

## Bachmann wrong on HPV vaccine

Political candidates say all kinds of crazy things on the stump. Sometimes they repeat rumor as fact, sometimes they make stuff up, sometimes they exaggerate. You try to cut them some slack, because it's wise to pick your battles, because none of them is immune to it, because having a camera or microphone shoved in your face recording every word is no picnic.

But sometimes they commit a real doozy that, left unchallenged, can get out of hand, with consequences that can prove quite regrettable.

Case in point is Minnesota congresswoman, tea party darling and GOP presidential candidate Michele Bachmann, who during and after a recent debate, expressed her opposition to the human papillomavirus (HPV) vaccine for pre-adolescent girls, calling it "a very dangerous drug" and linking it to "mental retardation," reportedly because some mother in Tampa, Fla., told her so.

Doctors and their organizations across the country immediately condemned Bachmann's comments as inaccurate, irresponsible, even dangerous. That's because HPV, the most common sexually transmitted infection, can cause cervical cancer - plus a few others, impacting males as well - which affects 12,000 women and kills about 4,000 of them annually in the United States. This vaccine can prevent that suffering. Though no immunization is risk-free, unlike Bachmann, the Institute of Medicine has found it generally safe. The American Academy of Pediatrics, the American Cancer Society and the Centers for Disease Control and Prevention have endorsed its use. The Food and Drug Administration and the CDC have reported no incidents of brain injury from injection of the HPV vaccines Gardasil (35 million doses) and Cervarix. The National Catholic Bioethics Center, which normally frowns on anything that might appear to condone youthful or premarital sexual activity, finds the vaccine's use "morally acceptable."

Mistakes on the campaign trail are inevitable. Sensible, ethical candidates quickly recognize their error, apologize soon thereafter, concede they were wrong - as all human beings are occasionally - and try to correct or limit the damage, to themselves and more importantly to others. And that's what Bachmann should have done.

Alas, to date she has not been able to bring herself to say "I'm sorry" or admit her facts were off, even with lives at stake, beyond acknowledging that "I am not a doctor, I am not a scientist." If the original faux pas was unintentional, and therefore forgivable, her failure to 'fess up, given her knowledge now and the public health implications, is the opposite.

It's one thing to insist the vaccine should be a parental decision, not the government's. It's one thing to have concerns about the age of those who get it - it's usually administered to 11- and 12-year-olds because it doesn't work after the person has been exposed to the virus through sexual contact (not just intercourse), though it could just as easily be given to children much younger. It's one thing to try to differentiate yourself from a fellow contender - in this case Texas Gov. Rick Perry, who in 2007 mandated the vaccine for sixth-grade girls in his state, with an opt-out provision for parents, by executive order - and to question his method and motivation in doing so, specifically the campaign donations he received from the drug manufacturer wanting the business.

Instead Bachmann went the fear-mongering, science-is-bad route. Her former campaign manager, Ed Rollins, says she flubbed it. Even conservative commentator Rush Limbaugh took her to task.

Again, no candidate survives a campaign without a stumble. Nonetheless, slip-ups like these can be very revealing. How do the candidates process information and think on their feet? From whom do they take counsel? How much effort do they put into substantiating what they hear? Do they exercise good judgment, or do they wield the information recklessly? Do they have the character to concede fault and accept accountability when it belongs to them? Is it indicative of how they might behave in the future?

Bachmann wants to be president of the United States. Americans and others tend to take what the president says seriously. Now some medical professionals fear public acceptance of the potentially life-saving inoculation, already hampered by its reputation as the "sex vaccine" and the paranoia over immunizations in general, could be set back. Bachmann has not done her candidacy any favors, which should be the least of her concerns.

## ARTIST'S VIEW



POLITICS | SEN. TOM O'MARA

## Medicaid reform update

One thing sure has changed since the beginning of 2011, and that's how we talk about New York State's system of Medicaid. Many of us came into the year highlighting Medicaid's enormous expense by noting, in what had become a popular phrase, that it was costing state taxpayers "\$1 billion a week." But already, just 10 months down the road, we must say that Medicaid costs taxpayers more than \$1 billion a week. That's right, the cost has risen to more than \$53 billion annually and unless we find a way to add a week or two to the calendar, that means more than a billion dollars a week.

Despite some meaningful efforts underway to control it, the Medicaid spending meter just keeps ticking higher and higher. That really shouldn't come as a surprise to anyone paying attention. It doesn't to me. We've seen the projections time and again over the past few years. According to the Healthcare Association of New York State, one out of every four New Yorkers currently receives some form of Medicaid assistance. By all accounts, it's projected to just keep growing for the foreseeable future.

So state policymakers keep heading back to the drawing board. This year's state budget launched some potentially significant, long-term savings strategies. In particular, the work of the Governor Cuomo-initiated Medicaid Redesign Team, or MRT, remains ongoing. This team will hold its next meeting Wednesday, Oct. 5 in Albany. You can watch a webcast of the meeting and find other MRT-related information through the following website: [http://www.health.ny.gov/health\\_care/medicaid/re-design/](http://www.health.ny.gov/health_care/medicaid/re-design/).

But while Medicaid gets singled out by local governments as the No. 1 mandate burden, this year's state budget did not go nearly far enough to provide relief from it. It's a safe bet that it will be the hot button challenge of the 2012 legislative session. As local governments continue to face enormous burdens and must now find ways to operate under a property tax cap, all while federal stimulus funds disappear, the cry for mandate relief will be louder than ever. Which means Medicaid stays under scrutiny's bright light. We know that, on average, Medicaid accounts for 45 percent of the local property tax levy in individual counties. It's upwards of 90 percent in some counties.

"In some counties, Medicaid takes up the entire property tax levy. The growth in Medicaid alone for these counties exceeds the property tax cap," the president of the New York State Association of Counties noted recently. "The only way to achieve property tax relief is to reduce state mandates, and the program to reform first is Medicaid."

Many state legislators agree and we're trying to build a broader consensus for reform. For example, I've been pushing - and will keep pushing - for:

- The more widespread use of modern computer software developed and continually fine-tuned by the Horseheads-based Salient Corporation. Salient offers a proven blueprint for effectively detecting and preventing fraud, inefficiency, mismanagement, overutilization and waste.

- The reinstatement of the eligibility requirements for face-to-face interviews, finger-imaging and asset tests for Medicaid applicants that were once conducted by counties but that the state eliminated

two years ago.

- Legislation which I introduced earlier this year with local Assemblymen Phil Palmesano and Chris Friend that would freeze local Medicaid costs by requiring the state to cover the cost of future growth.

- The statewide expansion of Chemung County's Medicaid Home pilot program, which in just its first year of operation is seeing significant reductions in wasteful Medicaid spending, better medical outcomes and in utilizing the Salient management product to help achieve these results. I'd like to further expand this model and require mandatory participation in it.

Most recently, just last week in fact, I signed on to a renewed proposal being advanced in both houses of the Legislature by a bipartisan group of legislators for the state to completely take over the local share of Medicaid. Our plan proposes a freeze on local Medicaid costs similar to my earlier legislation. It would provide an immediate \$180 million in local savings by eliminating the automatic three-percent annual spending increase required by current law. But this new plan goes even further to initiate, over an eight-year period between 2012 and 2019, a gradual phase-out of all local Medicaid costs.

The idea behind this dramatic move is that if it's the state responsibility, then the state will become more aggressive at reining in costs, combating fraud and waste, and even more intent on redesigning the system. It's an idea that's been kicking around for many years in one form or another, but maybe now it's an idea whose time has arrived.

■ Tom O'Mara is a state senator.

## A big mistake

Was he a smirking, cold-blooded killer who gunned down a policeman in a Savannah, Ga., Burger King parking lot? Or was he wrongly accused and convicted on the testimony of several questionable witnesses, many of whom later changed their story?

We'll likely never know for sure the guilt or innocence of Troy Davis, who

was executed this week after decades on death row.

Davis was convicted and sentenced to death for the 1989

murder of policeman Mark MacPhail. Prosecutors said Davis was beating a homeless man with a gun after demanding a beer from him when MacPhail arrived on the scene and tried to intervene. Davis shot the officer, smirking as he did so, prosecutors said.

However, a gun was never found and there was no DNA evidence to link Davis to the murder.

Those facts and the changed stories of witnesses spurred protests on Davis' behalf this week. The Rev. Al Sharpton, former President Jimmy Carter and Pope Benedict XVI joined the call for the Supreme Court to halt the execution.

The prosecution maintained Davis was guilty, pointing out that shell casings found at the scene of the murder matched those found at the scene of a non-fatal shooting in which Davis was involved earlier that evening.

The Supreme Court declined to act, and Davis was executed by lethal injection as more than 500 supporters cried and prayed outside the prison. As he lie strapped to the gurney, Davis asked that the investigation continue "so that you really can finally see the truth."

The truth is, we'll likely never know for sure if he pulled the trigger. And because we're not sure, Troy Davis should still be alive.

We know he's not blameless for what happened that night. He started the fight that brought MacPhail to the scene.

And we know that at age 20, Davis was already a violent criminal; the type of man who started a fight with a homeless man because he wanted a beer.

Even if he didn't fire the murder weapon, Davis is partly to blame for his fate. He sparked the event that ended with the death of a police officer. And as the saying goes, if you're going to play with fire, sooner or later, you're gonna get burned.

What we don't know is if Davis pulled the trigger. No DNA and no murder weapon were ever found. The credibility of the witnesses is questionable. There is too much doubt, and that doubt should have halted the execution.

But it didn't. So in the wake of his death, we must take a long, hard look at our criminal justice system. Davis' case has exposed many flaws of the death penalty, and those flaws cannot be ignored.

Davis was no angel; he lived a life of crime and made too many bad decisions. But we don't know if he was a cop-killer.

Late Wednesday night, we made the bad decision.

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