revealed a viral strain, closely related to West Nile virus found in other parts of the world, but never before found in the Western Hemisphere. Around the same time, the CDC, while performing tests on a human brain specimen from an encephalitis case, discovered a strain of West Nile virus identical to the one found in the bird. Over the course of the next few months, the same match between the viruses in the birds and those in humans was found dozens of times. A previously undetected strain of West Nile virus, it seemed, was now in the United States.

Like all viruses, West Nile requires a host to survive and reproduce—in this case, birds. Like most arboviruses (diseases transmitted by blood-feeding insects), it is transmitted by mosquitoes. West Nile is also a neurotropic virus, which means that, in some cases, it can infect the brain.

“When West Nile first showed up, it was big news,” says Stephen Ostroff, formerly the associate director for epidemiologic science at the National Center for Infectious Diseases, which is part of the CDC. Hundreds of newspaper articles were published about the emerging disease, often with frightening headlines like “As Fears Rise About Virus, the Answers Are Elusive.”

Multiple local governments were forced by their health

departments to spray pesticides from helicopters and trucks to reduce the adult mosquito population.

The answers were elusive in part because of controversy, which is still ongoing, about how best to stop the spread of the virus. Multiple local governments were forced by their health departments to spray pesticides from helicopters and trucks to reduce the adult mosquito population, according to a Journal of Urban Health article from 2002 and the media struggled to compare the risks of pesticide spraying with the risks of the virus.

Just as feared, the problem quickly began to spread to other states. Ostroff was appointed point person for the investigation by the Department of Health and Human Services.

“As we watched it march across the country, in different years there would be different hotspots,” he says. “One year Louisiana, one year Chicago. It would reproduce all of the issues, concerns, and questions about control measures.”

In 2002, West Nile made it to California. By 2004, it had been found in every state in the contiguous United States, according to the American Society for Microbiology’s report on West Nile virus.

In a new climate change report, the National Climate Assessment, which was prepared by a large scientific panel with the oversight of the federal government, the authors write that climate is “one of the factors that influence the distribution of diseases borne by vectors, such as fleas, ticks, and mosquitoes, which spread pathogens that cause illness.”

They go on to write that outbreaks of this diseases are sensitive to local weather and human modifications to the landscape. There are a lot of different variables that influence outbreaks, but they conclude with this: “Enhanced vector surveillance and human disease tracking are needed to

address these concerns.”

But after the march of West Nile across the country, our monetary investment in the disease petered out, due in part to the amorphous nature of the disease itself. Unlike the flu, which will arrive every year without fail, the severity of a West Nile outbreak varies hugely.

The authors write that “summers are longer and hotter, and extended periods of unusual heat last longer than any living American has ever experienced. Winters are generally shorter and warmer. Rain comes in heavier downpours.”

Although it will vary by region, these characteristics fomented by climate change, don’t bode well for West Nile outbreaks. And although it may be possible to disregard the slow changes happening within our climate, it’s less easy to ignore the effects of a disease ravaging a family.

Mortgage loans not impossible for self-employed

By Karen Mayfield

With so many entrepreneurs and start-up companies, a common question I hear is, “How do people who are self-employed get a mortgage?”

Mortgage lenders have different treatments for different types of income, whether it is an annual bonus, commissions, overtime pay, or income from self-employment, either full-time or as a secondary source of income.

Because your lender needs to verify that you have the ability

to repay your mortgage, the income you use to qualify for a mortgage should be as stable and predictable as possible, and likely to continue for the next three years.

Bonuses, overtime, and self-employment income are not always considered stable and predictable. So lenders are usually especially careful when they factor income from those sources into a loan application review.

Here are some tips for various sources of income:

Self-employment: First of all, you should be aware that lenders tend to require two years of verifiable self-employment history to approve a mortgage loan based on that income. If you don't have the two years, you may be required to wait until you have a two-year track record. You will likely be required to provide two years of tax returns and possibly a year-to-date profit-and-loss statement.

Be ready to provide the lender evidence of a net profit, with a current year-to-date profit-and-loss statement, as well as the most recent year's income tax returns for this self-employment activity.

Self-employed loan applicants face a bit of a challenge dilemma. Higher expenses offset income and lower your tax bill. But by lowering your net income, you may be reducing the income your lender will use for a mortgage approval. If you're looking to buy a home, consider balancing your tax strategy with your housing aspirations.

Overtime: If you are employed and want to use overtime pay as part of your income for a mortgage, your lender may use a 24-month average of your overtime pay and add that to your regular income.

Bonuses or commissions: Lenders typically use a 24-month average of your income from bonuses or commissions and add that to your regular salary or monthly income.

Business ownership: If you own 25 percent or more of any business entity, your lender may use a 24-month average of income, unless it is declining. If the entity's income is declining, lenders usually take the lowest annual amount and use that as your qualifying income.

Family business: If you work for your family's business, you will probably need to provide standard employment verification as well as evidence that you are not an owner of the business. Discuss the various options with your lender or tax accountant.

Borrowers generally want to use as much of their income as possible when applying for a mortgage, first to ensure the application is approved, and second to qualify for the loan amount needed to purchase the home they desire.

Karen Mayfield works for Bank of the West where she writes a finance blog.