

OPINION

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"The Daily Journal is dedicated to community service, to defense of individual rights and to providing those checks upon government which no constitution can ensure."

SCOTT ALEXANDER
founding editor, 1963

Opinion roundup

EDITOR'S NOTE — Today the Daily Journal presents a sampling of editorials from around the state and nation:

Updated sex-offender registry more useful

The Journal Gazette, Fort Wayne

Hoosiers finally have a user-friendly, easy-to-access method of determining whether any convicted sex offenders live in their neighborhoods with the launch of the newest version of an online registry.

The sexual offenders registry now allows parents and others to select a city, ZIP code or address and see a map of the area that displays the location of the homes and, in some cases, workplaces of convicted sex offenders. When the computer user puts the cursor on the location of an offender, a box pops up displaying the photo, name, address, age, height and weight of the offender.

This has been a long time coming. The sex offender registry dates to 1994. The legislature expanded the law in 2002 to require sheriffs to post offender's names, photos and addresses on the Web site. But the site required users to search by the offender's name or street name, a long and frustrating process for any city residents living in dense neighborhoods with numerous streets.

With Monday's launch of the new Web site, state officials have finally fulfilled the legislature's goal of making it relatively simple to see where molesters and other sex offenders live in any given neighborhood.

Full-day kindergarten was always good idea

The Herald-Times, Bloomington

A proposal toward full-day kindergarten for all students in Indiana appears to be in good shape because it's backed by Republicans in both the House and the Senate. That's the party that controls both houses of the legislature, of course, as well as the governor's office.

When full-day kindergarten comes to pass in this state, don't forget that this was an idea championed by Gov. Frank O'Bannon as his top legislative priority of 1999. Then it was championed by Gov. Joe Kernan in 2004. Both are Democrats, and neither had the votes in the General Assembly to get their legislation passed.

This year's GOP idea would fund full-day kindergarten with tax credits for 7,000 needy students in the state. The bill's author, Rep. Robert Behning of Indianapolis, said he anticipates a much broader Republican-backed full-day kindergarten bill next year.

This has been a good idea for Indiana's children since O'Bannon started pushing it seven years ago. It's about time it is adopted.

Ethical lapses due to out-of-touch Congress

Chillicothe (Ohio) Gazette

The problem with congressional ethics reform is those who need to reform are proposing the remedy. While some may say voters hold the ultimate power in ensuring reforms are enacted, the fact is those who are most likely to offend hold the real power over reform efforts.

Perhaps if they traveled more often to their districts for "fact-finding" trips and talked to residents there about the real-life problems of living in 21st century America — poverty, health care and taxes, to name a few — there wouldn't be such a need for ethics reform.

Oversight of genetic-plant testing inadequate

Star Tribune, Minneapolis

Regardless of how they weigh the risks of genetically modified crops, all Americans have an interest in seeing experimental plantings conducted under supervision that assures their safety. For years, questions have been raised about whether the U.S. Department of Agriculture's monitoring policies are up to the job; now it turns out that USDA hasn't even been meeting those minimal obligations.

According to an audit by its own inspector general, USDA didn't conduct required inspections of test fields, didn't assure that crops were destroyed after the tests were finished, and often didn't even know where the tests were being conducted.

These are not trivial, technical failings. They constitute an appalling abandonment of the key practices that USDA and the biotech industry routinely cite as guarantees that Americans have no need to fear the accidental release of engineered genes into the environment.

Certainly it is fortunate that U.S. field trials have not resulted in the disastrous transfer of a drug-making or pesticide-resistant gene from a test planting into the wider world. It is not nearly so certain that USDA can claim credit for this; or that its adoption of some, though not all, of the auditors' recommendations represents a change of heart.

Indeed, its decision to issue the audit report on the Thursday before Christmas suggests it may be more committed to avoiding public scrutiny than restoring public trust.

DNA tests prove guilt as well as innocence

South Florida Sun-Sentinel, Fort Lauderdale, Fla.

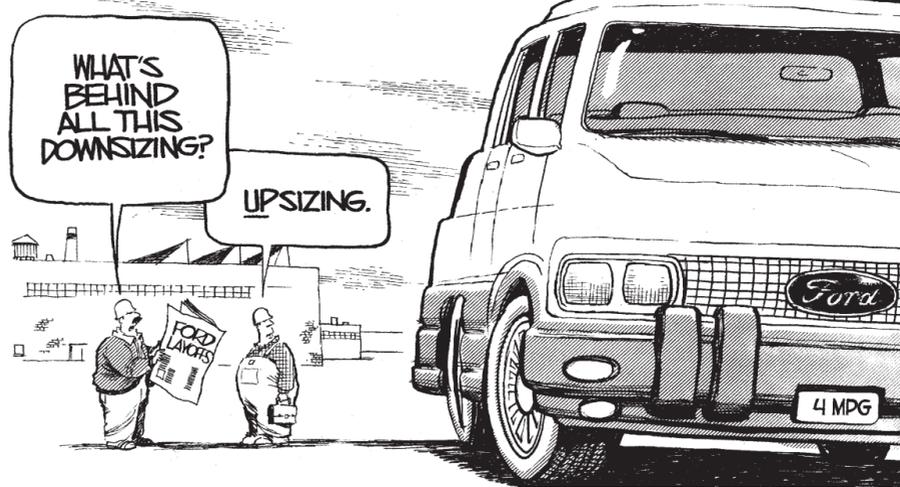
DNA can prove innocence, reconfirm guilt. Funny how quickly the hype machine building around an executed Virginia man got quiet.

The anti-capital punishment crowd hoped a new round of DNA testing would exonerate Roger Keith Coleman, and lead to a renewed ban on the death penalty. It hasn't turned out that way. Far from it.

The tests seemed to only reconfirm that Coleman, who was put to death 14 years ago, was guilty of the 1981 rape and murder of his sister-in-law, Wanda McCoy. And that ended Coleman's days as the apparent poster victim against capital punishment.

The lesson from the Coleman case, however, is that advanced technology may not just help determine innocence, but also reassert guilt. Virginia was right to order the extra tests, and authorities in other states shouldn't hesitate to do so when the circumstances warrant it.

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COURTESY NEWS SERVICE



Nuclear arms in Iran pose nightmare dilemma for U.S.

Ever since 1945, when nuclear weapons began entering the arsenals of the great powers, thoughtful observers have worried over how to prevent the spread of these lethal instruments. It was bad enough that they were possessed by the world's major nations. But at least the United States, the Soviet Union, Britain, France and China were ruled by people rational enough not to actually use them.

But what if certain small nations, perhaps including some ruled by reckless dictators who could not be counted on to behave sensibly, developed or obtained nuclear weapons? That was the real nightmare. The major powers confronted it by persuading most of the world's countries to sign the Nuclear Nonproliferation Treaty, pledging themselves not to seek nuclear arms. There were some exceptions — Israel, for one, refused to sign and is known to have a nuclear arsenal — but for a while the policy worked reasonably well.

The trouble is that at least two relatively small but obstreperous nations, Iran and North Korea, are becoming sophisticated enough technologically to construct nuclear weapons and are showing every sign of intending to use them to blackmail the rest of the world. North Korea is believed to have several nuclear bombs already, and Iran is thought to be within a few years, or even months, of doing so.

This grim problem has shown up on President Bush's watch, and he cannot escape having to decide what to do about it. Earlier presi-



William Rusher

dents gladly postponed a decision, but Bush doesn't have that luxury. The Democrats, too, are fortunate: They don't have to propose a solution. They can wait to see what Bush does and then criticize that, whatever it is. Bush alone must decide.

As far as Iran is concerned, all the evidence suggests that its ruling mullahs intend to go full-steam ahead toward producing nuclear weapons, while intermittently offering to negotiate with the major powers to keep them from initiating effective counter-measures.

What counter-measures? There are only two possibilities. One is stringent economic sanctions. The other is military action.

Sanctions might work, if Russia and China could be persuaded to cooperate. Iran's sole important export is oil; and barring it from the world market would, in the beginning, hurt the rest of the world even more than Iran. But over the long haul global supplies would adjust to the demand, and the pain inflicted on Iran would become severe.

The trouble is that it would hurt the Iranian people even more than its government, and most

Western nations are not immune to such humanitarian considerations. The odds are, therefore, that sanctions won't work.

That leaves military action, and there are those who say that won't work either: Iran's production facilities for nuclear weapons are widely dispersed and in many cases buried deep underground. But repeated precision strikes by American air forces could certainly slow Iran's progress toward nuclear capability considerably, and that might be enough to induce serious negotiations.

The greater problem with military action might be its side effects. It would probably enrage the young Iranians on whom we must count to oust the mullahs. They may be anti-mullah, but they may also want their country to belong to the nuclear club. In addition, the government might respond to airstrikes by stepping up its support for the insurgents in Iraq or even be able to turn many of their fellow Shiites in Iraq (on whom we are counting to lead a democratic regime) against the United States.

Such are the considerations President Bush must be weighing, and it is difficult not to feel sorry for him as he does so. But he sought the presidency, after all, including its burdens. Iran is clearly one of the greatest, and war (in the form of airstrikes) simply cannot be ruled out.

William Rusher is a distinguished fellow of the Claremont Institute for the Study of Statesmanship and Political Philosophy. Send comments to letters@thejournalnet.com.

Medical research needs more funds, better climate for problem-solving

It seems clear, even if it's deplorable, that President Bush and Congress will not increase funding for medical research. But at the very least, they ought to make current spending more effective.

They could do so by getting behind bipartisan legislation to create a Center for Cures at the National Institutes of Health that's designed to shorten the average 17-year gap between a scientific discovery and a disease treatment.

And they could back House Energy and Commerce Chairman Joe Barton, R-Texas, who's been trying to enhance the power of NIH's director to strategically direct funding to the most promising areas of research.

After doubling NIH's budget from \$13.7 billion in 1998 to \$27 billion in 2003, Bush and Congress for the past three fiscal years have imposed net cuts after inflation is taken into account. Bush's fiscal 2007 budget is expected to call for funding at the 2006 level, \$28.3 billion.

There's a chance that Bush will finally do right by non-medical research and increase funding for physics, chemistry, energy, computation and nanotechnology, all of which have implications for health research. But for medical research, the NIH cuts mean that only about 20 percent of peer-reviewed projects submitted for funding will get money, down from more than 30 percent during the period of doubling. This means a drastic slowdown in discovery.

It shouldn't happen. Medical research is not, despite the way it's officially viewed, "discretionary spending" but rather an investment in the nation's health. Historically, it has produced dramatic life and cost-saving results in the treatment of heart disease, AIDS, mental illness and cancer, to name a few. And it promises to do the same in the future for Alzheimer's disease, autism and diabetes.

But if the cuts are inevitable, with Bush and the GOP Congress



Morton Kondracke

trying to close the budget deficit, there ought to be an effort to increase the impact of what is spent, emphasizing the production not just of scientific papers but of actual cures for diseases.

Cuts or no cuts, a number of disease groups have become impatient with the existing medical research system and are backing the Center for Cures bill sponsored by Sens. Joe Lieberman, D-Conn., Thad Cochran, R-Miss., Tom Carper, D-Del., and Kay Bailey Hutchison, R-Texas, as well as Barton's effort to make NIH funding more strategic.

The cures agency, funded at \$5 billion a year, would foster "translational research" designed to bridge the gap between basic scientific discoveries and the production of medicines and encourage cooperation between NIH's 21 disease-specific institutes.

At the other end of the cures pipeline, the Food and Drug Administration reported this month that it approved only 20 new drugs last year, down from 36 in 2004, even though the drug industry reported spending a record \$38 billion on research.

Pharmaceutical companies say it takes, on average, 15 years and \$800 million to develop a new drug. Much of that is spent on government-mandated clinical trials to prove safety and effectiveness.

One obvious clog in the cures process is that drug companies concentrate on producing "blockbuster" drugs that will provide large returns on investment. The Bush administration should consider ways of hastening the

approval process, possibly by easing effectiveness testing after safety is guaranteed.

Greg Simon, who heads a consortium of scientists of disease groups, said that one of the major barriers to curing disease is the research system's risk-aversion, which is made worse at times when NIH funding is down. NIH tends to fund well-established researchers with conventional ideas, not risky projects that might produce breakthroughs.

He cited findings by Nobel Prize researcher Thomas Cech showing that the average age of a scientist getting his or her first NIH grant is 42, whereas the average age at which Nobel Prize winners produced their work is 33.

"Young people propose ambitious projects that may not work, so they don't get funded," Simon said. "Everybody else is proposing something where they've already done 90 percent of the work. It's one reason why progress is so incremental."

The basic problem is institutional rigidity, the tendency to do things as they've always been done, regardless of new opportunities.

Simon cited the example of work on multiple sclerosis, where conventional researchers are still trying to discover the autoimmune processes that damage the myelin sheath around nerves, producing paralysis.

"The Myelin Repair Foundation, a small organization out in California started by a venture capitalist with MS," he said, "has got a five-year plan to repair the myelin sheath. They don't need to know how they got MS or why they got MS. They just want to fix it."

If the Bush administration and Congress don't want to finance more conventional medical research, they ought to reform the medical research system.

Morton Kondracke is executive editor of Roll Call, the newspaper of Capitol Hill. Send comments to letters@thejournalnet.com.

YOUR VIEWS

For centuries, babies were delivered at home

To the editor:

I am very disappointed with the coverage of home birth this year in the Daily Journal. Everything I have seen in the paper about home birth has been negative. I had a successful home birth last January, and the Daily Journal interviewed me and my midwife.

That article never made it to print. If you didn't want to print my story, I am sure you could find numerous positive stories about home birth ... if you tried.

I am further disappointed with the tone of the article in Saturday's paper about Jennifer Williams, "Police: Woman lacked license" (Daily Journal, Jan. 14). The average person who would have read that article would get the impression that because Jennifer Williams was not licensed, that is why the baby died.

Your paper does not come out and say that, but that is the tone nevertheless. I am glad you at least put in print that "Oliver Meredith was the first child to die during delivery" in her care.

The fact of the matter is that birth is a natural event that has occurred in the home for many, many years. If there weren't women who had successful home deliveries in the past, you and I would not be here.

Now, all of a sudden, it is taboo. Additionally, birth has no guarantees, whether in a hospital setting or at home. I know this is true, and so do you, because many children die each year in hospital settings as well. Those deaths, however, do not make the front page of the paper.

If those deaths do make it to the paper, rarely is a doctor, nurse, or other hospital staff scrutinized for his or her level of care. The paper portrays the idea that if a caregiver has a piece of paper (license or medical degree), that it will magically prevent deaths in childbirth. That is simply not so.

I would like to ask that if you are going to scrutinize everything a midwife does relating to the death of a baby in childbirth, then please do the same for every infant that dies in childbirth, not just those who are born at home.

Angela K. DeVoss
Whiteland

Malpractice insurance cost limits midwives

To the editor:

I would like to make an appeal to Shelby County court on behalf of Jennifer Williams, who was recently arrested and charged with practicing medicine without a license and the unlicensed practice of midwifery.

According to Indiana laws, practicing midwives must obtain a nursing license. However, certified nurse midwives are limited in their practices, and most cannot afford the outrageous malpractice insurance.

So, although home birth is not technically illegal in Indiana, it is highly unlikely, considering the strict ordinances which govern this practice. This is why most home births are attended by an unlicensed, though thoroughly trained, midwife.

House Bill 1237 seeks to allow midwives to be licensed in Indiana as certified professional midwives who would be governed by a committee of licensed midwives. This bill has been submitted yearly since 1993 and has made it past the House several times but has never been heard in the Senate.

My ninth child was delivered by a qualified midwife. Our 11-pound, 15-ounce baby girl was born a year ago in our home. The delivery was not without incident. Due to her large size, her shoulders became lodged after her head was delivered. Because my highly trained and knowledgeable midwife knew exactly how to handle this dangerous complication, known as shoulder dystocia, Destiny Faith celebrated her first birthday two weeks ago. If we are blessed with more children in the future, we want the option to have another home birth.

Babies have been born at home for 6,000 years. Only during this past century has childbirth become a medical procedure. We are grateful for medical expertise when the need arises. However many of us choose to have our babies in the security of our own homes rather than in facilities where drugs are the norm and C-sections are at an all-time high. If we opt to have medical assistance during our home birth, we are in danger of breaking Indiana law.

It is my intention to rally support for Jennifer Williams and to encourage others to write to their representatives in favor of House Bill 1237. We would greatly appreciate the right to choose a legal home birth.

Cheryl Long
Freetown