SENTINEL INTELLIGENCE SERVICES, LLC
LYLE J. RAPACKI, Ph.D.

CONSULTANT AT:
Behavioral Analysis and Threat Assessment
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Private-Sector Intelligence ***Lyle@Sentinelintelligenceservices.com***

Arizona State Senate Briefing
Healthcare Issues – Illegals and Refugees

August the 17th, 2016

While the rhetoric regarding illegal crossings at the Southern Border and the concomitant influx of Middle Eastern "Refugees" into Arizona rages, the briefing today transcends the debates, issues of political correctness, and politics in general. The intelligence which will be presented is of such a critical stature, as well as imminent in reality, the selected attendees will be able to participate with questions and recommendations, ideas and concerns so the beginnings of an organized response can be produced and put into action.

The two subject-matter experts I have invited to present will give you "actionable intelligence" from which you will be able to begin your thought processes. From actual counterterrorism concerns over the unchecked flows of un-vetted individuals representing a clear and present danger, to the medical challenges that could quickly spiral out-of-control and represent a pandemic set of circumstances, you will be briefed with unvarnished candor about the growing concerns health care professionals already are confronting in over twelve states, and similar to what is seen coming to Arizona.

Waiting for and relying on the Federal Government for assistance is suspect at best since federal agencies and departments are coordinating and partnering with unidentified groups in foreign countries providing an avenue by which heretofore named "illegals" are now allowed into the United States, and encouraged to come and cross our southern Border, as well as actual airlift campaigns bringing thousands of Islamic "Refugees"

into America, into Arizona – even under the cloak of darkness in converted UPS aircraft. At the time of this briefing, 200,000 additional Middle Eastern so-called "refugees" are scheduled to be brought into America prior to January 1st, 2017. Un-vetted for health, criminal, and terrorism associations, these arrivals will add to the already developing myriad of serious challenges now facing law enforcement, our educational systems, our medical infrastructure, and our culture/societal norms.

The briefing today is deliberately restricted to the subject I brought to selected Legislative members attention with my report dated June 1st, 2016, a copy of which I have attached. The "Medical Ticking Time Bomb" is our focus with this briefing, and as you will learn, the timer already has begun. Very alarming concerns and matters-of-fact will be presented which; unfortunately, twelve other states did not have the luxury to be aware of prior to being "hit" with medical challenges that are still unfolding for them. At the federal level there is silence coupled with denial. At the state level, for at least twelve states, there is horror as to what they are challenged with now, and concerned with in months ahead.

Lyle J. Rapacki, Ph.D.

LYLE J. RAPACKI, Ph.D.
Protective Intelligence and Assessment Specialist
Consultant at Behavioral Analysis and Threat Assessment
Private-Sector Intelligence Analyst
U.S. Border Intelligence Group
ASIS International
Association For Intelligence Officers
Association of Threat Assessment Professionals – Arizona ATAP
International Association Law Enforcement Intelligence Analysts

CREDENTIALS:

Dr. Lyle Rapacki is a Private-Sector Intelligence, Behavioral Analysis and Threat Assessment Specialist. Since June of 2010, Dr. Rapacki has provided selected members of the Arizona Legislature Intelligence Briefings on Border Security and threats to Arizona sovereignty. Lyle also receives, analyzes and disseminates critical intelligence from and to law enforcement, intelligence, and governmental communities. He is the author of dozens of White Papers, bulletins and briefings many of which have received distribution to and by local, state, and federal law enforcement, intelligence and public safety agencies. Dr. Rapacki is the owner of Sentinel Intelligence Services, LLC which carries out these functions, as well as provides consultations to elected officials in and out of Arizona, and clients in industry on threat potentials.

Lyle earned a Bachelor's Degree in Political Science and Master's Degree in Counseling from Northern Arizona University, and his Doctorate from Clayton College of Natural Medicine specializing in the treatment of psychological disorders. He holds a Post-doctorate Diplomate in Forensic Counseling and another in Behavioral Psychotherapy. Dr. Rapacki taught in the Criminal Justice Department at Wayland Baptist University, Phoenix campus, and at Grand Canyon University where he also held the position of Director for the Public Safety Administration, Homeland Security – Crisis Management programs. He was a member of the FBI InfraGard Program, and currently is Vice President for the Association for Intelligence Officers AZ Chapter; Executive Board Member to the Association for Threat Assessment Professionals in AZ, and member of the International Association Law Enforcement Intelligence Analysts. He is a Charter Member of Oath Keepers, and Constitutional Sheriffs and Peace Officers Association. He also serves as Vice Chairman for the Coalition of Western States (COWS), which

is comprised of elected officials and public citizen leaders from six western states, and Texas.

Dr. Rapacki is most privileged to provide intelligence as a Watchman to the Christian community nationally, and to write a regular commentary for The Olive Branch Report, an online Christian publication. His commentary is then carried by about 25 additional publications nationally, as well as numerous individual blogs.

(END)

SENTINEL INTELLIGENCE SERVICES, LLC
Wednesday –
June the 1st, 2016
1750Hrs; M.S.T. (Arizona)

HIGH PRIORITY COMMUNICATION:

BRIEFING CLASSIFICATION: ***NOT RESTRICTED – OPEN SOURCE INTELLIGENCE//OSINT***

BRIEFING LEVEL: **Public – particular attention Arizona Elected Officials**

CAVEATS: **Unnamed Professional Medical Physician and Healthcare Consultant**

SUBJECT OF BRIEFING: **Illegals and "Refugees" rushing into, and purposefully being delivered to Arizona arrive with acute diseases**

Briefer's Personal Remarks*: It was well known in medical circles, and reported by me three years ago, multiple acute diseases arrived with illegals coming across the border into Arizona and Texas. Among the most remarkable presentations were: scurvy, measles, chicken-pox, acute diarrhea with third-world bacterial agents, and unknown bacterial infections resistant to antibiotics, and pernicious lice and worms. It was further known, but attempted to be covered-up and not reported to local and State health officials by the Federal Government, large segments of the unaccompanied children were seriously ill and malnourished which further aggravated treatment protocols. These third-world children were rushed into holding or detention centers by the hundreds (Arizona had 1,500 at one time), and then shipped out to other states with their vacancy resupplied from new arrivals. City and county officials were not notified as to what was brought into their areas and communities. State officials were likewise ignorant until horrendous reports of illness began to surface (Pinal County, Arizona is an example of a little known official Federal Detention Center where problems began to surface that caught the surprise of elected officials). The Federal Government has now increased the speed and volume of third-world populations into the United States; interestingly, especially into politically conservative states. While illegals still mass at the southern border of the United States, it is the calculated work of the Feds that are bringing into America Muslims by the thousands from mostly terribly underdeveloped and deteriorating Muslim countries. This particular population has again brought serious medical challenges with them that local and state governments will be forced to financially deal with on an emergency basis, and from which it is quite possible epidemics may occur – even if successfully isolated to certain regions*

within a state. State leaders need to seriously investigate this matter, and review contingency protocols for a response. ~LJR

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FOR YOUR ANALYSIS AND CONSIDERATION:

The U.S. Senate Subcommittee on Immigration and the National Interest has presented official figures depicting a massive spike in Green Cards for Middle Eastern immigrants; most notably, Afghanistan, Iraq and Pakistan, and Iran. Nearly five times as many Afghan immigrants obtained Green Cards in 2014, compared to 2013, and the number of Green Cards given to Iraqi nationals more than doubled. Green Cards to Pakistani immigrants increased by a third. In 2014 (the most recent year for which data is available) the U.S. awarded Green Cards to 103,901 immigrants from Middle Eastern countries entitling the holder to permanent legal status, federal benefits, and a direct path to US citizenship. This is a 32% increase from the 78,917 given the year prior. You will notice these countries are ones in which America is under some form of terrorist threat, with Iran being a regional sponsor of terrorism in the Middle East. You will also notice that the holder of a Green Card is now provided full federal benefits including Social Security, Medicare, Unemployment, housing, food stamps, and in many cases, subsidized housing and utilities. These numbers do not reflect those successfully crossing the southern Border of the United States from these countries, and other Muslim nations like Syria. These numbers also do not reflect third-world immigrants from Haiti, Central and South America, etc. whose countries likewise are involved in a massive social and infrastructure collapse or civil war – or both. The influx of humanity that is being discarded by these third-world and Muslim countries is astounding, and fearful. These people bring nothing of value with them; no skills, no education, no work ethic or even moral framework. In point of fact, the preponderant majority of these people are hardened criminals, many purposefully released from prisons, and warriors who have only known civil war and strife by opposing gangs and warlords. Their health conditions are terrifying which will demand a response to stem epidemic.

A little known disease sweeping across the Middle East is beginning to leave thousands disfigured and/or severely scarred. Cutaneous Leishmaniasis is caused by a parasite found in the blood stream. The disease develops into remarkable open sores and disfiguring skin lesions, nodules or papules. The on-going Syrian civil war has promoted a catastrophic outbreak in that country which is rapidly being spread by immigrants into neighboring Muslim countries; notably, Libya and Yemen, countries we are now promoting for Green Card status. Cases are now being reported in Turkey and Jordan, and just this past week concerns have risen in southern Europe with an almost out-of-control influx of immigrants with poor to no medical screening and patient medical history. From contract to incubation to eruption may take upwards to

six months. The immigrant may present as asymptomatic, be passed through whatever perfunctory screening the Feds have established to stem public outcry, and six months later become active with presentations.

A battle to control a quick spreading outbreak of Measles that began in a federal detention facility for immigrants in central Arizona is being waged. The Eloy, Arizona Detention Center in Pinal County is a privately-run facility that received a contract by the Feds to receive immigrants from countries named above, and elsewhere. Arizona State Health officials have identified 14 locations in Pinal and Maricopa Counties where infections likely have occurred. Arizona State Health officials are aggressively attempting to identify people who may have come in contact with this disease at the 14 locations.

Tuberculosis (TB) has declined in the United States substantially since 1992. Alarming is that the U.S. Government does not have any statistics on Middle Eastern countries including Refugee/Muslims in the category of known TB cases. Either the US is not performing the screening in Middle Eastern countries as they claim, and by law or the numbers are being covered-up or discarded. The Center for Disease Control CDC, may likely be complicit in non-reporting TB cases from third-world and Muslim countries being funneled into America by so-named charity and religious organizations (who, by the way, are making serious money per head brought through their organization) so as not to alarm the American population. The CDC funds State health departments for TB prevention and control activities, including surveillance, case management, and directed therapies. The CDC funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services. In 2015, there were 198 TB cases reported in Arizona; 75% of those cases were reported as "Country of birth other than the US." It is well known in professional health circles that a high rate of TB exists in Muslim countries. The UN is not monitoring these incidents and our government is bringing into our Nation people originating from HIGH TB incident Muslim countries. Likewise my medical and Communicable Disease Control Specialists advise that NO reports are known to exist on the subject-matter of "Tuberculosis among Temporary Visa Holders working in the Tourism industry – United States, 2012-2014."

It is professionally known that tuberculosis among Syrian refugees is most HIGH. The US knows the Syrian population has active TB or many hosts (carriers), but research again by medical consultants concluded that NO results or even connotations that Syrian refugees are screened prior to arrival in the US. Additionally with virtually unsecure borders, there is a reasonable hypothesis that many illegals coming across are active cases or carriers with NO screening being conducted http://www.ncbi.nlm.nih.gov/pubmed/27010221. I also refer you to the following named site for another look at the distribution of TB in Arizona http://gis.cdc.gov/grasp/nchhstpatlas/main.html?value=atlas. The CDC and other agencies coordinating mass refugee resettlement are quick to reassure the public that

NO problems exist, that speculation is merely politically motivated. But data from health services in the States of Florida and Indiana belie that claim. These two states have aggressively been combating the out-of-control refugee resettlement program fully underway in America. The health services in these two states have confronted the political hogwash and typical political speak oxymoron spilling out from various federal agencies, especially CDC. As an example, State of Florida Health Officials caught the CDC officially listing refugees as diagnosed with TB as, "Active Tuberculosis – noninfectious."

Among the most serious responsibilities a State Elected Official has upon being sworn into office is the responsibility to provide for the protection and welfare of the citizens to whom he/she serves. A ticking medical time bomb exists in Arizona and other border states with the ever increasing rise of illegals from third-world countries, and the refugee relocation program sponsored by the Washington establishment. A Clear and Present danger that in itself knows no political ideology or party or candidate, but stealthily spreads looking for new places to reside. The fuse was lit a few years ago, but with ever increasing numbers of truly poorest of poor pouring across our borders illegally and even by invitation, the chance for contracting the vicious diseases mentioned in this report becomes ever significant. Already our health care system is inundated with these poorest of the poor, but when these vicious diseases begin to overwhelm the system, the fuse will have gone very far, and a medical crisis will explode in a most public and damaging manner. Elected officials simply are neither addressing this threat, nor pressing health professionals for realistic answers and protocols in the event the fuse gets to the end and ignites the bomb.

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SENTINEL INTELLIGENCE SERVICES, LLC
Friday –
June the 3rd, 2016
1745Hrs; M.S.T. (Arizona)

PRIORITY COMMUNICATION:

BRIEFING CLASSIFICATION: ***NOT RESTRICTED – OPEN SOURCE INTELLIGENCE//OSINT***

SELECTIVE DISTRIBUTION INTELLIGENCE DUE TO SENSITIVITY OF SUBJECT MATTER

BRIEFING LEVEL: **Law Enforcement//Intel and Threat Assessment Specialists – Selected Elected Officials overseeing Public Safety**

SUBJECT OF BRIEFING: **Bacteria Resistant to Antibiotics Found for the First-time in the United States**

NOTICE OF RESTRICTED INTELLIGENCE COMMUNICATION:

The content of this briefing contains information and opinions along with findings that are considered as intelligence analysis classified as: SELECTIVE DISTRIBUTION INTELLIGENCE – OPEN SOURCE INTELLIGENCE//OSINT. Said content is sensitive and proprietary, and is intended for LAW ENFORCEMENT//INTEL//THREAT ASSESSMENT SPECIALISTS. If you are not law enforcement//Intelligence or Threat Assessment Specialist or Selected Elected Official overseeing Public Safety issues or a designated professional vetted by the sender, you are hereby notified that any disclosure, dissemination, copying or distribution of the herein stated material is strictly prohibited. No portion of this communication and/or attachment(s) are to be released to the public, the media, or others who do not have a direct need-to-know without specific documented authorization from the sender. Failure to abide by this admonishment may result in a legal action taken against you. Notify sender immediately if you have received this communication in error. **WARNING: This Document is for Official Use Only//FOUO.** *It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552).*

FOR YOUR ANALYSIS AND CONSIDERATON:

On Thursday, June the 2nd, 2016, I released for public distribution a report titled a "Medical Ticking Time Bomb." This report presented medical and other facts detailing a looming problem that will create a medical State of Emergency for Arizona and other states, especially Border States due to the unchecked and increased flow of illegals from South America and third-world countries, as well as Muslims purposefully being delivered into selected states in America, especially politically conservative states.

Both sets of incoming populations represent the poorest of the poor, and many are presenting with medical and physical challenges rarely seen and difficult to treat. More alarming are those coming into Arizona and other Border States who have not been medically screened, or who entered Border States in an unknown and unmonitored fashion. The current Measles outbreak in Arizona is an example of these named situations. My report discusses additional medical presentations specifically unique to populations in third-world countries, which populations, are now crossing our southern Border or being airlifted into selective states by the Federal Government with questionable (at best) screening.

For the first-time, researchers have found a person in Pennsylvania carrying a bacteria resistant to antibiotics of last resort. This report is highly disturbing, and health officials are sobered by this finding. The antibiotic-resistant strain was discovered last month in the urine of a 49-year-old Pennsylvania woman. Department of Defense researchers determined she carried the strain of E. coli resistant to the antibiotic Colistin, according to a report published yesterday in Antimicrobial Agents and Chemotherapy, a publication of the American Society for Microbiology. Colistin is the antibiotic of last resort for particularly dangerous types of superbugs, including a family of bacteria known as CRE, which health officials have dubbed "nightmare bacteria." In some instances, these superbugs kill up to 50% of patients who become infected. The Center for Disease Control and Prevention has called CRE among the country's most urgent public health threats. The Pennsylvania case has set off alarms in various public safety and medical communities.

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Arizona State Senate Briefing
Healthcare Issues – Illegals and Refugees

August the 17th, 2016

Imminent Challenges to Arizona:

1. **So-named "Refugees" deliberately brought into the United States by our Federal Government are NOT well screened or at all for many diseases, such as HIV, Parasites, STDs, Hepatitis, Fungal infections, and illnesses not seen by American medical professions either ever, or in decades. These "refugees" also constitute approximately half of the TB cases now manifesting across America.**
2. **Tuberculosis is one of the most lethal infectious diseases in history, and despite the fact that we know there is no way to accurately vet the "refugees" being imported, agencies/departments in the federal government are allowing well over 200,000 into America by 2017.**
3. **Tuberculosis is quickly becoming highly resistant to all our antibiotics, and it is a disease that is very easily transmitted.**
   a). A fertile feeding ground for TB is anywhere in a country with close-quarters, lots of chaos, a shelter or temporary housing, and school classrooms.
   b). Many refugees are completely unaware they are carriers of TB.
4. **The flood of humanity inbound to America (Arizona) will also bring microbes and parasites known as "superbugs" or as health officials in multiple states already are calling, "nightmare bacteria." Data is now beginning to surface demonstrating that superbugs kill up to 50% of patients who become infected. Even the Center for Disease Control (CDC) has called this increase in superbugs the country's most urgent public health threat.**

Recommendations:

1. **Launch an aggressive statewide public awareness campaign – not sensational but candidly informational in makeup.**
2. **Immediately begin teaching about hygiene, especially in retention/detention centers, refugee facilities, and schools. Teachers and teacher's aides should be trained in basic identification of disease onset, i.e. coughing, fever, skin changes; tummy aches and refers to school nurse for further evaluation.**
3. **Educational programs and Public Service Announcements (PSAs) encouraging early detection and treatment of Parasites, TB, Upper Respiratory Infections, HIV, Hepatitis and other STDs. Take away the stigma, and promote early detection and assistance without judgment.**
4. **Begin an immediate crash course for doctors and health care providers on the pending threats. A generation or two of Drs. have NEVER seen or treated some of the diseases and parasites coming this way. Check immunizations for health care providers.**
5. **Pre-stage pharmaceuticals and vaccines throughout the State in pharmacies, 24-Hour Walk-in clinics, doctor's offices.**
6. **Legislature needs to begin serious planning for additional funding to address multiple areas of costs.**
7. **Prepare contingency plans to declare a State of Medical Emergency with shut-down of border, increased check points and screening stations. The State of Arizona needs to prepare contingency plans to shut down the Arizona portion of the Refugee Re-settlement Program and the children entering the US Unaccompanied Program.**
   a). Healthcare screening immediately implemented in schools.
   b). Healthcare intervention for identified previously mentioned diseases implemented in schools and detention facilities.
   c). A monitoring and outcomes program immediately developed across the state.
8. **Begin immediate discussions by and between all branches of State Government and State Agency Directors developing action plans and protocols in the event of mass medical challenges.**
9. **Treat this subject seriously, and not as an overreaction.**

FOR YOUR ANALYSIS AND CONSIDERATION:
The U.S. Department of Homeland Security (DHS) has been quietly transporting illegal immigrants from the Mexico Border to Phoenix and releasing them without proper notification, processing or the issuing of court appearance documents. During the week of June the 14th, 2016, 35 such individuals were transported 116 miles north of Tucson to a Phoenix bus station where they disembarked and went their separate ways. **Judicial Watch** ***was present filming the entire episode, and observed the white vans carrying said individuals arrive at the Greyhound Station on Buckeye Road in Phoenix, off load the individuals who then separated.***

The numbers of like situations are staggering.

END OF REPORT –

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PROFILE

HEALTHCARE INDUSTRY CONSULTANT

Cost Containment, Managed Care, Utilization Review, and Reimbursement Expert

Healthcare Leadership Executive with 30+ years' experience as leader in utilization and case management, medical device reimbursement, hospital bill claims review and healthcare consulting. Developed and implemented (5) companies in healthcare and (6) years' experience directing health plans and provider network operations. People-centric, collaborative leader who leverages strengths of others to guide best practices and navigate challenges.

CORE COMPETENCIES

- Healthcare Consulting	- Healthcare Regulations	- Process Improvement
- Managed Healthcare Leadership	- Market & Clinical Research	- Staff Management
- Strategic Planning & Implementation	- Operations Management	- Client Relations
- Financial & Business Analysis	- Project Management	- Entrepreneurship

PROFESSIONAL EXPERIENCE

HEALTHCARE CONSULTANT, LLC, Phoenix, AZ 2012 – Present

President / CEO

Selected projects:

- Assisted insurance companies set up a Patient Advocacy Program for their clients.
- Implemented a Prior Authorization System for a Non- Emergency Medical Transportation company.
- Performing hospital bill reviews and negotiations upon request.
- Consulting with Brokers who require clinical or managed care expertise and knowledge in their presentations to potential clients.
- Perform Independent Reviews to determine Medical Necessity for Appeals.
- Multiple projects writing Security and HIPAA Policy and Procedures.
- Project development and implementation for international claims cost containment company.

ACTION HEALTHCARE MANAGEMENT, INC., Phoenix, AZ 1995 – 2012

Best in Class Medical Management Services

President / CEO

Planned, developed and implemented an independent medical management business for companies that self-fund their employees' healthcare benefits. Supervised 6 direct and 29 indirect FT employees, with a budget of $2.5M+/- annually. Sustained 100% retention rate of clients. Grew from overseeing 10,000 insureds to more than 125,000 insureds.

- Communicated organizational objectives with staff for both internal and customer companies, as well as with various regulatory and oversight agencies.
- Oversaw budget, client reports, client communications, and marketing. Identified business improvements.

ADVANCED MEDICAL REVIEW, INC., Phoenix, AZ 2002 – 2012

Medical Billing Consultative Services

President / CEO

Pioneered a cost savings system to reduce irrelevant hospital-billed charges.

- Trained nurse auditors to evaluate patient charts and billing documents to determine areas for savings.
- Ensured evaluations were well documented for quality assurance and appeal purposes. Used a combination of specialized reporting, data mining and technology integration to check for quality control of nurse auditors' hospital bill reviews.

MEDTECH REIMBURSEMENT, LLC, Phoenix, AZ 2009 – 2012
Medical Device and Procedural Reimbursement
President/CEO
Envisioned and developed a unique methodology for obtaining reimbursement for new FDA approved medical devices and procedures for device manufactures and physicians. Achieved 100% success obtaining reimbursement by predeterminations and following the appeals process.

- Cultivated strong relationships with prospective clients while strengthening existing accounts.
- Oversaw internal and external statistics, budgeting, time submissions, and contact with Attorney Generals' Offices or Department of Insurance in multiple states.

AHCCCS Blue Connection, Phoenix, AZ 1994 – 1995
Wholly Owned Subsidiary of BC/BS of AZ
Director of Medical Services
Implemented, hired, trained, and oversaw the Precertification, Concurrent Review, Discharge Planning, Case Management, Pregnancy Management, and Provider Relations Departments.
Developed policies and procedures following State of AZ Regulations and Statutes.

- Communicated with physicians and contracted medical services vendors. Set up pertinent committees i.e. CM and UM Committees, Policy and Procedure Committee, Provider Network Committee, Pharmacy and Therapeutics Committee. Served as Health Plan Liaison with State ACHCCCS Medical Director's Office.

PRIOR WORK HISTORY

Operating Room Director, Various Hospitals, Arizona and Nevada

- *Planned, Implemented and Directed – (2) Major hospitals' Open Heart/Cardiovascular Teams*

Director of Medical Services Department, (2) Arizona Medicaid Health Plans
Director of Medical Services – Utilization and Case Management Departments, PPO Networks
Director of Fraud and Abuse Medical Bill Review Program – PPO Network and Medical Management Company

PROFESSIONAL AFFILIATIONS

Founded and Executive Director of Central AZ Chapter of the Case Management Society of America (CMSA). Grew organization from 30+/- members to over 450+ case managers and social workers statewide. Provided continuing education credits for social workers and nurses as well as offering scholarships to nurses and social workers to continue their education.

- *Member* - Phoenix 100 Rotary Club
- *Board Member* - New Life Society of Arizona (Organ transplant education and outreach program)
- *Advisory Board & Contributor* – The Hertel Report
- *Usher and Hospitality Greeter* - Blessed Sacrament Catholic Church

EDUCATION & LICENSURES

Licensed & Registered Nurse
AZ (active), CA & NV (inactive)

Bachelors of Science in Business Administration – Health Care - University of Phoenix, Phoenix, AZ
Associates of Science in Nursing - RN - San Joaquin Delta College, Stockton, CA

ADDITIONAL ACOMPLISHMENTS

- Presented at the National Association of Health Underwriters Conference on *"Health Care Cost-Containment Programs"*
- Appeared before the State of California Utilization Review Nurses Association discussing the *"Nurses' Role in a Managed Care Environment to Control Utilization"*
- Appeared before the Healthcare Financial Management Association on *"Improving Medical Management through Disease and Predictive Management Programs"*
- Appeared before the Southern California Brokers' Association on *"Managing Your Health Care Claims Effectively"*

- Listed in “Who’s Who of American Women” as well as in “Who’s Who of Managed Healthcare Executives”
- Speaker, Arizona Senate Healthcare Sub-Committee on numerous managed care issues, Arizona Senate Briefings
- Invited to speak on *“The Future of Managed Healthcare”* at the American Bar Association National Conventions – Chicago, New Orleans and San Francisco

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Arizona Senate Briefing

Healthcare Issues

August 17, 2016

We have long heard the drumbeat from the medical community warning of the dangers of the potential for certain strains of bacteria to develop resistance to the various categories of antibiotics, the arrival of the so-called superbugs.

Let's look at a little history of the course of disease over the centuries. The main drivers for the reduction in mortality/death rates caused by infectious diseases include: vaccination, improved sanitation and hygiene practices, and the advent of antibiotics which in many cases turned potential killers into minor discomforts.

As the bacteria have evolved, the medical community has turned to more and more powerful antibiotics to fight back. However, it now seems that the arsenal is empty as the U.S. has joined the growing list of countries whereby patients have become infected by bacteria and other diseases resistant to antibiotics of last resort. What does this mean? We have NO arsenal to defend against these superbugs especially CRE (Carbapenem-resistant enterobacteriaceae) and certain drug resistant TB.

Currently, the Centers for Disease Control estimates as many as 2 million antimicrobial-resistant infections occur in the U.S. each year, resulting in 23,000 deaths.

How does this happen?

We are now being exposed to viruses, bacteria and parasites that the average American has not been exposed to previously.

Refugees are being brought into our country and are being integrated into our communities that have had NO background checks as to country of origin, NO previous medical history, NO medical screening, and NO education on sanitation and basic hygiene practices.

A high percentage of resettled refugees never complete their health screenings, so they may be wandering around, untreated, for any of a number of diseases, which includes tuberculosis, but also include intestinal parasites, whopping cough, diphtheria, measles, scabies, leprosy, and HIV.

Arizona has witnessed how an unforeseen exposure to a virus can pop up unexpectedly, spread throughout the community and expose and infect others in a very short period of time without our knowledge. Fortunately in Arizona's case, it was only the measles; however it did affect 150 people in 2

counties. We were lucky to miss the bullet with this measles outbreak but it's a roll of the dice and we have been forewarned.

The more rural areas are at a larger disadvantage since their resources are more limited. That is, fewer trained medical or ancillary staff to identify the disease, fewer facilities to handle an outbreak, and certainly fewer dollars to expend on containment and control of these potential lethal epidemics. It can happen anywhere and without any warning.

What if this had been TB or CRE, (Carbapenem-resistant enterobacteriaceae) which health officials have dubbed "nightmare bacteria" or one of the other myriad of diseases that we currently have no drugs to fight? Remember, these superbugs kill up to 50 percent of patients who become infected. The CDC has called CRE among the country's most urgent public health threats.

ARE WE PREPARED?

A good analogy of what happened with the spread of disease is shown us again in history. Cortez and his men decimated the Aztecs and Incas with smallpox. It destroyed the entire Aztec culture in 1518. At that time, the Empire included about 30 million people. By 1568, the estimates are that only 3 million people remained in the area covered by the Aztec Empire.

What happened?
- In 1519, when Hernan Cortes landed in Mexico, one of Cortes' soldiers had already contracted smallpox. In fighting with the Aztecs the infected soldier died. The Aztecs contracted smallpox from contact with the dead soldier.

> "As the Indians did not know the remedy of the disease…they died in heaps, like bedbugs. In many places it happened that everyone in a house died and, as it was impossible to bury the great number of dead, they pulled down the houses over them so that their homes become their tombs."

This left the Aztec army in tatters, and Cortes easily defeated them. Some years later, the same thing happened to the Inca's. Between 60% and 90% of the Inca population died.

In North America, smallpox wiped out 90% of the Native American population on the Massachusetts coast between 1617-1619. Overall, some estimates say that 90 - 95% of the native population of the New World died due to smallpox.

Impact – What is it?

Financial Impact

- Taxpayers will be responsible for almost $20,000 for each refugee and asylum seeker who comes into this country, not including welfare, medical assistance, food stamps, and housing
- There are over 500,000 legal and illegal immigrants migrating to this country, the U.S. is also currently accepting over 95,000 refugees and asylum seekers and as recently as this past Monday, we heard that number may swell to 200,000 by January 2017
- At $20,000 a refugee, this is money that our nation and the state of Arizona clearly doesn't have

- Increase in state and federal taxes to cover costs of additional recommended services
- Additional training for our medical personnel and those ancillary personal working in the field with the refugees/immigrants

Healthcare Impact

Antibiotic Resistant Microbes and Parasites

1. The CDC estimates as many as 2 million antimicrobial-resistant infections occur in the U.S. each year, resulting in 23,000 deaths
2. ***Colistin*** is the antibiotic of last resort for particularly dangerous types of superbugs,
3. According to the World Health Organization, there are three main forms of the disease and are spread by more than 20 parasites. There are thousands of cases in the Middle East region but it is still underestimated because no one can count the exact number of people affected
4. This "resistance" to treatment starts as a random mutation in the bacteria's genetic code, or the transfer of small pieces of DNA between bacteria. Those at risk for picking up the disease are due to malnutrition, poor housing and overcrowding, deficient medical care and lack of health facilities.

Typical scenario: 15 year old male or a 6 year old female with no classical symptoms of illness. They have no medical history, no medical records and, perhaps, are among a few who survived in his village. Their bodies developed immunity to all sorts of parasites, bacteria, viruses etc., however, they are carriers of multiple microbes. We have no idea what they may be carrying around but they are sitting in our school classrooms.

By the way, in March of this year, 28 students in a Kansas high school tested positive for TB

Only about two-thirds of all patients with TB are diagnosed and reported to national TB programs annually. More than 100 countries have reported individuals with TB, which is resistant to all or nearly all first- and second-line TB drugs. TB is an airborne disease that spreads to others through coughing, sneezing, or talking. Disease transmission is also facilitated by global travel, which can lead to the rapid dissemination of pathogens throughout the world.

The director of the Centers for Disease Control and Prevention, Tom Frieden, said**,** "(This) basically shows us that the end of the road isn't very far away for antibiotics—that we may be in a situation where we have patients in our intensive care units, or patients getting urinary tract infections for which we do not have antibiotics….I've been there for TB patients….I've cared for patients for whom there are no drugs left. It is a feeling of such horror and helplessness. This is not where we need to be.

As Dr. Frieden noted, drug-resistant forms of tuberculosis (TB) are also spreading, with health experts saying that this bacterium is "virtually untreatable" and one of our "most significant global threats." About one-third of the world's population carries latent TB, and about 10% of these carriers will become sick.

Tuberculosis - TB

1. TB Statistics
   a. The average cost for a hospital stay principally for a typical TB case was $20,100

   b. According to the CDC, care of patients with drug-resistant TB, costs many times more: $134,000 for a multidrug-resistant patient and $430,000 for an extensively drug-resistant patient
   c. The uninsured and Medicaid accounted for a disproportionate share of TB hospitalizations
2. Though the CDC has gone to great lengths to assure Americans that refugees do not present a tuberculosis health risk to them, the actual data audited from Florida and Indiana belie that claim
3. Refugees who are diagnosed as having something the CDC calls, in a classic bureaucratic oxymoron, "active tuberculosis – non-infectious," are classified as Class B1 medical risks and are allowed to migrate to the United States
4. Many refugees have migrated to the U.S. by land. Many fly to Ecuador because of the country's liberal immigration policies; travel north through Central America and Mexico and enter the US illegally
5. Most refugees are unaware that they are carriers of TB
6. Tuberculosis is one of the most lethal infectious diseases in history, and despite the fact that we know there is no way to accurately vet the refugees being imported into the country by the thousands
7. A fertile breeding ground for a disease like TB would be anywhere with close quarters, a shelter or temporary housing for refugees, crowded classrooms…..yet none of the refugees identified had been medically screened overseas

Background Information for the Reader

Top Refugee-Receiving U.S. States

In 2015, as in the prior year, the largest shares of refugees arriving in the United States were resettled in Texas (11 percent, or 7,479 persons) and California (8 percent, or 5,716). Relatively large shares were also resettled in New York (6 percent, or 4,052), Arizona (5 percent, or 3,137), Michigan (4 percent, or 3,022), and Ohio (4 percent, or 2,989). Thirty-eight percent of all refugees were resettled in these top six states.

After reviewing the information on the top 13 states with the highest incidence of TB and Latent TB beginning on page 4 below, it comes through loud and clear that the public isn't being told all the information required to make informed decisions for their towns, communities, counties or states. **Mayors, Elected Officials and Governors are asking the federal government for help… but not receiving it.** There is no cavalry on the way and at this point, we don't know what we don't know. Disease knows no boundaries and it can and will attack all of us equally. There is a short timeline and a narrow window of opportunity to find out what is and what is not working for these states.

ARE WE PREPARED?

States with Highest TB Incidence with Refugees/Immigrants

1. North Dakota

Dr. John Baird, Health Officer for the Fargo Cass Public Health Department in North Dakota, confirms to Breitbart News that the agency, which serves all of Cass County, has diagnosed and treated four refugees with active tuberculosis (TB) between 2012 and 2015.

Dr. Baird's confirmation of active TB among refugees in the Fargo community comes barely a month after a spokesperson for Lutheran Social Services of North Dakota (LSSND), the resettlement agency hired by the federal government to operate the program in North Dakota, denied that any refugees it has resettled in North Dakota have been diagnosed with active TB. However, the state of North Dakota reports a 29 percent rate of Latent TB infection among recently arrived refugees.

2. Colorado

Denver Health is conducting a contact investigation after a patient came in to Denver Health Medical Center in May 2016 but wasn't diagnosed with potentially contagious TB. Eventually, he was placed in isolation in July.

3. Texas

However, at least a half dozen anonymous sources, including nurses and health care providers who worked at Lackland, allege that the government is covering up what they believe to be a very serious health threat. Several of my sources tell me that tuberculosis has become a dangerous issue at both the border and the camps.

"The amount of tuberculosis is astonishing," one health care provider told me. "The nurses are telling us the kids are really sick. The tuberculosis is definitely there.

"However, at least a half dozen anonymous sources, including nurses and health care providers who worked at Lackland, allege that the government is covering up what they believe to be a very serious health threat. My source said there are children showing classic tuberculosis symptoms -- spitting up blood, a constant cough and chest pain. BCFS officials deny that any child at Lackland has been diagnosed with TB and the state health commissioner downplayed the health threat. "TB is the real problem here."

It's impossible to know the full extent of the communicable diseases that have come and are coming across the border. Nurses and other care givers tell me they've been told to keep their mouths shut. Those caught divulging information are subject to immediate dismissal -- and all my sources said they were told they could also be arrested.

Amarillo, Texas

"All I ask is they realize the concentration of refugees is a disservice to the refugees as well as the rest of the community," Harpole (mayor of Amarillo) said in regard to government agencies resettling refugees in Amarillo.

The refugee population puts pressure on schools, hospitals, police, emergency operators and others because of language barriers. "We have more than 41 languages now," Harpole said. "And schools have to bring kids up to grade standards in a very short time. They don't even know what a restroom is when they get here."

Refugees are brought here from camps by the federal government and two private agencies: Refugee Services of Texas and, to a lesser extent, Catholic Charities of the Texas Panhandle. Since private agencies place the refugees using federal funds, city government is unclear on how many people from which country have arrived here.

"We've been trying to figure out the numbers for years," Harpole said. "We've fought to get information from the (U.S.) State Department and (Texas) Health and Human Services. **We got no help.**"

4. Oklahoma

Oklahoma Rep. Jim Bridenstein was denied access last week to the HHS facility at Fort Sill – another facility run by BCFS. There is no excuse for denying a federal representative from Oklahoma access to a federal facility in Oklahoma where unaccompanied children are being held," the congressman said in a statement. Bridenstein said he was told that unannounced visitors are not allowed – even if they are elected officials – and that he would have to make an appointment to visit the facility.

"What are they trying to hide?" he asked. "Do they not want the children to speak with members of Congress?"

5. Indiana

In 2007, *we were stunned to learn* about how the large number of TB cases among refugees in Fort Wayne, Indiana was swamping the Allen County Health Dept. In 2015, almost 400 migrants with latent TB settled in Indiana, according to state records. The state's TB rate had declined for the previous 54 years up to 2010, but is now increasing rapidly as more migrants settle in the state.

However, we, like you, are shocked now to learn that in July 2016, refugees with ACTIVE TB are being permitted entry and quietly treated with your tax dollars. Indiana has a (26 percent) rate of TB infection among recently arrived refugees.

6. Idaho

The College of Southern Idaho's Refugee Center is expecting an influx of Syrian refugees starting in October. Projections show the center will likely receive 300 refugees from around the world during the upcoming federal fiscal year. Community leaders learned of the plans for up to 2,000 refugees at a recent conference (Oct 2015) at Boise State University attended by church groups, social services providers and other "stakeholders."

"That's the number they put out that they're planning for, a total of about 2,000 over the next one to three years, with 70 percent going to Boise and 30 percent in the Twin Falls area," said Shahram Hadian, a former Muslim turned Christian pastor in eastern Washington. More than 20 languages are spoken in our schools. That may sound daunting, but it's nothing compared to another city in America's heartland — Wichita, Kansas where 80 different languages are spoken.

Seven refugees with active tuberculosis (TB) were diagnosed shortly after their resettlement in Idaho, according to the Idaho Department of Health and Welfare. 90 percent of the 4,650 refugees resettled in Idaho between 2011 and 2015, or 4202, were medically screened within the first three months of their arrival, according to the Idaho Department of Health and Welfare. Of those screened, 21 percent (896) tested positive for TB. (Only four percent of the general population in the United States tests positive for TB.)

7. Minnesota

Minnesota had a (22 percent) rate of TB infection among recently arrived refugees. Minnesota had 150 cases of TB in 2015. The most common risk factor for TB cases in Minnesota is being from a country where TB is common. Over a quarter were from Somalian refugees. The alarming public health report from Minnesota comes on the heels of news from the Centers for Disease Control that in 2015, the incidence of tuberculosis in the United States increased.

8. Vermont

Epidemiologists at the Vermont Department of Health are concealing the number of refugees with contagious active tuberculosis nearly a month after it was reported that more than one-third of Vermont's resettled refugees test positive for TB.

Earlier this month, it was revealed that 35 percent of Vermont's incoming refugees in the past four years tested positive for tuberculosis. How many of those cases are contagious and symptomatic, however, remains a secret, as state epidemiologists and top officials at the Health Department have spent weeks blocking efforts to obtain the data.

9. Arizona

Cases of active TB disease reported in Arizona totaled 198 in 2015. "Most [of the] 222 cases of active tuberculosis infection (TB) …reported among Arizona's refugee populations…were caused by latent tuberculosis infections that became active…," according to the state's Department of Health. Eighteen percent "of all refugees resettled in Arizona arrive with a latent TB infection," the 2014 Arizona Refugee Health Report states.

The most current scientific research supports the concern expressed by Arizona public health officials about the high rates of Latent TB among resettled refugees.

10. Kentucky

In Kentucky, for instance, 73 percent of recently arrived refugees who tested positive for LTBI did not successfully complete a treatment program, as that 2013 study published by the University - Louisville Global Health Center concluded. Nine of the 842 refugees who arrived between 2013 and 2015 were diagnosed with active TB according to the County Health Department (LFCHD). Though LFCHD readily provided active TB data for refugees who arrived in Lexington-Fayette County, it did not provide latent TB infection (LTBI) data.

LFCHD "does not conduct medical screenings for the refugee population, but rather receives a referral for those who have a positive TB skin test or an abnormal chest x-ray or who have been exposed to an active case of TB," a LFCHD spokesperson responded when questioned.

11. New Hampshire

Gov. Maggie Hassan made headlines Monday (Nov 2015) when she became the first Democratic governor to call for a freeze on Syrian refugees entering the U.S. She said Wednesday that some misunderstood her position. "What I'm calling for is a pause, because the first job of any government is to keep our people safe," she said.

Mayor Ted Gatsas also expressed frustration about how his comments have been reported. He called into a national radio talk show to clarify his position. "Let me clear this up for you," Gatsas told the program. "I have no choice whether I can accept or reject [any refugees]. As the mayor of a city, you don't have that ability." He said that he wants to make sure any refugees are vetted properly.

We have a huge archive on the problems in Manchester, NH with refugee overload and the mayor's efforts there to get the flow under control, the city whose school system struggles with over 80 languages spoken within its student body is a small example of some of the challenges the city faces.

Hassan said she wants a temporary halt until she gets assurances and details from the federal government regarding its process, which she said is currently veiled in secrecy. "It is very difficult to get from the federal government information about the number of refugees coming to our state or the process for resettling them or for vetting them," she said.

Local TV News 9 obtained prospect reports filed by four refugee resettlement agencies in the state. A projected 470 refugees are on track to enter New Hampshire next year (2016) from a dozen countries, including Syria.

12. Tennessee

Tennessee (27 percent) rate of Latent TB infection among recently arrived refugees. Both the Tennessee Department of Health and the VOLAG (voluntary agency) that administers the refugee resettlement program in the Volunteer State, Catholic Charities of Tennessee's Tennessee Office for Refugees, have failed to make to make public critical information on refugee tuberculosis (TB) health care.

The percentage of foreign-born cases of TB has increased during this time period from 36% in 2010 to 45 percent in 2015. According to statistics that are available for the state, show during that same time period, the number of refugees arriving in the state annually has remained around 1,600. (It was 1,600 in 2010 and 1,601 in 2015).

13. California

California has received over 700,000 refugees since 1975. An estimated 2.5 million Californians have latent infection with tuberculosis; most are unaware of their infection and are untreated. For more than two decades, the rate of TB has steadily declined in California. More recently, this decline has slowed and is beginning to trend upward. Despite the slowing decrease in TB disease, 2,145 cases were reported in 2014, representing the lowest case count in California history but still the largest in the nation. With the expansion of health care access through Medi-Cal in 2014, an estimated 800,000 new foreign-born adults were enrolled in the Medi-Cal program.

The estimated direct cost for active TB cases in California for 2014 was $51 million. Additional costs to society arise from secondary transmission of disease and the resultant costs and productivity losses.

Refugee Benefits

Refugee/immigrant access to benefits is the same offered to U.S. citizens. This has made the Refugee Program a global magnet. The programs available to them and usually administered by and paid for by the state (with some matching federal funds) include:

· Temporary Assistance for Needy Families (TANF) formerly known as AFDC
· Medicaid
· Food Stamps
· Public Housing
· Supplemental Security Income (SSI)
· Social Security Disability Insurance
· Administration on Developmental Disabilities (ADD) (direct services only)
· Child Care and Development Fund
· Independent Living Program
· Job Opportunities for Low Income Individuals (JOLI)
· Low-Income Home Energy Assistance Program (LIHEAP)
· Postsecondary Education Loans and Grants
· Refugee Assistance Programs
· Title IV Foster Care and Adoption Assistance Payments (if parents are ⌈qualified immigrants – refugees, asylees, etc)
· Title XX Social Services Block Grant Funds

Animals as Disease Carriers - Diseases We Catch From Animals That Can Be Passed from Human to Human

Diseases can be transmitted through DNA of infected livestock, food and humans. According to the World Health Organization, there are many diseases that are spread by more than 20 parasites associated with animals. There are thousands of cases in the world but it is still underestimated because no one can count the exact number of people who have been affected.

Hookworms and Roundworms

Hookworms and roundworms are common parasites of dogs and cats. When a human accidentally eats something contaminated with worm eggs from an animal's stool, the eggs hatch in the human's intestines and begin migrating throughout that person's body. Worm larva can also burrow through intact skin. Because these parasites were designed to live in dogs and cats, they become lost in the human body – often in the liver or eyes. When this occurs, the disease is called visceral larval migrans. This disease occurs most often in children due to their poor hygienic practices.

Tapeworms

Certain tapeworms that live in the muscles of livestock and fish can also infect humans. Taenia solium is carried through pork, by beef and Diphyllobothrium and by fish. Besides the three tapeworms previously mentioned, Echinococcus granulosa, can infect people. The first three develop in the human intestine while the last can cause major damage to the human brain and body organs.

Toxoplasmosis

Eating raw or poorly cooked meat of an infected animal is another way this disease is passed on to man. If a woman becomes infected during the latter two thirds of pregnancy toxoplasmosis may cause severe fetal abnormalities.

West Nile Virus

West Nile virus generally affects humans, birds and horses. The disease causes an inflammation of the

brain or encephalitis. It is transmitted from animal to animal and animal to person by the bite of an infected mosquito. It can also lead to death.

Hantavirus of Rodents

It occurs primarily in the fall when rodents move indoors to escape the cold. In the process of the human body attacking the virus in the linings of blood vessels throughout the body, the capillaries are damaged and leak (increased permeability). In humans this causes life-threatening pneumonia, edema, bleeding, fever and kidney failure.

Salmonellosis

Salmonella are a group of intestinal bacteria that can cause disease in animals and man. People with a robust immune system rarely experience more than severe cramps and diarrhea. However in infants and people with weak immune systems the disease can be life-threatening.

Anthrax

Anthrax is primarily a disease of cloven-footed animals. The disease is often fatal to animals and man. In humans the lung or pulmonic form of the disease is the most fatal. It is spread through contact with the carcasses of infected animals. It can also occur on the hands and arms as small pus-filled lesions called carbuncles.

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