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SYNOPSIS

How does one learn to become an effective advocate on public health issues? “To Vaccinate or Not to Vaccinate: The Story of Hamilton, Columbia” introduces the reader to the fictional U.S. state of Columbia and its legislature’s dilemma over whether to mandate the HPV vaccine for the state’s young people or simply to educate them and their parents on the importance and availability of the vaccine. On the surface this appears to be a straightforward public health question: Will a vaccine mandate or a voluntary educational effort be more effective in preventing HPV infection and ultimately HPV-related cancers? But as the narrative unfolds, we come to understand that the legislative context is much more complicated and the tensions myriad, complete with financial and political deal making, power contests in anticipation of an upcoming election, and much more. Furthermore, given that the scientific evidence is still incomplete in some aspects and does not necessarily point to a single best option for the state, the ethical concerns at stake become all the more important. What should Columbia do? As the story draws to a close, the state legislature’s Health, Education, and Labor Committee is about to open a public hearing on the dilemma, inviting an array of experts, community leaders, pharmaceutical reps, and government staffers and elected officials to speak on two bills under consideration: one for a mandate and the other for education only. This is where the students will step in to bring the hearing to life, arguing for the course of action they think is most prudent and learning techniques in effective legislative advocacy on important public health issues in the process.
ACKNOWLEDGMENTS AND FUNDING

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LIST OF COMMITTEE MEMBERS AND WITNESSES FOR HEARING

Participants in the hearing of the Columbia General Assembly’s Health, Education, and Labor Committee, in consideration of two bills, H. 110-23 (A bill to educate girls and parents about the HPV vaccine; Sponsor: Rep. Green) and H. 110-24 (A bill to mandate HPV vaccine for girls; Sponsor: Rep. Stevenson III)

MEMBERS OF THE COMMITTEE

1. Rep. Samuel WILSON – Committee chairperson
2. Rep. Rachel WINFREY – Committee member
3. Rep. Debbie CHANG – Committee member
4. Rep. Steven JACKSON – Committee member
5. Rep. Tamara YEREVANIAN – Committee member

WITNESSES TESTIFYING AT THE HEARING

1. Sona MALHOTRA – Professor of Immunology at John Adams University
2. Victoria SANCHEZ – Representative of Health Care for All, Columbia Division
3. Adam PATEL – Columbia’s Commissioner of Health
4. Frank LIEBERMAN – Vice President of Legislative Affairs at Merck Pharmaceutical, Inc.
5. Carol MARSHALL – Professor of Gender Studies at Alexander Hamilton University
6. George JEFFORDS – Professor of Economics at Thomas Jefferson University
7. Elizabeth SPENCE – Chief of Staff to Governor Joan A. Franklin
9. Reverend Josiah SMITH – Representative of the Family Research Council
11. Daniel HART – Scientist at GlaxoSmithKline
12. Representative from the Gay and Lesbian Medical Association
13. Representative from the National Vaccine Information Center
14. Representative from the Society for Adolescent Health and Medicine
15. Representative from the National Women’s Health Network
To Vaccinate or Not to Vaccinate:
The Story of Hamilton, Columbia

The moonlight shining on the cerulean blue dome seemed especially spectacular on this unusually cool August evening. This reflection of the moon onto the 274 foot dome, known simply to the capitol's residents as "The Gem," had been shimmering over the residents of Hamilton, Columbia, for over 200 years. Yet, State Legislator Samuel Wilson, chairperson of the Columbia General Assembly's Health, Education, and Labor Committee, could not help but think that the light appeared different tonight. Wilson, a 52-year-old former political science professor, was leaning on the rusty, gray guard rails surrounding the Alexander River deep in thought, not even noticing as the dew left from the evening drizzle softened the sleeves of his brown wool blend Vanetti suit. Wilson had arrived here, to his favorite spot in the city, to stare at the special way the Gem brightened the statue of Alexander Hamilton. Facing what could very well be the political firestorm of his career, Wilson was in need of the wisdom of his favorite founding father. This morning, two bills had arrived to his committee asking the state to regulate how children received the human papillomavirus vaccine. Wilson, considered by many to be the most respected member of the Columbia General Assembly, did not know how he would be able to control the tremendous interest group pressure that he would now be facing. Wilson was at the river this evening, simply hoping Alexander Hamilton would offer some help.

* 

Sophia Green was excited. She had awoken Monday morning eager to go to work. Green had just introduced her first bill to the Columbia General Assembly last Friday. Now the real fun would begin as she helped turn the bill into law. Sophia Green, a first-term general assemblyperson from Hamilton, had been a public health advocate in a different life. Upset at the way the government crushed almost every necessary public health reform, Sophia decided to change the system instead. Green won a difficult and somewhat vicious race against the Republican incumbent, but now here she was: a 38-year-old assemblyperson and author of her first piece of legislation. Sophia had worked hard over the last year to give adolescent girls the means to obtain a HPV vaccine. Her bill, however, unlike many others in states across the country, had an opt-in clause, allowing adolescent girls the opportunity to receive the vaccine without mandating them to do so.

Unlike most of her colleagues in public health, who thought that the vaccine should be mandated, Sophia was well aware that the public health world often became more enamored with a product’s potential than its reality. The vaccine had been on the market for a while now, but it can take many years for unanticipated adverse events to be identified, and she didn’t want to force citizens to receive an injection that could lead to trouble a few years down the road. Plus, Green admired the governor, a physician who really understood public health who had made valid points against mandating the vaccine. Sophia’s opt-in clause was the perfect compromise, and she couldn’t see how her bill had any chance at failing. She quickly left her apartment and headed to the Gem.
Yet, when Sophia arrived for her morning meeting with Samuel Wilson, she was surprised that someone else was already in the chairperson’s office. Sophia patiently waited in the reception area, rummaging through the cover story on climate change in the latest issue of *Time*. Then, the door opened, and Green was ready -- ready for the most important meeting of her political life. Yet, her joy and excitement instantly vanished when she saw that Richard Stevenson III was leaving the chairman’s office. Stevenson was Green’s least favorite colleague in the General Assembly, but he was also the best-known state legislator in Columbia. *The presumptive favorite to challenge the governor, Joan A. Franklin, in the next gubernatorial election*, Stevenson had tremendous influence in the assembly and was not afraid to use it. Green despised him for his connections to Big Pharma and his pompous attitude that there was not a legislative fight he could not win. Yet, the sad reality of the situation was that Stevenson was as good as advertised. He did not lose at this game, and Green wondered why he was meeting with the chairman.

Green found out the answer to her question less than a minute later, and she was not happy with the result. Samuel Wilson informed her that he had received two bills to his committee on Friday night regarding the HPV vaccine. The first was her short bill allowing adolescent girls the opportunity to opt-in into an HPV vaccination program. The second was a bill proposing an amendment to the Columbia Statutes 89-0117 to mandate that all 11- and 12- year-old girls receive the HPV vaccine. The author of the second bill was none other than Richard Stevenson III. Wilson was calling a hearing before his committee four weeks from today to allow those with a special interest in the matter to testify before him and the four other members of his committee.

Sophia Green was furious. The bill that she had finally found the courage to write was now in direct competition with the most feared member of the General Assembly. He could crush her bill with his powerful friends and his influence. Stevenson seemed to know every member of the state house, and every member knew the power he wielded in the state. If both the bills passed through committee, there was no chance that her bill would be able to overcome Stevenson. Green had to act immediately. She had to do everything in her power to make sure the committee favored her bill over his. She rushed back to her office, took out her standard white legal pad, grabbed her favorite black fountain pen, and started a list. Green needed allies to testify at the hearing.

*Richard Stevenson leaned back in his designer red leather chair, happy to see that his latest legislative masterpiece was slowly floating into place. Stevenson knew that later this year, he would be seeking the prize he had coveted all of his life. Everything Stevenson had done in the last decade was to prepare himself for the governor’s race this year. Joan A. Franklin, M.D., was nearly at the end of her second term as governor of Columbia, but she would be easily beatable in the next gubernatorial election. And, what better way to confront the governor directly than introduce his own healthcare bill, a bill that would show the state that Richard Stevenson also knew a thing or two about health? Stevenson knew that Governor Franklin was adamantly against mandating the HPV vaccine. He had been to her speech a week after the FDA had approved Gardasil when she had been the Columbia Commissioner of Health, where she told the state that the vaccine should not be mandated to

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adolescent girls. Yet years later, the issue was still not dead, and public opinion in the state seemed to actually favor their children receiving the HPV vaccine. Stevenson knew that this was his opportunity to really show the state his gubernatorial prowess. He would oppose the governor on one of her bread and butter issues and defeat her. The state would know that it was his turn to lead.

Plus, this bill would make his friends at GlaxoSmithKline very happy. GlaxoSmithKline, the pharmaceutical company responsible for the HPV vaccine Cervarix, had been pushing Stevenson to have Columbia mandate their HPV vaccine. Cervarix was approved by the FDA in 2009 — and he hoped his bill’s implementation would be one of the first major events in the gubernatorial campaign. Furthermore, studies have suggested that the efficacy of Cervarix lasts about a year longer than that of Gardasil, the only other HPV vaccine on the market. The pharmaceutical giant had been a tremendous supporter of Stevenson during his many years in the General Assembly, and they had not been shy that their support would only increase during his gubernatorial bid. Stevenson knew that these gifts resulted in expectations. Selling one particular vaccine to the General Assembly over another was going to be difficult, but Stevenson was not one to hide from challenges. He might even be able to encourage the company’s representatives to give Columbian residents 1000 compassionate care vaccines free each year or convince them to sell their vaccine at a discounted rate. Stevenson wasn’t worried. He would think of something. He had to. All he knew was that GlaxoSmithKline could boost his chances to take the governor’s office, and he was going to make them happy. Plus, given the continuing debate over HPV and cervical cancer, Stevenson knew that there was no moment like the present to push through this product.

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Merck Pharmaceuticals, Inc. was in a state of panic. This news meant that Frank Lieberman would not be getting home from work anytime soon. The news of Richard Stevenson’s bill in Columbia had made the CEO furious, and as Vice President of Legislative Affairs, this was Lieberman’s fault. GlaxoSmithKline was in bed with the next governor of Columbia, the second most populous state in the country. How could Lieberman have let that happen? Cervarix was approved by the FDA in 2009, several years after Gardasil, which was approved in 2006. Lieberman could remind the CEO that he had been in this job for less than a year and that he was very friendly with the Governors of California and Texas. Unfortunately, that hardly mattered now. What mattered was Columbia, and it was Lieberman’s responsibility to fix it.

Gardasil, the HPV vaccine produced by Merck, had long been the only HPV vaccine on the market. In the nine months following its release in 2007, total sales of Gardasil reached $1.14 billion. Since then, worldwide sales of Gardasil have generated many billions of dollars for Merck from the enormous market among girls around the world but also among boys since late 2011, when recommendations were expanded to include them too. Gardasil was the breakthrough that they were hoping would make all of Merck’s problems with Vioxx, Fosamax, and a few other ill-fated products ancient history. Lieberman’s predecessor, Victor Kay, had believed that a campaign pushing mandatory vaccines in states would bring those incredible profits to even greater highs. In 2007, 24 state legislatures had considered mandating the vaccine for middle school girls, and eventually almost all
states and D.C. would go on to consider some type of legislation to require, fund, or provide public education about HPV and the vaccine. Merck prepared for a jackpot of sales, and Kay had expected to be anointed the star of the company. Yet Kay’s efforts unexpectedly backfired, and Merck’s active lobbying campaign hurt the chances of these laws from passing. While nearly half of U.S. states have laws that require, fund, or educate the public about the HPV vaccine, only the District of Columbia and Virginia mandate that girls receive the HPV vaccine — though “mandate” is perhaps a misnomer because parents are allowed to opt out.¹ Other states have attempted to enact mandates or have had mandates that were later repealed, such as in the case of Texas, where the mandate was repealed in 2007. Regardless, even without these mandates in the United States, the number of doses of the HPV vaccine that have been distributed in the country is fast approaching the 100 million mark.²

Kay had been too aggressive, and instead of being given the throne, he was thrown in the dog house. Lieberman was his replacement, and his ascension within the company had been extraordinary. A graduate of the Harvard Business School, Lieberman became the youngest vice president at Merck. Since starting at Merck, though, he had struggled with a rollercoaster of events beyond his control. Merck had been forced to pay billions of dollars to settle lawsuits regarding their painkiller Vioxx, others of their products were the target of new lawsuits, and the company was recently being investigated for possibly violating anti-bribery laws. In addition, a study had published findings that the risk of anaphylactic shock was slightly higher with Gardasil than with other vaccines. Then, a few weeks later, studies were published that simultaneously suggested that Gardasil became less effective over time yet that it was still cost effective to vaccinate women up to the age of 26. The mixed messages kept Lieberman on his toes constantly, and the days that he could relax in his luxurious New Jersey office and congratulate himself on his accomplishments were few and far between. The young executive knew that the present problem could destroy his future. Merck could not hand Columbia over to GlaxoSmithKline. How could he stop them? Would Merck have to sell the vaccine to Columbia at cost? Or, worse would they have to give away a year’s worth of vaccine? Nothing was off the table. The key here was realism. Overconfidence had killed his predecessor. It would not kill him.

Sixty miles away in Philadelphia, Pennsylvania, at the birthplace of a rebellion that would shape human history, a candle of hope was burning in the GlaxoSmithKline American headquarters that a new American revolution was about to take place. Daniel Hart had just received a phone call with news that might vault his career to unexpected heights. Hart was young, at least young in the world of corporate business, but he knew that moments like this did not come everyday. The state of Columbia was about to push forward legislation that would mandate that adolescent girls receive the HPV vaccine, and he


knew that his company had an inside man that could push the millions of new consumers towards his company’s vaccine, Cervarix.

Hart did not know much of anything about Stevenson or about politics in general. However, he was one of the company’s brightest young scientists, one with the uncanny skill to be savvy in both business and science. Hart had understood that Cervarix would have difficulty competing in a HPV vaccine market that had already been cornered by Merck’s Gardasil. Despite the fact that Cervarix had been approved in nearly 100 other countries worldwide, sales were not where they could be since U.S. FDA approval for Cervarix was not garnered till October 2009. GlaxoSmithKline faced decreasing profits and falling stock prices as the regulatory agency blocked their new pharmaceutical lines and competition from generic drugs increased. Hart knew that his company had a wonderful vaccine, a vaccine that in a head-to-head comparison would prove to be longer-lasting and more effective at preventing cervical cancer than Gardasil. Hart believed it was better, but GlaxoSmithKline needed an opportunity to jump into the market. Richard Stevenson had provided his company with the opportunity. Now, Hart was given the job of sealing the deal. The phone call was from his boss. Hart would be the GlaxoSmithKline representative speaking at the Columbia General Assembly’s Health, Education, and Labor Committee hearing.

* * *

Two weeks! Samuel Wilson had only 14 days before the most contested hearing of his political career was about to begin. That being said, Wilson was surprisingly calm. That night outside the Gem had eased his nerves, and since the meetings with Green and Stevenson, his committee had made fantastic progress. They would be ready in two weeks. The members had unanimously decided on inviting three speakers who would present the committee with unbiased, scientific testimony. Wilson was most proud of his invitation of Sona Malhotra, professor of immunology at John Adams University. The chairperson was convinced that Dr. Malhotra would accurately and concisely explain the science behind HPV and the vaccine. This did not mean that Wilson wasn’t equally thrilled by the invitations extended to the other two scholars, George Jeffords, professor of economics at Thomas Jefferson University, and Carol Marshall, professor of gender studies at Alexander Hamilton University. Jeffords was a distinguished healthcare economics scholar who could accurately explain the state’s financial options for mandating the HPV vaccine. Marshall was born and raised in Hamilton, and she would answer arguably the most important questions before the committee. How would girls react emotionally? How would adolescent boys be affected? Should the adolescent boys be vaccinated? These three individuals would undoubtedly deliver the facts.

Yet, not all the invitees were so easily determined. The Health, Education, and Labor Committee’s debates on which interest groups should be present turned Wilson’s normally collegial colleagues into something not quite so friendly. Each member knew that this was their chance in the spotlight, their chance to be known. It was also their chance to make new friends or, better yet, make their existing friends happy. Their first committee meeting had been a circus as Wilson saw sides of these assemblypersons that he had never wanted to see. There he stood in the middle of Maria Fernandez, Steven Jackson, Rachel Winfrey, and Debbie Chang trying to maintain order. And, it was far
from easy. Interest groups determined policy in Columbia, and in the course of his tenure, they had become increasingly earnest. Wilson spent many days in his office wondering if Madison would have written Federalist No. 10 after having seen today’s political climate. A week of constant debate resulted in six groups that they could all compromise on: the Society for Adolescent Health and Medicine, the National Vaccine Information Center, the Family Research Council, the Gay and Lesbian Medical Association, Health Care for All, and, at the behest of Sophia Green, the National Women’s Health Network.

Wilson thought that the Society for Adolescent Health and Medicine, the National Women’s Health Network, and Health Care for All were obvious selections, but he received some opposition from his colleagues because of their perceived liberal bent. Wilson knew that these organizations were much more mainstream than the National Vaccine Information Center and their anti-vaccine campaigns, but the chairman had to compromise to get the other organizations in there. The issue here was not interest-group politics. It was health. Did the other members not understand that?

They did. He knew they did, but the obvious fact was that the interest group community had great influence over their future political careers. The chairman was not worried about his fate, but he considered himself unique. How would the other four members of his committee react? Wilson was and always would be a Republican who took pride in his party, but he hated the way that partisan and interest group politics had kidnapped the Columbia General Assembly. Wilson agreed with his party on a majority of issues, but he was not afraid to vote his conscience when he disagreed. The party leadership would often punish him, and it took him longer than others to reach the chair position, but he did not care. He had become a legislator with the mindset of Cicero and Socrates and would do what was right. Wilson understood the power that Stevenson had in the General Assembly, and he was afraid his influence could affect his four colleagues. However, the chairperson could not worry too much about actions beyond his control. The committee chairman’s responsibility was to make the hearing as fair and as factual as possible. Wilson was going to make sure that happened.

Reverend Josiah Smith was deep in prayer when his secretary brought in the afternoon mail. Josiah enjoyed taking five minutes every afternoon to tell God how thankful he was for all the blessings He had bestowed on the Reverend and his family. Josiah was on the other side of middle age with a healthy and adoring wife, two sons, and a daughter -- not to mention two grandchildren. Josiah had seen the horrors of war, experienced the tenderness of an unconditional love, and felt the kindness of a warm and generous God. Raised in a childhood filled with poverty and unrest, Josiah never had serious thoughts about a career in the clergy. Josiah wanted to become a lawyer or a doctor, a profession that would allow him to leave his rural youth in Lebanon, Columbia, and have a life in the big city -- Hamilton!

However, the war changed all those thoughts. Josiah had been drafted at the age of 20 and suddenly, he was riding his first plane not for the glorious Hollywood vacation of his childish daydreams but to the horrors in the jungles of Vietnam. He never told his wife, Patricia, of the terrors he experienced during those years. Or, of the promise he made one warm night as his infantry was being
attacked by the Vietcong. Josiah made a deal with God. If the Lord would allow him to survive the war and return to Patricia, he would dedicate his life to serving Him. And, God did just that. Josiah survived without one wound, and when he returned to Columbia, he kept his side of the bargain.

The mail that afternoon contained a letter from the Family Research Council asking him to represent them before the Columbia General Assembly’s Health, Education, and Labor Committee. Although the Reverend was a member of the Council, he often hated their rhetoric. Yes, he believed in abstinence before marriage. Yes, he believed that life started at conception. But, these organizations and their brethren could be so ruthless, he felt almost guilty that the Council was a vital donor to his Baptist church in Hamilton. They provided the church with the funds to help the most unfortunate, and they never asked him to alter his personal convictions. Without the Council, Josiah knew that he couldn’t give his flock what they needed. Money provided food for the hungry, shelter for the homeless, and the crucial reassurance that Hamilton’s impoverished had a loving church that cared for them.

The Reverend agreed with the Council’s viewpoint on the vaccine, but he knew that wasn’t why they asked him to represent them at the hearing. Like the Family Research Council, he did not want Columbia to mandate the HPV vaccine. Yes, such a mandate might cause girls to have more unprotected sex, but those girls would most likely be having sex anyway. More importantly, Smith believed that the decision to vaccinate a child for HPV should be made within the family. The decision was an intimate, moral decision about the perceived behavioral consequences for a young woman. How could the government take that decision away? The real reason the Council wanted him to speak was because of the reputation he had received in the state for being the “Caring Conservative.” If the Caring Conservative did not want the state to mandate the vaccine, the Council hoped that even progressives would listen. And, despite some of his disagreements with their ideology, the Council had been a good friend, both to the church and him. How could he refuse?

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The telephones were ringing off the hook at Health Care for All – Columbia Division, and since they were mostly about the same issue, the phone operator knew exactly where to route them. The calls were being directed to the second floor’s most occupied office, a room filled with so many books and papers her colleagues thought it could be its own wing at the Library of Congress. The resident of that office was a no-nonsense, petite 28-year-old, black belt named Victoria Marie Sanchez, Health Care for All – Columbia Division’s Director of Community Affairs. Vicky Persnickety, as her friends – more like coworkers – called her was the most particular employee at Health Care for All, but she was also its best. Victoria had done wonders in her six years at the organization by helping communities of color – both documented and undocumented workers – gain access to healthcare. Thus, when individuals all across Columbia wanted to know how a mandatory HPV bill would affect them, Victoria told them straight out.

Victoria had always been top of her class. She was heralded in her urban high school as one of the chosen few, a student who the teachers really thought would make something of her life. In a class with a dropout rate of 25 percent, eight times the state average, what that distinction really meant was
that she was headed to college. Victoria dreamed big – Harvard, Yale, and Princeton – but the fact was that the only school that she could even remotely afford was Hamilton Community College. She was the daughter of two undocumented immigrants who had survived the harrowing trek from Nicaragua into the United States to give their daughter a better future than they had. Born in “the country of opportunity,” Victoria believed she could be anything she wanted, even without the Ivy League’s help.

Victoria’s success story was inextricably linked to her life’s greatest tragedy. As a child, she had idolized her brother Javier as only a younger sister could. Vicky’s brother was the most popular kid in their neighborhood yet had the kindest heart Vicky had ever known. The day ebullient and charismatic Javier was diagnosed with leukemia had been the saddest day of her life. While on the far side of the tracks leukemia could be managed or even cured, there were no miracles in her neighborhood. Vicky lived in a place where Spanish was the first language on store front signs and a Medicaid card was worth more than a mansion – it was a chance to become well again. Javier did not have that chance, and it took less than a year for her older brother to waste away. On his final day, Vicky became Victoria and resolved to fight for others to have the opportunity denied to Javier. She would make sure they received what every human being deserved: the right to health care. Her parents wanted her to be a doctor, but what could a doctor do, she asked, in a system that was so broken? Right after graduation, she applied for a job at Health Care for All and never looked back.

Victoria didn’t care much about the political controversy that surrounded the HPV vaccine. All the media seemed to care about was Stevenson vs. the Governor. Where was the coverage of the real issues? Victoria wanted to know how those in the lowest socioeconomic strata were going to pay for a three-vaccine course that cost over $400 — not counting visit fees and other expenses. Some of her constituency didn’t make $400 in a month. How dare the legislature expect her dear friends to raise that kind of money when so many were already working two jobs just to cover their grocery bill? Yes, the state Medicaid system would take care of those in the lowest socioeconomic bracket. And yes, the HPV vaccine was covered in the Federal Vaccines for Children program. But, how about those who fell through the cracks, individuals like her parents who were not documented residents? What would they do? Would the Columbia General Assembly even care? Victoria would make sure they would. The day after the Hamilton Daily Caller reported the story, Victoria wrote a letter to Samuel Wilson asking him if Health Care for All could receive an invitation to speak. After a phone call from the chairperson, she was in. The committee would hear her issues. Victoria Sanchez would be making a visit to the Gem.

The governor was in quite an irritated state, and all of Elizabeth Spence’s usual tricks to assuage her were not working. Elizabeth Spence was the governor’s chief of staff, her closest adviser, and most importantly her closest friend. They had been through everything together. Roommates at Alexander Hamilton University, both made it their mission to change the state’s politics of corruption. After graduation, the two of them burst on the campaign scene, willing to work on any campaign that would hire them. Joan had always been the better of the two at campaigning: the speeches, the handshakes, and that smile which could astound even her most ardent critics. But, it was the insider politics where
Elizabeth excelled. She understood the game, and she knew how to play it better than anyone. Anyone, that is, except Richard Stevenson.

When Joan went to medical school, Elizabeth had been sad to see that her best friend was giving up on their dreams. Joan loved politics but didn’t want to spend the rest of her life campaigning. Joan wanted to govern, but what if that never happened? A career in medicine was a guaranteed opportunity to make a difference. Elizabeth had no such reservations. She decided to enroll in the John F. Kennedy School of Government to become a professional in the world she loved. She worked on a number of campaigns during her 20s and 30s. Some had been winners, but more often than not, they were losers. Elizabeth knew that she was good, but she had not found a candidate to whom she was willing to devote everything. And then, one day as she was showering in her one-bedroom apartment in downtown Hamilton, it hit her. There was only one person who she had ever known with all the ingredients to be the perfect politician: her best friend, Joan A. Franklin. Joan had given up the promise of fame and fortune to devote her life to caring for the ill, traveling the world to give impoverished communities access to health care, and opening the country’s most efficient and successful free clinic in downtown Hamilton. Joan was doing wonderful work. And she’d also served for several years as the state’s Commissioner of Health, so she was a known quantity in political circles.

When Elizabeth first brought this idea to Joan, Joan thought it was ridiculous. There was no way someone with zero experience in elected office could be governor of the second most populous state in the country. Joan knew Elizabeth was the best, but Joan was a doctor and feared a simple love of politics and campaigning would never be enough to guarantee election. Pushing her doubts aside and placing her faith in Elizabeth, Joan surprised the state, the country, and herself by narrowly beating incumbent governor William Carver. In an amazing first year, Joan had passed crucial health care and economic policies that the state desperately needed and then won an easy reelection to a second term. But, suddenly during the last six months, Joan started losing some of that magic. Republicans began hitting her hard, and the awe that everyone first had was evaporating. She faced attacks on every issue -- even health care was on the table.

When the governor made clear several years ago that she did not support a vaccine mandate, the state readily accepted her judgment. There was no reason to doubt Dr. Governor. Although many neighboring states had proposed mandatory HPV vaccinations, no politician would directly challenge the governor, given her popularity. Elizabeth agreed with the governor that the vaccine had wonderful clinical applications, but that it was still relatively new in the grand scheme of things and markedly different from the vaccines for measles, rubella, or the mumps. The human papillomavirus was transmitted only by sexual activity, and children did not need to fear that entering a school zone would automatically make them susceptible to the virus. Elizabeth and the governor knew that the decision to be vaccinated should not be dictated by the state -- she felt time and emergent concerns about the safety and efficacy of the HPV vaccine had proven them right. Yet Richard Stevenson was using this bill and the promise of a better vaccine to directly challenge the governor. Elizabeth knew that reelection for a third term was potentially on the line. She had brought Joan into this political world, and she would make sure that Richard Stevenson would not bring her down.
Adam Patel had what seemed like the least recognizable position in the Columbian government. The doctor of medicine and public health was the state’s Commissioner of Health. Yet now that the opportunity had finally arrived for him to be in the spotlight, he wasn’t so sure he wanted to be there. Steven Wilson, chairman of the Columbia General Assembly’s Health, Education, and Labor Committee, had asked him to testify on the public health ramifications of mandatory HPV vaccinations for girls between the ages of 11 and 12. The invitation was expected, but it placed Patel in a bind. Patel was in favor of mandatory vaccinations, and he believed that the science agreed with his position. However, the governor and Elizabeth Spence had been adamant that mandatory vaccinations were not the best path for the state. Adam was appointed to his position by the governor. Could he go to the General Assembly and contradict her?

Patel had always had the deepest respect for the governor. They were classmates at medical school, and from their first meeting, he had been deeply impressed with the presence she commanded. While he hadn’t expected her to be governor, he wasn’t surprised to see her there either. Joan was intelligent, determined, and arguably the best leader he had ever known. When she asked him to be Columbia’s Commissioner of Health based on his years of service at the Centers for Disease Control and Prevention, he couldn’t refuse. Patel was honored for the chance and thought the wonderful things he had accomplished in his years so far as commissioner showed the governor that her faith had been well-placed. Columbia was smoke-free in all public buildings and spaces, the first state in the country with that designation. Obesity had been decreasing under his watch, and his latest project would hopefully put Columbia’s obesity rate down closer to 1970s levels. The governor had supported every one of his measures, and their mutual love for medicine and public health made his work truly rewarding.

But for the first time in his tenure, Patel would have to disagree with the governor’s view, and he would have to do so in front of the General Assembly. Yes, Patel was a little worried about how the state would pay for such an endeavor, but Patel believed that medically this was the right move. He knew that the governor would never ask him not to express his honest opinion, and although he worried about Spence’s politicking, he knew that she respected the governor too much to even bring the subject up with him. Yet, the job of the commissioner was to express his opinion based on the best available science. The science regarding both Gardasil and Cervarix were under some debate, but he thought the arguments for mandatory vaccination were just more convincing. Patel had to do his job. Would he lose a friend or worse, his job in the process?

The cerulean blue dome looked especially impressive as it hovered over those rushing to work in Hamilton on this September morning. Samuel Wilson’s day in the spotlight had finally arrived. There were a million questions rushing through his head. Would everyone show up? Would anyone be out of order? How political would the testimony be? How would his committee members react?

The chairman entered the chamber to find that the news media had decided to make the hearing the story of the day. He was surprised to see that a few of the national affiliates had even made
the trip. Although a deep admirer of the First Amendment, Wilson was wary of the way complex issues were often reduced to calculated partisan dialogue. How they would cover this hearing was anyone’s guess. Wilson was just hoping that the camera wouldn't find the sweat stains underneath his armpits.

Wilson snuck past the reporters without making a comment and was relieved to find that everyone had arrived. His committee members had already taken their seats on the bench, eager for their chairman to call the meeting to order. Drs. Malhotra, Jeffords, Marshall, and Patel looked happy as they huddled in the corner discussing the issues of the day. Wilson was a little jealous that he was in front of the committee and not in the huddle with them. The Merck and GlaxoSmithKline representatives had arrived, and Wilson was eager to hear how each would justify that their vaccine was the only one to guarantee the safety of Columbia’s young women. Wilson also identified the representatives of the six interest groups that the committee had decided to invite interspersed across the room: the Society for Adolescent Health and Medicine, the National Vaccine Information Center, Health Care for All, the Gay and Lesbian Medical Association, the Family Research Council, and the National Women’s Health Network. Would their testimonies be convincing? Wilson hoped so.

But, as a scholar of politics, Wilson was most curious about how the political characters would react today. Richard Stevenson was a presence. His three-piece navy blue Armani suit outshone the wardrobe of every other person in the chamber. Wilson was surprised at how calm Stevenson looked. Today could cement his status as the governor’s chief rival; it was his moment to shine. Elizabeth Spence was seated immediately across the aisle with her eyes squinted, looking forward with absolute focus. She had not even acknowledged Stevenson’s presence. Spence held dominion over the Columbian political kingdom, and she was not ready to relinquish that throne to Stevenson. Yet, Wilson was most excited to see how Sophia Green would react. She embodied everything Wilson loved about government. Green was enthusiastic, determined, and eager for change. He just hoped that she could play in the same league as Stevenson and Spence.

Wilson took a deep breath. It was showtime. “Ladies and Gentleman, I call this meeting to order . . .”

* * *
Announcement of FDA’s Approval of HPV Vaccine

Two weeks from today, the citizens of the State of Columbia will join the other men and women of this great nation to celebrate a very special anniversary. On this day, two hundred and thirty years ago, 56 brave signatories gave life to a lady of infinite grace and majesty. Although born with the task of opposing tyranny and oppression for her own citizens, this Lady Liberty would mature and blossom to become a center for freedom and opportunity, a true beacon of light shining hope, liberty, and justice to the world’s people. In two short weeks, the State of Columbia will celebrate this nation’s Independence Day.

Yet, we do not need to look to the past to view America’s greatness. We live and breathe the marvels of this country and of its citizens each and every day. Just twelve days ago, the Food and Drug Administration announced the approval of Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to human papillomavirus, or HPV. This scientific breakthrough has been heralded as a cure for cancer. We should not, however, be so uneducated in our response to this great achievement. Gardasil and similar vaccines that will follow its lead do not represent a cure for all cancer. They represent a preventive measure for one type of cancer, cervical cancer, and a preventive measure for the most common sexually transmitted infection in the United States, human papillomavirus. While far from a small victory, Gardasil in no way ends the battle against cancer.

The Centers for Disease Control and Prevention estimates that about 6.2 million Americans become infected with genital HPV each year and that over half of all sexually active men and women become infected at some time in their lives. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the United States each year. Worldwide, cervical cancer is the second most common cancer in women; and is estimated to cause over 470,000 new cases and 233,000 deaths each year. Gardasil and its future variants give these women a chance that they never had before.

However, I am here to caution the citizens of this state and its General Assembly that Gardasil should be used for one purpose and one purpose only: the protection of women’s health. There is real danger that this vaccine will be used for political aims in an effort to include this new vaccine in the umbrella of mandated childhood vaccines. The Office of the Governor is adamant that this would be the wrong course for the state. Unlike chicken pox, rubella, measles, or the mumps, HPV cannot be transmitted between students through normal day-to-day student activities. HPV can only be transmitted through sexual behavior. Therefore, no student needs to worry that their school will become a breeding ground for HPV. The decision to receive a vaccine should be a personal decision, between a young woman and her parents, not a mandated declaration by the state.

Two short weeks from now, the State of Columbia will celebrate the culmination of two hundred and thirty years of freedom of exploration and innovation without government oppression and tyranny. Let us continue that tradition by celebrating the medical breakthrough of the human papillomavirus vaccine without unnecessarily mandating it to our citizens.

* * *
HOUSE BILL 110-23

First Regular Session
One Hundred and Tenth General Assembly
STATE OF COLUMBIA

Sponsor:  State Representative Sophia GREEN

AN ACT concerning the prevention of cervical cancer. Be it enacted by the Legislature of the State of Columbia:

Section 1:

(a) Prior to admission to any public school in the State of Columbia, any females between the ages of eleven and twelve and her parent or guardian shall be presented with information about the link between human papillomavirus and cervical cancer and the availability of a human papillomavirus vaccine.

(b) No female student who is over twelve years of age shall attend any public school in the state of Columbia on or after July 1, 2014, unless she submits acceptable evidence to the public school that she has reviewed information concerning the human papillomavirus vaccine and that, after receiving the information required by subsection (a), the student’s parents or guardian has elected for the student to receive or to not receive the vaccine.

(c) The executive director of the department of public health or his or her designee shall prescribe the content of the information required in subsection (a) and the appropriate forms to meet the requirements of subsection (b).

Section 2: This act shall take effect and be in force from and after its publication in the statute book.

Adapted from State of Colorado Senate Bill 07-080
Sponsor: State Representative Richard STEVENSON III

AN ACT concerning certification of receipt of certain tests or inoculations prior to admission and attendance at school; amending Columbia Statutes 89-0117 and repealing the existing section. Be it enacted by the Legislature of the State of Columbia:

Section 1: Columbia Statutes 89-0117 is hereby amended to read as follows:

(a) In each school year, every pupil enrolling or enrolled for the first time in a preschool or day care program operated by a school, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary and, in addition, each female student between the ages of eleven and twelve, shall present to the appropriate school board certification from a physician or local health department that the student has received inoculations to fully immunize said student against the human papillomavirus. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

(1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or

(2) A written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations. With respect to immunizations against human papillomavirus, the written statement shall contain a statement indicating that the parent or guardian received the information under Section 3 on the connection between the human papillomavirus and cervical cancer.

(c) The Department of Public Health shall prescribe procedures by which each school district shall provide information to parents and guardians of pupils relating to the connection between human papillomavirus and cervical cancer. The procedures must ensure that the information is reasonably likely to come to the attention of the parents or guardians of each female student.
The Department of Public Health shall collect and disseminate information to parents and guardians of pupils relating to the connection between human papillomavirus and cervical cancer.

The information on the connection between human papillomavirus and cervical cancer must cover:

(A) The risk factors for developing cervical cancer, the symptoms of the disease, how it may be diagnosed and its possible consequences if untreated

(B) The connection between human papillomavirus virus and cervical cancer, how cervical cancer is transmitted, how transmission may be prevented and the relative risk of contracting human papillomavirus for primary and secondary school students

(C) The availability and effectiveness of vaccination against human papillomavirus and a brief description of the possible side effects of the vaccination.

(D) Sources of additional information regarding the disease, including any appropriate office of a school district and the appropriate office of the department of health and environment

Section 2: The administrator of each school shall provide the director of the department of public health with the immunization status of each pupil in grades kindergarten through 12 who enrolled in the school for the first time. This information shall be transmitted through the approved local full-time health department, if available, and shall be on forms provided by the director of public health or otherwise reported in a manner approved by the director.

Columbia Statutes 89-0117 is hereby repealed

Section 3: This act shall take effect and be in force from and after its publication in the statute book.

Adapted from State of Colorado Senate Bill 07-080, State of Michigan House Bill No. 4101, and State of Kansas House Bill No. 2227

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