

EDITORIALS

## Hazy polling on Riverside's pot measure

Public opinion is rich with ironies and contradictions. We're a people who detest Congress, but love our congressman. We think public education is a catastrophe, but our kids' elementary school is pretty darn good.



**BEN BOYCHUK**  
STAFF COLUMNIST

And depending on how a pollster frames a question, a voter could disapprove of a policy proposal, but approve of the same idea with a different word or two – in the very same poll. So it appears to be the case with a Riverside ballot measure to legalize

a limited number of medical marijuana dispensaries within city limits. The Riverside Medical Marijuana Restriction and Limitation Act – a clever name for an initiative that would in fact loosen restrictions and limitations – would allow up to 10 dispensaries to open in certain locations around the city, away from residential neighborhoods, parks and schools. It would also permit home deliveries.

Riverside has banned medical pot dispensaries within city limits since 2013 and used local zoning rules to shut down dozens of illegal operators and block new dispensaries from opening for nearly a decade. The city, in fact, has spent more than \$800,000 since 2007 to vindicate its zoning powers in court.

It's no surprise, then, that city officials oppose the measure. The city powers-that-be are so opposed, in fact, that they sued unsuccessfully to keep the measure off the June 2 mail-in ballot.

You needn't be a fan of California's initiative process – I'm certainly not – to wrinkle your nose a bit at the city's move. Riverside Safe Access gathered enough signatures to qualify for the ballot. Such are the perils of direct democracy.

Now that the campaign is beginning in earnest, Riverside officials hope to persuade voters that approving dispensaries is a bad idea. To that end, the city of Riverside commissioned a poll of 400 likely voters to find out where they stand on the question.

The poll is a delight. A majority of respondents oppose the measure, with 46 percent saying they're a definite no vote. Another 8 percent say they'll probably vote no, and 2 percent say they aren't sure but lean toward no. The total yes votes add up to 40 percent, with 27 percent of likely voters supporting the measure. And yet, when asked whether marijuana should be taxed, regulated and legalized for adults living in the city, 50 percent say yes, 46 percent say no, and 4 percent are up in the air.

Notice the change? A single adjective – "medical" – makes a difference.

I asked Riverside city spokesman Phil Pitchford about the wording discrepancy. Although the poll was designed to gauge voters' opinion on the ballot measure's specifics, he told me the decision to drop "medical" from that question was intentional.

Turns out, residents are skeptical of dispensaries operating in their city, but they wouldn't necessarily object to marijuana being legal if regulated.

That shouldn't come as much of a surprise. For good or for ill, the tide of public opinion on marijuana is gradually turning. A plurality of likely voters – 49 percent to 47 percent – favor legalization in the Golden State, according to a Public Policy Institute of California poll published around this time last year.

And last week, the General Social Survey, which is widely regarded as the top of the top-tier of polling research, found that for the first time a slight majority of Americans – 52 percent – favor legalization. That's up nine points from the last survey published in 2012.

Now for some qualification: Support for legalization efforts falls well within the margin of error on these surveys. And even though legalization has had some success around the country, Californians remain of two minds on the question.

Medical marijuana for cancer and AIDS patients? Sure. Californians enthusiastically approved marijuana for medicinal use in 1996. But a green cross down the street? No thanks.

When it comes to legalization with taxes and regulations, it's worth recalling again that Californians rejected a measure to do precisely that in 2010. They may have another chance to consider the question next year. And don't forget that whatever Californians may think of the virtues of cannabis, the feds still consider it a Schedule I controlled substance that serves no medical purpose. For the moment anyway.

Truth is, we like the idea of medical marijuana and general legalization in theory. But when it comes to the practice, we have serious reservations. The campaign to overturn Riverside's dispensary ban will be one more indicator of precisely where California is headed.

Ben Boychuk (bboychuk@city-journal.org) is an associate editor of the Manhattan Institute's City Journal.

## Small businesses struggle with ADA requirements

Slew of bills unlikely to protect more modest companies.

The Americans with Disabilities Act of 1990 was passed with the best of intentions. Making the country more accessible to the disabled is a noble goal.

Like many well-intended laws, however, good intentions haven't been enough to ensure universal compliance or prevent abuse of the law for personal gain.

With all of the pressures of starting a business, purchasing property, raising capital and attracting customers, ensuring the dimensions of the property's restrooms are compliant with the ADA is probably the last thing to come to mind. This is particularly true for one of the most common type of enterprises targeted for ADA lawsuits: minority-owned small businesses in low-income areas.

"I would say in just driving around there's a large number of businesses that may not be compliant," Riverside Councilman Mike Soubirous said. "I don't think there's a business owner out there that doesn't want to give access. It's just that they haven't kept up with all the regulations."

Business owners have informed Mr. Soubirous of visits from lawyers handing out notices to dozens of business and property owners, threatening lawsuits for often minor ADA violations. Improper signage and lack of handicapped parking are common justifications

for lawsuit threats.

Under California's Unruh Act, plaintiffs who file disability lawsuits are entitled to at least \$4,000 in damages, providing significant incentive for unscrupulous lawyers to take the most minor of violations and profit from it.

"The problem is that there are dozens of attorneys out there that are using the ADA and Unruh Act as a personal cash machine," said Tom Scott, executive director of California Citizens Against Lawsuit Abuse. "It's not about compliance, it's about money."

Small businesses are particularly vulnerable to such lawsuits. Not only do they often lack the funds to absorb the legal fees and penalties that come with an ADA lawsuit, but compliance itself can make the difference between existing and not-existing. Spending tens of thousands of dollars to renovate property isn't something every property owner can do immediately.

Ability to pay isn't considered in ADA lawsuits and both business owners and consumers suffer as a result.

There is currently a slew of bills proposed in the state Legislature to help alleviate these pressures, but it remains to be seen whether any of them will be sufficient to protect small business owners while allowing for a sufficient amount of time for compliance.

## Wisconsin scraps forced union dues

Will California workers benefit from right-to-work trend?

Wisconsin this week became the 25th state to adopt "right-to-work" legislation when Gov. Scott Walker, a presumptive candidate for the 2016 Republican presidential nomination, signed Senate Bill 44 into law. SB44, also known as the "Freedom to Work" bill, abolishes any requirement that employees pay union dues as a condition of employment, although they are still free to voluntarily become paying union members.

"This legislation puts power back in the hands of Wisconsin workers, by allowing the freedom to choose whether they want to join a union and pay union dues," Gov. Walker said in a statement. "This also gives Wisconsin one more tool to encourage job creators ... to continue investing and expanding in our state. Freedom to Work, along with our investments in worker training and our work to lower the tax burden, will lead to more freedom and prosperity for all of Wisconsin."

Wisconsin became the third Rust Belt state in the past three years to adopt a right-to-work law, following Indiana and Michigan in 2012. Michigan Gov. Rick Snyder, also a Republican, noted at the time that he had reversed his previous opposition to the measure

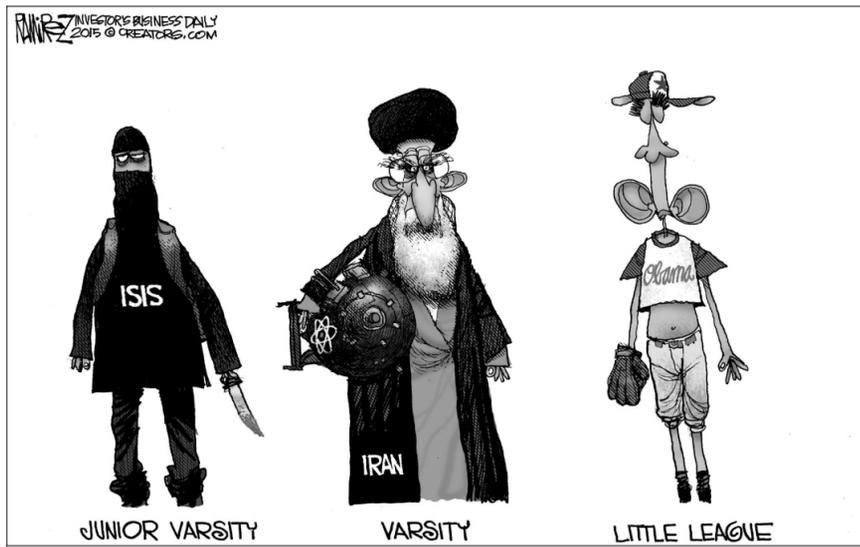
after the Indiana Economic Development Corp. reported that 90 firms, responsible for thousands of jobs, had cited right-to-work as a factor in locating in Indiana after the implementation of that state's right-to-work law.

A review of Bureau of Labor Statistics and Bureau of Economic Analysis data by the Mackinac Center, a free-market think tank in Michigan, showed that, from 2001-II, inflation-adjusted compensation for private-sector workers rose 12 percent in right-to-work states, versus 3 percent in union-shop states.

Over the same period, employment grew 2.4 percent in right-to-work states, while union-shop states saw a 3.4 percent loss in jobs. Right-to-work states "were responsible for 72 percent of all net household job growth across the U.S. from June 2009 through September 2012," according to the National Institute for Labor Relations Research.

Union leaders are decrying not so much the plight of their members as the decline in their own power. In order to stay competitive and stop workers leaving for better economic opportunities and lower costs of living in other states, California should adopt a right-to-work law. But we're not holding our breath.

MICHAEL RAMIREZ / CREATORS.COM



### LETTERS TO THE EDITOR

#### Black leaders forget history

Re: "Some black leaders' disregard for Israel extends to Jews" [Opinion, March 7]: There is an old axiom that pertains to the point I want to make: "Do unto others, as you would have them do unto you." Apparently, the Congressional Black Caucus has forgotten how badly black people were treated in many parts of the country before the Civil Rights Act was passed (not that we have erased all racial prejudices in America).

However, here we have the Jewish people, who have been hated throughout recorded history by a number of different people, even to the point of almost being methodically exterminated by the Nazis in World War II

during the Holocaust. When Prime Minister Benjamin Netanyahu comes to America to address Congress, half of the Congressional Black Caucus boycotts the event. How quickly they forget. Do they not understand that the Jews are in the same kind of struggle that they are still in? Do they not respect the words of Martin Luther King, Jr.?

Dr. King said: "I see Israel as one of the great outposts of democracy in the world," and "peace for Israel means security, and security must be a reality."

They politicized Netanyahu's speech by calling it an affront to the president. Considering the hurdles which blacks have had to overcome, they, themselves, would not have liked being treated in this manner.

**John Rozzi**  
Highland

#### POOR DIPLOMACY

Nearly all Republicans in the Senate seem to have been convinced by Prime Minister Netanyahu that negotiating with Iran is a waste because its regime can't be trusted ["GOP tries to undercut nuclear deal with warning to Iranian leaders," News, March 10].

Their ironic response is to notify the world, in an open letter, that negotiating with the U.S. is a waste of time because any deal with our politically polarized government can't be considered binding. The opposition will simply ignore negotiated terms or abrogate the whole deal after the next election.

Good luck with future negotiations either political party tries to complete.

**Alan Williams**  
Riverside

## Redistribution of health care

By RICHARD E. RALSTON  
CONTRIBUTING WRITER

Government control of medical care is a reflection of government control of everything. In the name of equality, politicians create inequality in the interest of their own spoils system. Their ultimate goal is not the revenue needed to pay for programs, but more power for themselves.

Several generations of politicians have cultivated a mentality that each individual's earnings and medical plan, and the medical practices of physicians, are subject to government permission. As stated by President Barack Obama's first head of Medicare and Medicaid, Donald Berwick: "Any health care funding plan that is just, equitable, civilized and humane must – must – redistribute wealth from the richer among us to the poorer and the less fortunate. Excellent health care is, by definition, re-distributional."

Thus the government must take good medical care from those who have it and redistribute it to those who do not.

Another way of saying that is: "If you like you current medical care, we will redistribute it equally to others." Not exactly what the president promised.

A prime example of how politicians create inequality: they spend hundreds of millions of dollars on television advertising to encourage low-income earners to spend their money buying government lottery tickets. Then they give \$400 million to one or two winners. That is redistribution of wealth with a vengeance. All that the government really distributes equally is a gambling dependency.

A much larger gamble is government-provided care. It claims equality for all, and then proceeds to create hundreds of thousands of pages of legislation and regulations listing the exceptions – with vast bureaucracies to administer it all. That process then chiefly serves the special interests of its creators.

Politicians say they want the law to treat every patient equally, but their priority is to preserve their power to grant exceptions, waivers and benefits to their friends and clients.

In 1997, Congress pretended to do something about rising Medicare costs by introducing the methodology of the Medicare Sustainable Growth Rate.

Keeping with the practice of naming congressional acts with a lie (e.g., the "Affordable Care Act"), the Balanced Budget Act has actually achieved unsustainable growth in Medicare spending and unbalanced budgets ever since enactment.

The so-called "doc fix" requires an annual reduction in payments to physicians for their services to Medicare patients to a level below the cost of providing those services. And every year, the American Medical Association and other physician groups parade to Congress to ask for an exception. Then the cuts are suspended.

That was the purpose of the legislation: to force physicians to come, hat (and check book) in hand, to Congress and beg for relief every year.

Exponential and unsustainable growth in Medicare and Medicaid spending goes on for the benefit of politicians, not patients, and in the interest of political gains, not public health.

Richard E. Ralston is executive director of Americans for Free Choice in Medicine.

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### THE PRESS-ENTERPRISE

Richard E. Mirman  
Publisher and CEO, The Press-Enterprise

**Brian Calle**  
Opinion Editor, Freedom  
Communications  
951-368-9408,  
bcalle@pe.com

**Michael Coronado**  
Editor  
951-368-9413  
mcoronado@pe.com

**Roger Ruvolo**  
Assistant Managing Editor  
951-368-9419  
rruvolo@pe.com

**Tom Bray**  
Managing Editor  
951-368-9422  
tbray@pe.com

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