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U.S. teachers face tough choice: Love of the job or living wage



Teachers rally outside the state Capitol on the second day of a teacher walkout to demand higher pay and more funding for education in Oklahoma City

(Reuters) - John-David Bowman, Arizona's 2015 "Teacher of the Year," considers himself lucky: he can do the job he loves without worrying about supporting his family because he relies on his wife's salary. Things are harder for third-year Oklahoma teacher Jenny Vargas. The divorced mother of a 6-year-old girl is leaving her home state to take a job in Coffeyville, Kansas, where she can earn \$8,000 a year more and be able to make ends meet. Stories like theirs have sparked a wave of strikes and threats of more across the country over the past month as teachers in West Virginia, Oklahoma and Kentucky have walked off the job to protest long-stagnant teacher pay and school budgets. Teachers in Arizona have threatened similar action if lawmakers do not meet their demands for more spending on schools. Vargas, who teaches second grade in a Tulsa school, joined thousands of Oklahoma teachers who crammed into the state Capitol in Oklahoma City this week and others held sympathy rallies around the state. They demanded lawmakers pass a tax package that would raise another \$200 million for the state school budget to provide up-to-date books and other classroom materials. The protests continued on Wednesday. "It was never my intention to leave the state of Oklahoma," Vargas said in a phone interview. Despite her love for her students, she laments that she made more per year

working at Walmart as a student than she does teaching, and said she is moving to give her daughter a better life. "Most days I have to ask myself, 'Today am I going to be a good mom or am I going to be a good teacher?'" Vargas said. "It's really hard to do both." The walk-outs have shone a light on states where largely Republican-controlled legislatures have slashed funding for public schools. Oklahoma ranked 47th in spending per student, according to National Education Association data, and its average salary for a high school teacher is \$42,460, according to U.S. Bureau of Labor Statistics (BLS) data. Bowman, who teaches social studies, is better off, earning slightly over \$50,000 a year at his Mesa, Arizona, high school, having boosted his pay over the years with extracurricular assignments including coaching baseball. That puts him above the \$48,020 mean for the state, but still below the \$58,030 national median, according to the BLS. But over his 11 years of teaching, pay raises have not kept pace with the cost of living in the fast-growing Phoenix area, Bowman said. Many of his colleagues wait tables, mow lawns or drive for ride-share services to make ends meet, he added. "I decided to teach because I felt it would be a job I could do for a couple of years

and I could give back to my community," Bowman said. "But I fell in love with the profession and here I am eleven years later." He's been able to stay because his wife, a designer, earns considerably more. As Bowman and Vargas struggle financially, education union leaders warn that the cuts in school spending across the country are scaring away future teachers. "We are at a crisis now where if you go to the colleges of education, every single one of them will tell you they are seeing a drop in the number of applicants," said Lily Eskelsen Garcia, president of the National Education Association union. Realizing that low wages will make it difficult for teachers to pay for the advanced degrees that the field requires, she added, "parents are telling their sons and daughters, 'Don't become a teacher.'"



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Houston's most ridiculous HOA rules

With home ownership comes neighbors, and it seems you can't trust your neighbors not to turn the place into a junkyard or an overgrown suburban jungle.

Luckily there are homeowners associations, to make sure Joe on the left doesn't paint his house Longhorn orange, and Marie on the right doesn't park seven cars on her front lawn.

When home buyers move into a neighborhood, they are asked to review the neighborhood's rules and agree to abide by them. So, one could argue that the people who shared the ridiculous rules above should not complain.

Board Certified Real Estate Lawyer Gary Singer answers a reader's question about the speaking rules and regulations during an HOA meeting.

But the history of the homeowners association has demonstrated that when small groups of people attain a position of power over their neighbors, things sometimes get out of hand.

For instance, we imagine no one in Houston meant to add to their flood-stricken neighbors' post-Harvey misery by sending them warnings about tall grass, but this was a common occurrence in early September, according to our readers.

We also assume no reasonable person would expect a homeowner to come home from work at lunch

to avoid leaving a trash can at the curb on trash day. But again, trash cans out on trash day seems to be grounds for certified mail in some Houston-area neighborhoods.

We asked readers to tell us about the most ridiculous HOA rules they've ever encountered, and the results did not disappoint. of local governments, which found that nearly all that money would go to cover the costs of employee benefits and pensions and bonuses for executives. Since 2011, CenterPoint has sought and received approval for five gas rate increases.



"(We received) a certified letter because our porch light was off."



"No home improvement work on Saturdays or Sundays."

Memorial Hermann Cypress Hospital sets plans for \$25 million expansion

Memorial Hermann Cypress Hospital, a \$168 million facility, is planning to expand just as the hospital nears its one-year anniversary in the Cypress community.

The recently approved expansion will cost nearly \$25 million and develop empty space already built on the Cypress campus. Expansion additions will include 24 licensed beds, including intensive care unit beds, as well as an additional catheterization lab for heart procedures and endoscopy suite for gastrointestinal procedures.

"Our intentions are to continue to grow and meet the needs of the Cypress community. We are lucky in serving a community that has a projected growth of about 11 percent in the next five years," said Heath Rushing, senior vice president and CEO of Memorial Hermann Cypress. "We know it is our responsibility to keep pace of that growth. In order to do that, we need to expand the current offerings that we have at the facility. Luckily, the forethought was put into the design of the building to

have some space, so we can expand into what is already built into the current infrastructure." The hospital includes medical specialists, board certified physicians, and other health care professionals. The 81-bed hospital addresses the community's health care needs with online routine outpatient visits to inpatient procedures. It serves the Cypress community as a full-service, acute-care hospital and sits on 32 acres on the northeast side of U.S. 290 and the Grand Parkway between Mason Road and Mueschke Road. Gallo Winery Plans to expand and move into an area near Lodi in San Joaquin County, but it won't happen without a fight. People in the Acampo area say the winery is just too big and will bring in traffic and other issues. The plan is

to build the new facility on east Acampo Road. Watch the video above for the full story.

The facility includes an endoscopy and bronchoscopy suite, 16-bed intensive care unit, a cardiac catheterization lab, a neonatal intensive care unit, and a Memorial Hermann Life Flight helicopter pad.

The 24-hour emergency center, staffed by affiliated board-certified emergency medicine physicians and emergency-trained nurses, offers digital x-ray, computed tomography and ultrasound, an onsite laboratory, online appointment scheduling, and access to care from the hospital system's air ambulance transport.

The facility's birthing center features a high-risk pregnancy clinic, OB emergency center, nurses who are trained breastfeeding experts, a "couple care" model so that mother and baby are cared for together, a level II nursery providing 24-hour neonatal coverage, childbirth and parenting education classes.



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A Snapshot Of The World



Briefing on border security at the White House in Washington



Ivory Coast's President Alassane Ouattara and Liberia's President George Weah are seen at the Felix Houphouet Boigny International Airport in Abidjan



Tiger Woods of the U.S. walks up the 8th fairway during the final day of practice for the 2018 Masters golf tournament in Augusta



Civil rights activist DeRay Mckesson arrives to speak at the "End Racism Rally" on the National Mall on the 50th anniversary of the assassination of civil rights leader Rev. Martin



Chinese police officers escort Taiwanese nationals who were arrested in the Philippines on suspicion of telecoms fraud, at an airport in Tianjin



High school teacher Bowman poses for a portrait in a classroom in Mesa



Demonstrators hold placards opposite Parliament during a protest in London



Syrian street musicians perform at the main shopping and pedestrian street of Istiklal in central Istanbul



A folk music guitarist and singer perform during the traditional feast of St Gregory in Marsaxlokk

A new study by the McKinsey Global Institute estimates that between 400 million and 800 million of today's jobs will be automated by 2030.

The research adds fresh perspective to what is becoming an increasingly concerning picture of the future employment landscape. "We're all going to have to change and learn how to do new things over time," institute partner Michael Chui told Bloomberg.

In the U.S., it seems it's the middle class that has the most to fear, with office administrators and construction equipment operators among those who may lose their jobs to technology or see their wages depressed to keep them competitive with robots and automated systems.

In places where labor is cheaper and tech is more expensive, jobs may be less vulnerable than in more developed markets.

There will—of course—be new kinds of jobs, too, McKinsey's research arm said. As recently articulated by business leaders like Bill Gates and Autodesk chief Andrew Anagnost, an aging population may lead to more work for caregivers (unless they too are replaced by robots, as is happening in Japan) and for people who tend to the robots.



"There will be enough jobs for all of us in most scenarios," report co-author Susan Lund said, according to Wired. (Courtesy <http://fortune.com>)

RELATED

COMMENTARY AND OVERVIEW: ROBOTS THREATEN BIGGER SLICE OF JOBS IN US, OTHER RICH NATIONS

Automation will reduce demand for crane operators in the US, Germany, and Japan, while demand for similar work is projected to boom in India and Mexico, according to a new report.

The world is commonly divided into industrialized and emerging economies. A new study of how technology will transform demand for workers suggests we might talk

Robots May Steal As Many As 800 Million Jobs In The Next 13 Years

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



of the automated and automating worlds instead.

Economic think tank McKinsey Global Institute forecast changes in demand for different kinds of labor across 45 countries as technologies improve to perform physical or office tasks. One key result: Robots pose a more immediate and disruptive threat to the US middle class than they do to middle-income workers in less developed countries like India.

The report warns that in the US technology will crimp demand for many types of work, such as office administration and operating construction equipment. That would add to the existing squeeze on middle-class incomes by displacing some workers, and likely push down wages for those still employed in less in-demand work. Meanwhile, automation is forecast to be less marked in countries such as India, where the relative cost of new technology is much higher and labor much cheaper. That will allow devel-



oping-world incomes and the ranks of the middle class to keep growing healthily, the report says.

Overall, the MGI report guesses that automation will displace the jobs of 400 million to 800 million people between now and 2030. But it also looked at potential sources of new demand for labor and came up with good news. Plenty of new jobs should be created by things like companies spending the additional earnings unlocked by deploying automation, and the healthcare demands from aging populations. "There will be enough jobs for all of us in most scenarios," says Susan Lund, a co-author of the report. MGI mapped possible futures for three rich, and three poor countries in particular detail—the US, Germany, Japan, Mexico, India, and China. In the most-likely scenario, 9 percent of work in India, 13 percent in Mexico, and 16 percent in China will be automated by 2030. In the US, Japan, and Germany, that figure will be closer to 25 percent.

The analysis suggests the prospects of traditionally middle-class occupations will differ markedly between rich and poorer countries in the next decade or so. In the three more prosperous countries, demand for office administrators is seen contracting 25 percent or

more as software takes on more of that work, for example. But demand for such work will increase in the three poorer countries, the analysis finds, as incomes and consumer and business spending continue to grow.



China, which is more heavily industrialized than other emerging economies, sometimes occupies a middle ground in McKinsey's view of the road ahead. It has automation causing demand for crane operators to decline by between 15 and 24 percent in the US, Germany, and Japan, and by 5 to 14 percent in China, while booming 25 percent or more in India and Mexico.

Lund, the report co-author, says matching displaced workers to newly created jobs is the biggest challenge facing policymakers in America and elsewhere. In the US, MGI

projects that the number of jobs requiring a college degree or more will grow, while jobs requiring less education will shrink.



But government and corporate spending on worker training has declined over the past two decades, and a recent report by the Brookings Institution found that the country has a severe and immediate problem with workers lacking relatively basic digital skills, such as familiarity with spreadsheets. A recent pledge by Google to give \$1 billion to projects that help workers with their digital skillsets appears well-aimed, but is unlikely to solve the problem alone.

Developing economies have their own version of that retraining problem. Lund says India will face increased demand for workers with all levels of education between now and 2030, but particularly for people with high school diplomas. That will challenge the vast country's school system.

Although the short-term disruption from automation may be smaller in developing countries than in richer countries, the developing nations face more difficult challenges in the longer term.



China has shown how low-cost manufacturing can provide a kind of step ladder that helps a country gradually climb into more complex and lucrative sectors, says Brad DeLong, an economics professor at University of California, Berkeley, who worked in the Clinton administration.

But as automation technology gets cheaper and more capable, more manufacturing likely will migrate back to countries like the US. "The fear is that China is the last country for which this will be a successful strategy," DeLong says. Governments need to think not just about how automation affects workers, but their entire economic underpinnings. (Courtesy wired.com)

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The first delivery of prescription marijuana in Texas went out last week, a historic but limited step in a state playing catchup to 29 others that already have legalized cannabis for medical use.

For many of the 150,000-plus Texans living with intractable epilepsy, it felt like an answered prayer.

"It has the potential to be life-changing for my family," a tearful Terri Carriker said, recalling the decade-long wait to treat her daughter's epileptic seizures with a low-THC strain of cannabis.

Her 15-year-old daughter, Catherine, has suffered seizures daily since she was 3. The family tried just about every drug on the market to soothe the relentless pain, but the girl consistently failed to improve and the side-effects grew more severe.

Under the state's Compassionate Use Program, Catherine now qualifies to receive prescribed low-THC cannabis medication - a promising, though not guaranteed, shot at a better life. Her family expects to pick up her first prescription from a local dispensary by the end of the month.

"I can hardly think about it without getting emotional," Carriker said.



Cansortium Texas, operated by Florida company Knox Medical, will be one of the first medical marijuana dispensaries in Texas to process prescription orders in the state.

The family's story highlights the hope of a new option for a devastating medical condition, but advocates worry about limited access to Texas' program. Because the Carrikers live in Austin, for example, their daughter won't have to leave her hometown to get care. But with just three dispensaries in a state as large as Texas, families in farther-flung locales could have a much more difficult time, they say.

Signed into law in 2015, and overseen by the Department of Public Safety, Texas' Compassionate Use Program is limited to helping only patients diagnosed with intractable epilepsy who have exhausted all other medicinal options and can prove no negative side effects from the drug.

This means the program excludes the son of Carriker's friend, Bonnie Jensen of League City. While 12-year-old Micah Jensen has epilepsy, his specific type and the frequency of his seizures disqualify him for medical cannabis under the program's narrow scope.

"He would be close to qualifying, but it's hard to get a diagnosis for intractable epilepsy," said Jensen, who would like to try medical marijuana.

Medical Marijuana Makes Texas Debut Amid Access Concerns

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



Morris Denton, CEO of Compassionate Cultivation, poses with one of the low THC cannabis plants used to make cannabidiol medication for patients with intractable epilepsy in Texas.



Compassionate Cultivation, a medical marijuana dispensary in Austin, will be processing its first orders for low THC medication this month.

Even if Micah were to qualify, Jensen, unlike Carriker, would need to either drive a longer distance or rely on a delivery service to physically get the medicine.

Last year, DPS licensed only three dispensaries in the state which can grow, process and sell medical marijuana. Two are in Austin; the other is in Schulenburg, 80 miles west of Houston.

Further restricting access, just 17 physicians - none in West Texas or south of San Antonio - were registered to prescribe cannabis as of Feb. 1.

The dearth of both dispensaries and physicians concerns advocates and patients alike.

"We simply can't go forward with three dispensaries for a state this size," Frank Snyder, a Texas A&M University law professor who studies the legal marijuana industry.

When asked of the possibility of opening more in the future, a DPS spokesman pointed to the law enforcement agency's website where it states that "a decision to increase the number will be made if and when it is determined that more licenses

are required in order to ensure reasonable statewide access."



Potted marijuana plants ready for distribution from Compassionate Cultivation in Austin.

Health-care providers worry about patients' access to the consultations needed for a prescription in the first place.

Under the program's regulations, an eligible patient must seek consultation from a doctor registered in the program, then acquire a second opinion. Only then can the registered doctor input the patient's information into a registry and prescribe low-THC cannabis.

Since there isn't sufficient data regarding proper dosage amounts, doctors will want to monitor their patients carefully on a regular basis, said Valerie Coffman, coordinator at Kelsey-Seybold Clinic's Epilepsy Support Group.

This could lead to costly trips out of town for families who don't live near a registered doctor, Coffman said.

Kelsey-Seybold in Houston has two doctors registered with the program. There are six doctors total in the greater Houston region, including Katy and The Woodlands.

While acknowledging concerns over lack of federally approved studies on the drug, Coffman noted that preliminary research points to some benefits with little down-

sides. "If it improves their quality of life in any way, that's the goal here," she said.



Your Doctors for Life

Kelsey-Seybold is already getting calls from new patients seeking consultation. Coffman knows of at least 10 current adult patients who would qualify for the program.

The clinic's Dr. Michael Newmark said he's not concerned of the possibility of losing his medical license for prescribing what is still a federally illegal drug. He noted that DPS is strictly monitoring the program, and that the level of THC allowed in the medicine is too low to serve any hallucinogenic purpose.

Yet Heather Fazio of the lobbying group Marijuana Leadership Campaign warned that doctors could face an issue with the U.S. Drug Enforcement Administration. Unlike other states with medical marijuana programs, Texas requires doctors to prescribe, not recommend, the drug. In light of U.S. Attorney General Jeff Sessions' actions and rhetoric, seen by some as part of a larger effort to curtail marijuana legalization, Fazio and others worry about the DEA removing doctors' registration to prescribe all drugs.

Though the Texas program defines prescription differently than the DEA, it's still leaving doctors with only a technicality as protection, Fazio and others said.

Despite their concerns, Fazio and other advocates see the Compassionate Use Program as a success.



"There are legal marijuana plants growing in Texas. It's history," said Patrick Moran, co-founder of the Texas Cannabis Industry Association. He added that he sees no chance of the program being undone at the federal level.

Moran points to the existing economic investment. Each of the three licensed dispensaries has invested a minimum of \$4 million in building out their facilities and personnel, Moran said. The two-year renewable license alone costs \$488,520. During the bidding process for the licenses, 40 other companies applied, marking at least \$32 million of investment in the application process overall, Moran added.

The licensed dispensaries are already shipping orders or soon will be, further adding to the program's economic impact.

Cansortium Texas in Schulenburg delivered its first prescription to a 6-year-old girl in Central Texas on Thursday. The company charges \$90 for 600 milligrams of its low-THC medication, and \$135 for 900 milligrams. There is no delivery fee for orders above \$250.

Cansortium Texas is owned by Knox Medical, a Florida company with operations in Florida, Pennsylvania and Puerto Rico. CEO Jose Hidalgo said Texas was its next big target, with California on the agenda as well.

On Thursday, Compassionate Cultivation in Austin, the only Texas-based dispensary of the three, will begin sales, said CEO Morris Denton. There, 750 milligrams will go for \$105 and 1,500 milligrams will go for \$200. Orders above \$250 will be charged a flat \$25 delivery fee.

The other dispensary, Surterra Texas in Austin, did not respond to requests for comment.

As orders continue to go through, and patients like Carriker's daughter at last get the medicine they've been waiting for, advocacy efforts will continue to push for an expansion to the program to include patients with more conditions such as other forms of epilepsy, multiple sclerosis and cancer.

A bipartisan bill requesting such an expansion managed to exit committee in the Texas legislature last year and advocates hope to revive it during the next session.



Carriker recalls being in the Capitol gallery in Austin when the deciding vote to create the Compassionate Use Program was cast nearly three years ago. She had first considered medical marijuana for her daughter in 2013, when a friend emailed her a Colorado news story about how the drug abated a little girl's seizures without the often-severe side-effects most other drugs tend to create.

Now, Carriker hopes Jensen and other families currently excluded from the program can soon participate and judge it for themselves. (Courtesy houstonchronicle.com)

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