

# THE



Issue 40.06



# BULLETIN

June 2014

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## Pros & Cons of The Villages “Health System” Dr. Norman Anderson

Dr. Norman Anderson, CEO of the Robert Boissoneault Oncology Institute, was the featured speaker at the April POA Meeting. He was asked to provide us with what he, as a physician outside the “System”, saw as its pros and cons. All of our seats and standing room were filled 10 minutes before the meeting and thus we had to turn many residents away – but, with a promise that we would fully cover Dr. Anderson’s remarks in the POA June Bulletin. Here are his prepared remarks, almost in its entirety, for your review. (We had to eliminate some of his content due to Bulletin space restraints.)

“Prior to giving a lecture, physicians are now encouraged to acknowledge any vested interests which could be perceived as a conflict. With this in mind, and for those of you who may not be aware, I am not a part of the establishment, and I do not hold favored nation status. Please don't interpret this as negative. Rather, I'm attempting to emphasize that my comments come only from myself.

“I see this talk as one page in your expanding reference book, biased by my own medical background and experience, dealing with third party payers for the past 30 years. I hope to provide a different perspective...most assuredly, another opinion. The universal con-

cepts and specific details we'll look at can be applied when you evaluate ANY health care package since this information is not plan specific; consider it a check list. On that note, there are many points in the present plan I am not aware of. Therefore, I cannot provide administrative or legal review. What you personally seek...in and for...your health coverage may vary tremendously from what the person sitting next to you seeks.

“If one were to purchase a car, you would want to know those essential components that make it a viable vehicle. Substituting a less than optimal engine for nice dealer add-ons

**Tuesday, June 17, 2014**

**POA GENERAL MEMBERSHIP MEETING**

**Third Tuesday of the Month – 7:00 P.M.**

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may be your choice. But I want that substitution to be...your choice. Thus, if I provide any benefit, it would be as quality of care advocate, bringing to light essential elements worth considering. I intend to rake all components "over the coals" equally, including medical specialists, of which I am a part. By doing so, I will hopefully furnish objectivity toward your ultimate decision.

“Let's start by looking at a series of uni-

*(Continued on page 2)*

## AAC & CDD4's Rich Lambrecht Improving

Rich Lambrecht suffered a stroke on April 29<sup>th</sup> and spent the next eleven days in The Villages Regional Hospital. He was transferred to a rehab facility on May 10<sup>th</sup> and since that time has been working diligently with Physical Therapists and his condition is improving, which is great news for his family, friends, and residents of The Villages.

### **Community Development District 4 (CDD4)**

For those who may not know Rich Lambrecht, he has been on the CDD4 Board of Supervisors since the first landowners election that allowed for resident members to be on CDD4 Board of Supervisors (initially the Developer appointed all members). This is his third four-year term as an elected member of that Board of Supervisors.

Because of Rich's due diligence (in his first few years as a supervisor he reviewed

*(Continued on page 5)*

## “Health Systems”

(Continued from page 1)

**versal concepts**, and then, we'll look at more specific details.

“To be realistic, no matter who offers a plan, you can't get everything imaginable for a discounted price. The laws of economics just won't allow that to happen, especially in today's financially constrained medical climate. That is not to say that excellent medicine would go lacking, but, for any plan, expectations must be realistic, and delivered with common sense.

“In our nation's health care history, we have never before experienced such a shortage of primary physicians. The number retiring either by planned intent or unplanned death is greater than the number entering practice. And from that shrinking viable reserve, the number practicing medicine as hospital physicians, or “hospitalists” has grown rapidly. (Hospital Physicians, or Hospitalists, practice an intense form of medicine, meeting their patient for the first and possibly only time in the hospital, relying out of necessity on first impressions. The hospital physician becomes a participant of an institution rather than that of a primary care in medicine. Contact is limited, and seldom continues.) It is this total, but limited, reserve of primary physicians within which the delivery of primary care must be provided.

“My statements are meant to put in context the evolution of present-day medicine, possibly documenting the death of dinosaurs like myself in our profession. But the “modern approach to health” ASSUMES that, if hospitalization is required at any point, a primary care option will be waiting when you are discharged from the hospital. **That availability**

### **of care is what any health plan must offer.**

So you see, that diminishing supply of primary doctors must serve your medical needs, to include that continuation of care expected after discharge from a possible hospitalization.

“The role of the non-physician professional in the delivery of healthcare is an essential and respected part of the medical team. It is a means by which quality of care can be provided on a feasible economic scale. And, in many cases, they become the emotional rock for patient comfort and security, as their communication skills compensate for those who are lacking. When planned, however, as a lucrative substitution for, rather than a colleague with the clinical physician, the end result devalues all medical professionals. The unique life doctors see as their patient then becomes distorted to part of a herd processed through the system. This is a general statement, and not directed at any plan...rather, it is but one factor to be evaluated.

“Good doctors don't come cheaply. Good doctors are a blend of well trained, knowledgeable professionals who have seen enough normal healthy patients to tell the difference between their presentations from those who are sick. That takes the kind of training that text books can't teach. Those physicians who don't have that historical experience can unnecessarily drive the cost of medicine higher by ordering tests that add nothing to your quality of care. And yet, many times these physicians are viewed as great because they are demonstrating thoroughness by ordering an array of tests. The insurance companies can justifiably look at this type of practice as financial abuse. That is, over-utilization.

The same principle of over-utilization can

(Continued on page 4)

## POA Mission Statement

The Property Owners' Association of The Villages is an independent organization devoted to our home ownership experience.

The Vision/Objective of the POA is to make The Villages an even better place in which to live, where Residents' Rights are respected, and local governments are responsive to the needs and interests of residents.

The POA serves Villagers through programs of education, research, analysis, representation, advocacy, and legislative action.

The POA also functions as a “watchdog” organization overseeing the actions of our Developer and our local governments.

Specific POA attention is focused on housing, community, neighborhood, and local government issues. Special emphasis is focused on the Amenity Authority Committee (AAC), our Community Development Districts (CDDs), the Florida Chapter 190 law that regulates CDD operations, and our Developer.

The POA has no ties or obligations to the Developer of The Villages which might compromise the POA position or its advocacy of Residents' Rights.

The POA, founded in 1975, is the original homeowners' organization in The Villages. Membership is open to all Villages residents. □

## The Villages Residents' Bill of Rights

**RESIDENTS have RIGHTS to:**

1. Be treated in a respectful, fair, and responsive manner by the Developer and our local government officials.
2. Have decision making authority for important issues in our community.
3. Elect our top government officials and approve appointments of the top administrative officials in our community.
4. Approve major purchases of common property and the related debt obligations assumed by residents.
5. Have local governments that are free of any conflict of interest issues.
6. Be charged honest monthly amenity fees that are used only for the stated purposes.
7. Receive full disclosure when purchasing a home here in The Villages.
8. Receive an objective market appraisal for major purchases of common property.
9. Receive objective, unbiased, unslanted news reporting from local news sources.
10. Be informed beforehand by the Developer on any major change in our community. □

The POA Bulletin is published monthly by the Property Owners' Association of The Villages, Inc. Articles represent the opinion of the POA or the writer, and Letters to the Editor postings represent the opinions of the writers. Care is taken to ensure that facts reported herein are true and accurate to the best knowledge of the POA and are taken from reliable sources.

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## IRS Update

For those who are interested in reading the latest publicly available communication between the VCCDD and the IRS, it can be found at [districtgov.org](http://districtgov.org) (click on IRS Update in left side column). We would suggest that it might be easiest to read the conclusion provided at the end of each document.

The second document is the April 30, 2014, IRS Tax Exempt Bond's response to the VCCDD's May 19, 2013, request for relief under IRS Code 7508(b) seeking relief from the retroactive application of the Technical Advice Memorandum (TAM) 127670-12. The result of the TAM would render taxable the interest on some \$426 million of bonds issued by the Center District between November 20, 1993, and June 1, 2004. (We would suggest you start with this document first.)

As per mutual agreement the VCCDD was granted the opportunity to rebut the aforesaid response and this document, dated May 20, 2014, from the District's attorneys is the first document.

Both documents will now be forwarded to the appropriate IRS Associate Chief Counsel for consideration. □

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## THE POA HAS YOUR BACK, DO YOU HAVE OURS?

We still have concerns in The Villages – the eventual outcome of the ongoing IRS investigation; the desire for the creation of a resident elected Amenity Authority Committee for the Sumter Landing Community Development District residents, roofing defect issues, to name a few.

The more members the POA has, the better able it will be to help manage good results for residents if there are problems. We are supporting you. We urge you to support us.

We put a Bulletin on almost every driveway in The Villages every month. We believe it is important that all residents have all of the in-

formation about happenings and events in The Villages as they make decisions on various issues. The POA has no ties or obligations to the Developer which might compromise the POA position or its advocacy of Residents' Rights.

We are making every effort to research the issues and advise you of any pertinent information which may not have been included in the various Villages media outlets. If you believe we are providing a service and you read the Bulletin, we urge you to become a POA member. (Membership form and information below – annual membership year is from January 1 through December 31.) □

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☐ I will include a **stamped, self-addressed envelope** with this form and my check. Please mail my Membership Card to me using the address above.

☐ Please hold my POA Membership Card for me to pick up at one of the monthly POA meetings.

**2. ADDITIONAL DONATION:**

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## “Health Systems”

(Continued from page 2)

certainly apply to specialties, of which I am a member: and I see it every day. Extensive work-ups are performed that do not positively affect the patient's quality of life, but merely increase the discovery of unrelated and inconsequential irregularities which, in the end, cause even further evaluation and cost to be incurred.

Tertiary care institutions (complex or highly specialist health care which is usually provided in regional or national centers of excellence, which are often affiliated with medical schools and teaching hospitals.) can be most abusive, requiring redundant duplication of previously well-performed studies. But by repeating those tests, in a fee-for-service system, revenue to that institution increases. Academic institutions that financially incen-

tivize their staff further encourage this waste, and in light of such questioned ethics, have been appropriately criticized. In some cases, health care plans have terminated a relationship with these tertiary care centers.

“Insurance companies need to turn a profit in order to stay in business, and that includes those that offer HMO healthcare plans. That profit has to come from somewhere. If they don't offer a quality product, they will have a difficult time enrolling or maintaining enrollment in their plans, even after enticements.

“Developers are in existence to make money, hence the name. If a health program is encouraged to further sales of homes, as part of a total life style and health package, without also seeking a profit from the health program, then residents will clearly and certainly benefit, and such a novel approach should be praised. If, however, the health program merely becomes another vehicle to increase, by itself, corporate profits, those profits have to come from somewhere...and that somewhere is taken from the consumer of the health resource.

“So, we are now looking at a fixed amount of payment, with which we balance all these variables as much as possible in favor of the end product, that is, the patient. Now...let's look at some specific details to evaluate.

“How much contact with the primary physician do you garner. To expect contact with only the physician each and every time, for an unlimited amount of time, is not only unrealistic, but impossible.

“How much time do you garner from the non-physician professional. These professionals are well-trained, and provide a definite role in our overall health care. Each important professional becomes a component of the decision process and each should be viewed as part of the team, not as a substitution.

“Electronic medical records are designed to accurately capture and document the professional encounter. But, in reality, they can offer an opportunity to escalate reimbursement by increasing the apparent complexity of your evaluation without you ever having received that level of sophisticated care. There is a further difficulty contained within this extensive computer generated report. There may be valuable information related to your health, but it becomes an arduous task for another doctor to find that pertinent information within what is otherwise irrelevant or possibly not factual. Again, in the interest of time, most physicians will not weed through the superfluous fluff in order to find the relevant, especially if the difference between the two is not

(Continued on page 14)



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## Lambrecht Improving

(Continued from page 1)

hundreds of prior years' documents and Board minutes relating to the actions of the CDD4 Board and the Developer), he uncovered a number of financial responsibilities that had been given to CDD4 residents which were found to be inaccurate. It was determined that about two thirds of the water retention ponds located within CDD4 were not to be the financial responsibility of the residents within CDD4. Thousands of dollars are being saved by the residents of District 4 each year due to these findings.

Even though Rich's main role as a CDD4 Supervisor is to represent the residents of District 4, he has been and continues to be a spokesman for residents rights throughout The Villages. Many times residents from outside of District 4 will come to him for assistance since they know that he will research their issue and support it if it benefits the residents as a whole. His ability to discern between issues that benefit a select group of individuals versus ones that benefit a majority of residents is one of his many strong points. His broad base of knowledge has also made him the "go to guy" when other districts encounter an unusual situation.

### Amenity Authority Committee (AAC)

Rich was elected by the CDD4 Residents to be their representative to the AAC, a body created as a result of the 2008 class action lawsuit of which Rich was one of the class action representatives. The AAC now oversees the expenditure of amenity funds for residents north of CR466.

Over the years, even before the creation of the AAC, Rich has been an outspoken advocate for the residents of the "historic" portion of The Villages on many issues such as the renovation of the Paradise and Southside Recreation Centers. Likewise, he has taken up causes that have affected broad based groups of residents. One such example was his strong support for the AAC funding of the reconstruction of the Multi Modal Paths north of CR466.

Fiscal responsibility and protection of resi-

dent amenity fees are also on his radar. He strives to make the best recreational opportunities available for the majority of residents at the most reasonable cost. At times he has been the only one raising serious concern about appropriate fiscal restraint. For example, Rich was the only one to oppose the recent 'hasty' purchase of the gutted out El Santiago building from the Developer.

Two recent quotes that appeared in the May 6 issue of the Villages-News.com are representative of how much Village residents recognize and appreciate Rich Lambrecht's efforts on their behalf. Specifically, Marsha Shearer wrote "Rich Lambrecht is a remarkable man; those who have sought his insight and support have found a uniquely attentive and interested person eager to help obtain the right and just outcome. He's a problem solver and the perfect intermediary to deal with the rights of residents and the interests of the Developer. He is truly the indispensable man." Elena Tellez stated that "We know of no Villager who works harder in his government positions to better our community."

According to District Manager Janet Tutt, Rich Lambrecht's illness will not affect his status as an elected member of the AAC or CDD4. She said, "Everything stays put with

the belief the he will return, just like Don Deakin, who was out for months for a respiratory illness." Elaine Dreidame, POA President and personal friend of Rich who has been visiting him regularly said, "Rich's condition is improving a little bit every day. He is staying up with what is happening in both the AAC and CDD4 meetings by listening to the audios of their meetings. When he returns – 'HE WON'T HAVE MISSED A BEAT'."

The POA joins so many others in wishing Rich a speedy and complete recovery. □

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## AAC Meeting Summary May 7, 2014

### Audience Comments:

- Several residents who participate in billiards activities addressed the AAC regarding table standards as well as lighting, balls and maintenance and requested that sub-committees for the various activities be formed by the AAC. Ms. Tutt explained that if the AAC did it for one activity they would end up having to do it for many and due to Sunshine Laws, each sub-committee meeting would have to be advertised and minutes taken, etc. which would be very time consuming for staff as well as expensive. It was pointed out that the 'clubs' could have their own 'sub-committee' to review their concerns and could speak to John Rohan about them as well as contact individual members of the AAC, at which time they would have more than the three minutes allowed for audience comments to fully discuss their needs with AAC members before they ap-

proached the AAC with their requests. The AAC requested that the Recreation Department communicate with the resident groups.

- A resident, on behalf of eighteen plus dance groups in the community, advised that it is appropriate for dance studios to have full length mirrors along one wall. She suggested that portable Mylar mirrors could be purchased for use at the room currently used by dance groups at Saddlebrook. She noted that the billiards players had pool tables, etc., and that it would be appropriate for the AAC to provide the dancers with the equipment they believed to be necessary for their activity. The AAC agreed to put the topic on the agenda for the upcoming Budget Committee meeting.

### Old Business Topics Included:

- The AAC approved the final floor and site plans for the demolition and reconstruction of the Tierra Del Sol Recreation Center and authorized staff to move forward. (Estimated cost - \$1.95 million; Plans will not affect restaurant operations at the adjoining Tierra del Sol Country Club.)
- The AAC approved the final floor and site plans for the demolition and reconstruc-

tion of the El Santiago Recreation Center and authorized staff to move forward. The El Santiago facility will also include an arts and crafts room, a covered patio with the potential for a cafe (contingent upon finding a concessionaire), and an optional open patio. (Estimated cost - \$2.15 million.) The next step for both centers is for the architect to prepare construction bids to find a builder. (Both centers call for a large meeting room of about 2,100 square feet with dividers, preset card room and warming kitchen.)

- The AAC approved modifications to the Paradise Park "B" plan which includes flexi-paved walking trails and a concrete sidewalk, an open area in the middle, nine pieces of exercise equipment, a pitch and putt golfing area, 12 park benches and 5 picnic tables, landscaping, golf cart parking areas and fencing to enclose and secure the park. (Cost estimates will be presented at the next meeting.) The AAC also requested Staff to review the pedestrian crosswalk near Wales Plaza to identify if improvements can be made.
- The AAC tabled a discussion of an interlocal agreement with CDD4 to fund multi-

(Continued on page 7)



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## AAC Summary

(Continued from page 6)

modal path striping at the request of Rich Lambrecht, who is recuperating from a stroke and could not attend the meeting.

### Capital Project Update:

- Chula Vista – estimated cost with change orders is \$554,177.
- Silver Lake – estimated cost with change orders is \$549,162.
- Lindsey Lane Golf Maintenance Building – demolition has been completed and the foundation is poured.
- Knudsen Score Booth – project has been completed.
- Gate Connectivity – cameras have been ordered with a cost savings of an estimated \$83,000.

### District Counsel Reports:

- Legal counsel advised the AAC that the CDD3 Board had asked that legal documents regarding the ownership and maintenance responsibilities of the Hawkes Bay/Saddlebrook retention areas be reviewed as there was concern that one or more of the documents may not have been properly executed, and that the maintenance of those retention areas may be the responsibility of the VCCDD/AAC and

not CDD3. It was agreed that AAC members would take the next several weeks to study the matter and that the issue would be put on the June agenda for further discussion. Thereafter, it may be possible for the AAC and CDD3 Boards or the Chairs of each to meet and try to arrive at a solution.

### Supervisor Comments:

- Chairman Wilcox provided an overview from the recent Investment Advisory Committee meeting along with the draft investment policy. Staff will review dates for a joint workshop between all the Districts and provide an update to the Committee.

Please go to the [districtgov.org](http://districtgov.org) website for the Official Minutes, Agendas and Meeting Schedule.

**Next AAC Meeting – Wednesday, June 11, 9:00 A.M., at the Savannah Center.** □

## Prospective Amenity Authority Committee (AAC) Candidates

The AAC will be holding landowner elections on Tuesday November 4, 2014, for AAC representation from Lady Lake/Lake County, CDD1 and CDD2. Residents of these respective areas wishing to run must complete the Official Candidate Statement of Eligibility form, have it notarized and return it to the District Clerk's office during the **qualifying period** which begins **Monday June 9, 2014, and ends on Friday June 20, 2014, at 5:00 P.M.** The form is available at the District offices, Recreation Centers and at the District website. □

## Larger Golf Holes Trials - Update

The Villages Golf Division posted the following update on their website, [golfthevillages.com](http://golfthevillages.com):

"We appreciate all the feedback regarding the upcoming trial of six inch golf holes. Based on that feedback, we are altering the trial. Rather than have both holes available, we have selected 4 days in the month of June, where we will offer only the 6 inch hole, on one course for that day only. Tee times for these courses will be made up to 7 days in advance by calling the tee time office (750-4558). Consequently, only those that wish to try this new concept will be exposed to them. We again want to assure everyone the intent is not to replace the regulation hole, simply to offer a fun and unique option to our golf program. After the trial, we will evaluate its success and determine if and how this can be implemented into our golf program.

"Here is the schedule:

Monday, June 2<sup>nd</sup> – El Santiago  
 Thursday, June 12<sup>th</sup> – Turtle Mound  
 Friday, June 20<sup>th</sup> – Turtle Mound  
 Thursday, June 26<sup>th</sup> – El Santiago" □

## April Forum Questions & Answers

1. I am concerned that The Villages is getting really crowded. We are already using all of the amenities to the max. Are there too many people? **A)** We need to remember that we are in the very high season so it is normal that we would be maxed out at all of our facilities. The other thing to remember is that we have so many people – the last 20,000 or so – that have moved in here and have only been here for a few years. After awhile most residents realize that you don't have to play golf everyday, you don't have to play pickleball every day – so over time, as residents get acclimated to the fact that you don't have to

be 'on the run doing something' all of the time, I think this will help ease the pressure on the facilities, even in the winter season.

2. I live in Sunset Pointe and the interior roads are disintegrating and they have become dangerous for bicycles and scooters. Who is responsible for maintenance? **A)** All of the interior roads, with the exception of villa roads, are maintained by the County, so you would need to take that concern to the Sumter County Commission.

3. Seems like there has been about four months now since we have heard anything about the IRS. Is there anything new on that? **A)** Not a thing. (See page 3 for update.)

4. I live on a golf course and I find that when the golf course is not monitored (before and after hours), there are people walking their dogs and strolling along the paths. Is it allowed and if not, how do we control that? **A)** We asked Janet Tutt how this can be controlled on both the executive and championship courses and she responded as follows: "Community Watch will respond to anyone walking (who is not playing golf) on any golf course at any time. We consider this a safety concern for the people walking if it's at a time when golf is being played. We consider it a security issue in the evenings or early morning

hours as someone walking behind a home can be a "suspicious person" type call. We respond to executive courses as they are district property. We also respond to the championship courses because we are responding to the complaint of the resident that someone is behind their property. The Community Watch patrol driver will usually respond to the address of the complainant and then walk behind the home to determine where the walkers are. We may drive on the cart path if the circumstances warrant it. We may even call law enforcement if we know the location of the people walking and are suspicious of their activities. The casual strollers usually respond they were not aware they should not be on the golf course and they leave."

5. This is my first meeting and I find it very interesting. I have a villa wall, but one of my backyard neighbors has neon blue lights inside of his lanai all around the perimeter and keeps them on from sunset to sunrise. It illuminates into two bedroom windows. Is there anything that can be done? **A)** We would suggest that you call Community Standards at 751-3912. The deed restrictions vary and they can review the deed restrictions for your villa area and determine if this is a violation and if so, they will follow up on it. □

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## E-Z-GO Golf Cart Recall

We received an email from a very caring POA member (thank you Charlotte Rupakus) who subscribes to the US Consumers Safety Commission website and was sent an alert about a recall of E-Z-GO Golf Carts. This recall referred to a steering wheel nut that may not have been tightened sufficiently, reducing the driver's steering control. We tried to investigate this with E-Z-GO directly and have had no response. We also contacted an E-Z-GO dealer in The Villages, who informed us that they were not aware of any recall.

After checking, we found that the US Consumer Product Safety Commission, Office of Communications, 4330 East West Highway, Bethesda, MD 20814, is an independent agency of the United States government, created in 1972, through the Consumer Product Safety Act. The agency's sole purpose is to report product recalls.

You can check for yourselves. Log on to [www.USPC.gov](http://www.USPC.gov) and click on "Recalls" to check on the latest recalls. You will find the E-Z-GO recall (along with other golf cart manufacturers and other products) listed there. This specific recall date is April 22, 2014, and the recall number is 14-153. The exact models and years will be listed on the site. The product was sold through E-Z-GO, Cushman and Bad Boy Buggies dealers nationwide from August 2012, through February 2013, and priced between \$6,650 and \$10,650.

Please check the site to be sure that your make and model year are being recalled before calling or going to the dealer for the repair. This recall does NOT involve ALL E-Z-GO Carts. You should be able to take your cart to the dealer (we recommend that you take a copy of the recall with you) and have the problem fixed without cost.

Check out the site [www.cpsc.gov](http://www.cpsc.gov). You will be amazed at the number of products that are being recalled by manufacturers every day with the only notification, if there is one, being a spot on the news or an article in the

newspaper. You may, and probably do, have some of these products in your homes and may not be aware of any problem until there is one. □

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## LETTERS

Letter to the Editor:

### Is Your Golf Cart Warranty Valid?

In August 2012, I purchased a 2012.5 Yamaha Golf Car from a Yamaha authorized dealer outside of The Villages. Shortly after receiving the cart, I noticed a sudden skip or slip when pressing the throttle pedal and starting the cart when the cart had two persons on board and two sets of golf clubs. I made note of this to the dealer and they came and replaced the clutch belt. This corrected the problem for a while, but the problem started again. I again notified the dealer, and they came once again, and said they installed a "heavy duty belt". This corrected the problem for a while, but once again, the cart developed the same slip or skip. The dealer later came to my home and said they installed a different belt. The cart continues to have this problem 20 months after purchasing.

I called the owner of this dealership several times. He is now saying that there is no solution to solve this issue except to replace the entire clutch with one that was used by Yamaha prior to 2012. The cost to me would be \$225 plus sales tax. In principle, I did not feel

this was acceptable so I called the Yamaha Customer Service in GA. They informed me that, even though this dealer is an authorized Yamaha dealer, the warranty is void since the dealer installed a high speed gear and larger tires on the cart after they received it and before selling it to me. None of this was explained to me by the dealer prior to purchase and I was under the impression that I purchased a brand new cart from Yamaha.

Also, the dealer furnished a Yamaha Certificate of Origin and Yamaha operating booklet and all the letter heads on the paperwork were Yamaha. I asked the Yamaha customer service person why they allowed this when they knew that their carts were being modified by an official Yamaha dealer and no mention was being made to the consumer that the warranty was voided on performance enhancements. They could not or would not answer that question.

It should be very apparent that at least 90% of the newer Yamaha and other brand name carts sold in this area are modified to go 20 miles per hour or more. They do this by installing the high speed gear in the rear end and larger tires. Yamaha says they manufacture their carts to go 15 miles per hour and if they are modified to go faster, then the warranty for the performance enhancement is voided. I feel

this is misleading the consumer and something should be changed to notify the buyer that there really is only a limited Yamaha warranty in effect at purchase. I feel that this dealer has not accepted it's responsibility to repair my cart under warranty and I intend to take further action with the Florida Office of Consumer Affairs and possibly other action if something is not done.

Lonnie Morris

**Editor's Note:** We have received other inquiries about this issue and have decided to take this issue on – IF it is a real problem for many of the residents. Cliff Wiener, a member of the POA Board of Directors, has agreed to be the point person on this issue. **So, if you have had a problem with your golf cart (electric or gas) that was still under warranty and the warranty was not honored, we would like to hear about it.**

We would like the details, make and year of the cart, name of the dealer, important info as to the problem and why the dealer said the warranty was not honored. Please include your

(Continued on page 11)



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Letter to the Editor, cont:

**Valid Warranty?***(Continued from page 10)*

name and phone number so that we might get in touch with you. Email your information to Cliff Wiener at [cliff.wiener@aol.com](mailto:cliff.wiener@aol.com). □

Letter to the Editor:

**Are Your Seat Belts Properly Installed?**

The first thing I did when I moved here was to purchase a golf cart. The second thing I did was install seat belts! In my opinion, using a golf cart in The Villages without seat belts is taking an unnecessary risk. My purpose in writing this letter to the editor is to warn other Villagers: **Seat belts installed incorrectly are worse than no seat belts at all!**

My work experience as an engineer includes 31 years as a civil servant with the US Navy and NASA. I have a Masters in Mechanical Engineering, specializing in Analytical and Applied Dynamics. Recently I pur-

chased a new golf cart. While shopping for the cart, I visited a store near Ocala. I was shocked to learn that the store mounts seat belts on the seat bottom.

The seat bottom is mounted on the golf cart by clips on the front of the seat in order to rotate upward to access the engine compartment. In a collision the seat bottom will rotate upward and forward and probably separate from the golf cart, providing no or minimal protection for the occupants.

In my opinion, anyone that has a golf cart with seat belts mounted this way should return to the individual or dealer that mounted them incorrectly and require them to mount them correctly and if they refuse, then demand their money back. They should also not use the belts.

If ejected from the cart, in my opinion, you would be better off alone than being ejected with the seat bottom strapped around you.

Lewis Jarvis

**Editor's Note:** Thank you for sharing this information with our readers. □

Letter to the Editor:

**Sinkhole Insurance – Funding Alternatives**

We have received numerous letters on this issue, one which suggested the use of an amenity fee 'assessment' and many which suggested a voluntary Villages sinkhole insurance fund:

**Amenity fees** – Has The Villages been asked to consider carrying a policy covering all Villagers and adding the cost to our monthly amenity fees? It should be cheaper than individually. Vincent Pizzo

**Editor's Note:** No, and it would be impossible to do that at this point due to the contractual nature of the amenity fee you pay and what it can be used for.

**Self-insured Villages Sinkhole Insurance Fund** – By now it should be obvious to all that sinkholes do occur in The Villages. The most recent ones reported were in The Villages of

*(Continued on page 12)*

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## Sinkhole Insurance

(Continued from page 11)

Buttonwood and Mallory. Fortunately though, sinkholes in The Villages are not a daily occurrence. Nevertheless, if one occurs on your property, the financial and emotional impact can be considerable. This has only been exacerbated by a recent change in Florida law that allowed insurance companies to eliminate sinkhole coverage (except for "catastrophic loss") for most homes. For those fortunate enough to have sinkhole coverage, the usual deductible was changed to 10% of the home's insured value. A considerable sum indeed.

But, sinkhole coverage for Village homes is possible if The Villages creates a self-funded entity to repair bona fide sink hole damage. The Villages contains over fifty thousand homes, as of this date. If each homeowner voluntarily contributed \$50 per year (estimate) for this fund, over \$2.5 million will be available, each and every year, to address sinkhole damage. What Villages home owner would not contribute to this fund? If this sounds reasonable to you, contact The Villages, your local CDD representative, and the POA and VHA to start the process to create a sinkhole coverage fund. Gary Heller

**Editor's Note:** We are aware that there are several small groups of residents attempting to develop and propose such a funding mechanism. Several have asked if the POA would take on this project, but it is our opinion that the intricacies of what would have to be addressed could only be created by the Developer, who has the personnel who could actually create such a fund and get the full support of the residents. However, we do intend to continue studying the issue and will keep you informed of our findings. □

### Letter to the Editor:

## Owens Corning Letters

We have received close to 100 inquiries regarding the 2007-2009 OC defective shingles problem. Note: We have inquired of the Developer regarding his negotiations with OC, which we were led to believe would be completed by early April, but have not received

any additional information. The most common inquiries and our responses are as follows:

My roof in the Village of Amelia (2196 Balsa Ct.) was inspected while I was not home (my neighbor saw it) about 3 months ago. While some neighbors of mine have received correspondence and/or their roofs have been repaired or replaced, I have not heard from them on the condition of my roof. Please help me on how to deal with this before it is too late. Thank you on your cooperation on this matter. Corazon Salazar

**Response** - Our suggestion would be to contact OC at 1-800-ROOFING and ask if they could provide you with the status of the inspection which was done on your home several months ago. If they do not have a claim number for your property we would suggest you go ahead and file a claim so that you are on record - you will be given a claim number.

\*\*\*\*\*

I have been waiting for a year for our roof to be inspected. Originally I was told that Sacks Roofing was to inspect our roof and send a sample to OC. Sacks later told me that OC changed their procedure and OC would have to do the inspections. I called OC many times as our street and others were already

reroofed. My calls to OC resulted in me being told that they would still be inspecting our roof. We do have a claim number. Thank you for your concern. Gary Riccelli

**Response.** Thank you for the info. It is our understanding that there are still many, many roofs that have not yet been inspected.

\*\*\*\*\*

Two years ago we contacted Owens Corning asking for a roof inspection. We were told at that time we would need to send photos and sample shingles. Because we could not ascertain that there actually was anything wrong with our roof we did not proceed and we heard nothing more from OC.

Approximately 2 months ago we received a letter from Owens Corning saying that they had inspected our roof and they would be in touch with us in approximately 2 weeks. We did not know they had inspected our roof and we do not know whether this inspection was related to our earlier contact with them. Two weeks following their initial letter we received another letter from OC indicating they were authorizing 36 squares of shingles and \$4,522 to pay for the labor to replace our roof in return for our release of OC from any and all claims regarding our roof. We were responsible for contacting a roofing installer

(Continued on page 14)

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## Owens Corning Letters

(Continued from page 12)

to do the work. We subsequently arranged with a roofing contractor to do the work and the work has been completed.

Bottom line is we have a new roof at no cost for either material or labor! We don't know what role, if any, The Villages had in resolving this issue. Dennis Gralinski

**Response** - Congratulations. The fact that you received a somewhat 'unsolicited' inspection and a new roof should give other resi-

dents hope that they may be next on the list.

\*\*\*\*\*

My home has Oakridge shingles. Virtually all of my neighbors have had new roofs installed. No word from OC. J. Markiewicz

**Response** - Contact home warranty at 753-6222 and ask if your property is on the potential defective shingles list. If it is, contact Owens Corning at 1-800-ROOFING and file a claim. Be sure and ask for a claim number.

\*\*\*\*\*

I am one of the residents that had a new roof installed a few days after the tornado. I happen to be at a friends house yesterday and he informed me that they have been having problems with the roofs that I was not aware of. He suggested I write you and let you know I was one of the residents with a new roof.

Where do I go from here, will someone come and inspect the roof and let me know if there is a problem with it. Thank you so much for your help. Janet M. Fiorletta

**Response** - Contact the roofer who put on your replacement roof and ask if the shingles are the OC Oakridge shingles. If they are, then Call Owens Corning and file a claim (1-800-ROOFING) as you would not be on the list provided to OC by Home Warranty since the

roof was not put on by the Developer. This way you will have a timely filed claim - Be sure to get a claim number. □

## “Health Systems”

(Continued from page 4)

obvious. The system that was designed to expedite and improve communication has become its own greatest obstacle. Communication actually lessens in the process. This may very well be one reason why, in the hospital setting nationally, communication between the emergency room physician and the admitting hospital physician, or hospitalist, is the poorest communication in all of medicine. And yet they practice within the same building.

“The solution is not to continue to slash reimbursements, but rather to pay for services at the appropriate level that they are rendered. Gaming the system will cause it to go dry, and then changes occur which none of us find acceptable. **Ferretting out the actual value in your patient/physician team** is part of what I am asking you to do for the benefit of your own health.

“I find this type of documentation better described by the phrase Computerized Re-

(Continued on page 15)



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## “Health Systems”

(Continued from page 14)

cords for Altered Profit. My comments again are meant to be applied universally, and are not plan specific.

“Are specialists chosen for a health care plan because they are excellent physicians who do not over utilize the system for their own financial gain? Or have they been given a discounted contract as an exclusive provider? Is this enticement offered in order to increase profits for investors? If an HMO restricts access to a particular physician, you must determine how that possible elimination of a specific doctor affects your quality of care. So restrictions can be not only a quality of care issue, but also a financial constraint...or both.

“Has that ‘choice’ been made on your behalf for quality of care, or is it driven on the economic principle of quantity of care? The difficulty for any specialty is that if reimbursement to the specialist is reduced beyond a certain point, then essential components are sacrificed. The foremost component diminished is that of time you spend once you see the specialist. That time costs money. For the number cruncher, eliminating that time will result in a financial savings. But does it really? If the history is not allowed time to be explained by the patient, then

unheard and unknown symptoms go unnoticed, and a diagnosis can be missed. There is an old adage which says we have been given two ears and one mouth. That way, we should listen twice as much as we talk. This adage should certainly apply to the physician who is reviewing the patient's history.

“However, the normal length of time a patient talks before being interrupted is approxi-

(Continued on page 16)



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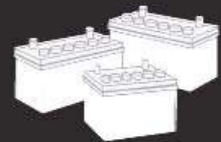
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## “Health Systems”

(Continued from page 15)

mately 15 seconds. As part of saving time, expensive tests are often inappropriately substituted. Their range blankets the countryside, as their results add nothing to the evaluation of the patient. Let me give you an example occurring with a real patient: a CT scan is obtained as part of the initial evaluation for one who has recently been diagnosed with a particular cancer. The CT scan was performed to look at lymph nodes and bone contained within the abdomen and pelvis, all of which on the patient's study appeared normal. But the abnormality seen was that of multiple irregularities in the liver of unexplained cause. We know from history that this patient's particular cancer will not involve the liver with-

out first invading both bone and lymph nodes: but the appearance of those structures was totally normal. Because of the unrelated irregularities found in the liver, an MRI is then completed. This, again, did not explain the irregularities. A PET/CT scan is then ordered. This study showed no activity in the questioned areas of the liver. This new information would lead us away from thinking that the irregular findings were cancer, or, for that matter, of any medical importance. But a CT directed-biopsy is then recommended in order to rule out a problem in the liver. The biopsy, however, returns without any final conclusion, and a much more involved surgical procedure is recommended. The results of the final surgery return without evidence of cancer, but are more consistent with just fatty deposits. Now, if the original history had included the fact

that the patient was a heavy drinker, and that irregularities in the liver correlate with prior alcohol consumption, then this multitude of tests could have been avoided. But that would have taken time...the same kind of time we eliminated in favor of seeing a quantity of patients rather than providing quality of care to each patient.

“Let me read an excerpt from the book One Doctor: ‘for experienced doctors, the history (what the patient tells you) is 90 percent of diagnosis...Persuasive research has shown that about one-third of all medical care in the United States is unnecessary, that is, wasteful, redundant, or ineffective, providing no net benefit to a patients’ health. Humans are inclined to trust technology, often blindly. Doctors tend to believe that diagnostic tests—

(Continued on page 17)

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## “Health Systems”

(Continued from page 16)

whether they are abnormal (“positive”) or normal (“negative”)—mean what they say. But the wise use of diagnostic tests requires more than smart technology. It also requires doctors’ awareness of the technology’s imperfections, a tricky business given doctors’ imperfections as well. And all of this requires that expensive initial cost...we call... time.

“This is when the years of training, the rite of passage... all become worthwhile. Being a doctor was never about the money, and it certainly wasn't about 8 to 5. This is not only the part of medicine that I want preserved, but this is the part of medicine that you want preserved. This is the part of medicine that counts. It is not the business of medicine... It

is the life of medicine, especially when you are on the receiving end. This is an important factor to consider when one looks at the panel of available physicians offered by an HMO.

“As any health plan rolls out, these benchmarks that I have discussed, including the universal concepts and specific details, can be used to judge the quality of the product. Your particular plan in The Villages utilizes United Health Care. The Robert Boissoneault Oncol-

ogy Institute, which I founded 30 years ago, has been associated with United Health Care for over 20 years. I can tell you, from personal experience, that this is one of the best insurance care providers. I cannot say that for all insurance providers. This statement applies to

(Continued on page 18)

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## “Health Systems”

(Continued from page 17)

all the counties that our practice serves. United Health Care has been fair in both their reimbursement as well as their evaluation of patients for treatment. Obviously, anything can change, but it is because of this prior experience with United Health Care that I can make this statement now.”

### QUESTIONS AND ANSWERS

1. Where do you go when your Villages Health System primary care doctor wants to send you to a specialist? It appears that all of a sudden you have an extremely limited supply. **A)** What you are really saying is you are very impressed with the facilities that present your initial contact with the System, and although I have not been in any of those buildings, I understand that they are very attractive. I also think that they are making an effort to provide you with excellent primary cares in

those facilities. On that level I need to reemphasize what I said in the talk, there are a very limited number of primary care physicians and so in a system where you don't have a surplus of primary cares to start off with which is your initial contact in that system, that is a barrier which needs to be addressed and resolved. The only ones that are going to be able to tell you that is yourself based upon the information that I have given you. Don't expect to see the primary care every time you go in but do expect the concept to be a team. If the primary care is not visible then that does not give you a lot of confidence in the program. As far as specialists are concerned, that becomes much more difficult for a provider to round up the best specialists and stick them in one building. In fact, logistically, that would be impossible. The concept is good because what it does do is it brings a regional approach into your health care. But, when you get to a specialist involved in your care you need to be realistic as far as distance. Is competency more important

than convenience and that is a decision you have to make. If you have a specialist that you want to go to and they are not included in the plan then you need to make some hard choices to determine whether that plan is for you. I am not speaking for or against any plan, because that decision is not mine – that decision is yours and you may very well value that differently than someone else.

2. How do I begin to look for my 'newest' country doctor? **A)** The solution would be for someone who came from California having had a family practitioner for twenty years, knowing him like the country doctor, would be to start looking for dinosaurs like myself because in the younger generation of physicians the approach for a lot of young doctors is a sense of entitlement. When you have an M.D. degree behind your name somehow you are entitled. Talking to other people to find the individuals who really are comfortable with their doctor is your best choice. I am not trying to downgrade the program, as I think the

(Continued on page 19)

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## “Health Systems”

(Continued from page 18)

program has a lot of potential. In fact, what the two of you have just raised are fundamental points in health care. The whole plan has to work, not just part of it.

3. Can you go to any physician that you want if you are part of this plan? A) Most plans by the very nature of the plan, have a panel of physicians and from that panel you must select the ones that you want. That is not to say that a group of you could not say to the plan administrator that this physician is outstanding and this would be a reason for us to participate. You need to be proactive about your health. You control a tremendous amount of influence in your associations and trust me, health care plans listen to that.

4. A lot of folks don't understand The Villages Health System. The doctors are employed by the System. They then have a contract with United Health Care to compensate them for the medical care that is provided. So, it's two different organizations. United Health Care is an insurance company. United offers two different programs that people can be involved in and you need to investigate both the programs to see which one you want

to be involved in – an HMO – a PPO. They also operate Medicare Advantage programs. A) This goes along with what I was saying. I cannot give you the answers. What I want to do is to stimulate enough interest in your health care to pursue those answers.

5. If you go on the System website, you will see that they offer several other coverages than just United. You can go with regular Medicare and then select your secondary insurer from a list of companies. You really need to go and talk to them to find out what all they offer. What we hear about is really

just a subset of what they offer related to United, which is just the Advantage Plan. They list many different insurers to choose from. A) It might be best to approach this where you decide what you want most in a plan and then get counsel from the System to find out what is closest to what you want.

(Continued on page 20)

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## “Health Systems”

(Continued from page 19)

6. Can you have more than one primary care physician? **A)** If you have more than one primary care it defeats the purpose of having a primary care. A primary care is actually the one that you associate closest with. Having said that, could you have a primary care and a specialist? And the answer is yes, but there may be, based upon the plan, certain restrictions for you to see a specialist without getting the approval of the primary care before that is done. The bottom line is that you need to ferret out what is best for you. I guess the difficulty is that you are being offered so many alternatives now it becomes a dilemma to find the right one. □

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### Our Gardening Column:

## Stink Bugs

by **Anne Lambrecht, Master Gardener**  
[annegarden@embarqmail.com](mailto:annegarden@embarqmail.com)

Most Florida gardens have stink bugs, which are also found throughout North America, hanging out in our trees and shrubs. Although they can easily fly, they sometimes try to creep away so they can stay where they are feeding. Stink bugs are 1/4"– 3/4" long, flattened, shield-shaped insects with a large triangular plate in the middle of the back and are green or brownish. Kind of pretty—in a scary way.

Last year I had a bumper crop of the larger brown leaf-footed ones—appropriately called Leaf-Footed Bugs. Their hind legs are greatly expanded so they look like little brown leaves. For some reason they like to hang out (amorously, if you know what I mean) on an ash tree in the back yard. They are so disgusting and so many of them are just not welcome

(Continued on page 21)

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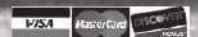


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## Stinky Bugs

(Continued from page 20)

on my plants, so I try to squish them. Holy moly do they STINK! The odor is unpleasant, but certainly not harmful, kind of like intense cloves. The stink is one of their defense mechanisms. Other insects know to stay away (must not taste too good, either). Their odor sends a chemical message to other stink bugs, alerting them to danger. These scent glands also play a role in attracting mates, and even suppress attacks by harmful microorganisms.

In its native range, Mr. Stinky and his family feed on a wide variety of host plants. Fruits attacked include apples, peaches, figs, mulberries, citrus fruits and persimmons. They have also been reported on many ornamental plants, soybeans and beans.

Stink bugs are from the group known as "Piercing-Sucking" insects which means that they have this sharp siphon mouthpart which pierces a plant's leaf then sucks all the juices out of it. They are considered a pest in large quantities, but several individuals in the garden are not cause for much concern. There are a few crop pests, such as the harlequin bug (gorgeous bug, I might add) which attacks collards in Florida. Some Florida stink bugs are predatory, with caterpillars on their menus. Florida is one of the outstanding states for stink bugs with about 80 species. These insects are of the order Hemiptera which is the category of "true bugs". The Eyed Stink Bug, a beautiful fellow, enjoys the

tasty Colorado potato beetle, piercing and sucking the bodily fluid of the beetle. They were actually introduced to Europe to control an infestation of the Colorado beetle there.

Mrs. Stinky's barrel shaped eggs are laid in clusters which are attached, side-by-side to the underside of leaves in masses of 20 - 30 eggs.

In happier times I would have written more about the Husband, when too cold to type (his feet and hands get cold while typing on the computer), goes outside to his pond. He sticks a 4' bamboo pole into the pond and swirls string algae around and around, then flings it into the air. The balled up algae lands in various parts of the garden where he collapsed. The outpouring of love and concern for the Husband has truly touched my heart. What a kind community we all live in. Thank all of you for being so nice to us. □

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(Continued on page 22)

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(Continued from page 21)

- There is substantial visible mold growth inside hard surface (e.g., sheet metal) ducts or on other components of your heating and cooling system.
- Ducts are infested with vermin (e.g., rodents or insects).
- Ducts are clogged with excessive amounts of dust and debris and/or particles are actually released into the home from your supply registers.

If you do decide to have your air ducts cleaned, take precautions to assess the service provider's competence and reliability. Here are a few suggestions for choosing a duct cleaning service provider:

- Talk to at least three different service providers and get written estimates before deciding whether to have your ducts cleaned.
- Check with the DBPR to ensure your contractor has a valid Class "A" HVAC Florida contractor's license.
- Do not hire anyone who makes sweeping claims about health benefits of duct cleaning
- Do not hire those who recommend duct cleaning as a routine part of maintenance.
- Be wary of anyone claiming to be EPA

certified. The EPA does not certify, endorse, or approve duct cleaning companies.

- Do not allow the use of chemical biocides or chemical treatments unless you fully understand the pros and the cons.
- Check references!!

**Contact Seniors vs. Crime, the Florida Division of Consumer Services, and the Better Business Bureau to determine if complaints have been lodged against any of the companies you are considering** at 352-753-7775 for Marion County; 352-689-4600, Ext 4606 for Sumter County or 352-750-1914 close to Brownwood. There is never a charge for their services.

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