

's encouraging that he
patience to see me devel-
football player."
playing all 16 games as
in 1999, starting the last
Greg Ellis broke his
kuban led the Cowboys
2 sacks the next season
playing primarily in a
role and missing four
because of big toe injury.
in started the 2001 sea-
son but played only in
half against Tampa Bay.
herniated disk in his
sired surgery and forced
miss the rest of the year.
had to earn his starting
in training camp last

ugh even the back
he had, he still was
ome tackles and getting
ssures on the quarter-
id Ellis, also Ekuban's
e at North Carolina and
o. 1 by Dallas a year
He still played hard. He
't hitting on all cylin-
year."

n insists he's not
on the past ups-and-
the fact that he is going
last year of his contract.
isappointments seem to
vator for him.
just out trying to make
or the past couple of
en things haven't gone
hopefully put every-
ther," Ekuban said.
that's also what he
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BA superstar Kobe
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of sexually assaulting
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ys asked Gannett to
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request, setting the
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BRIEF

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ay night's 10-1 loss

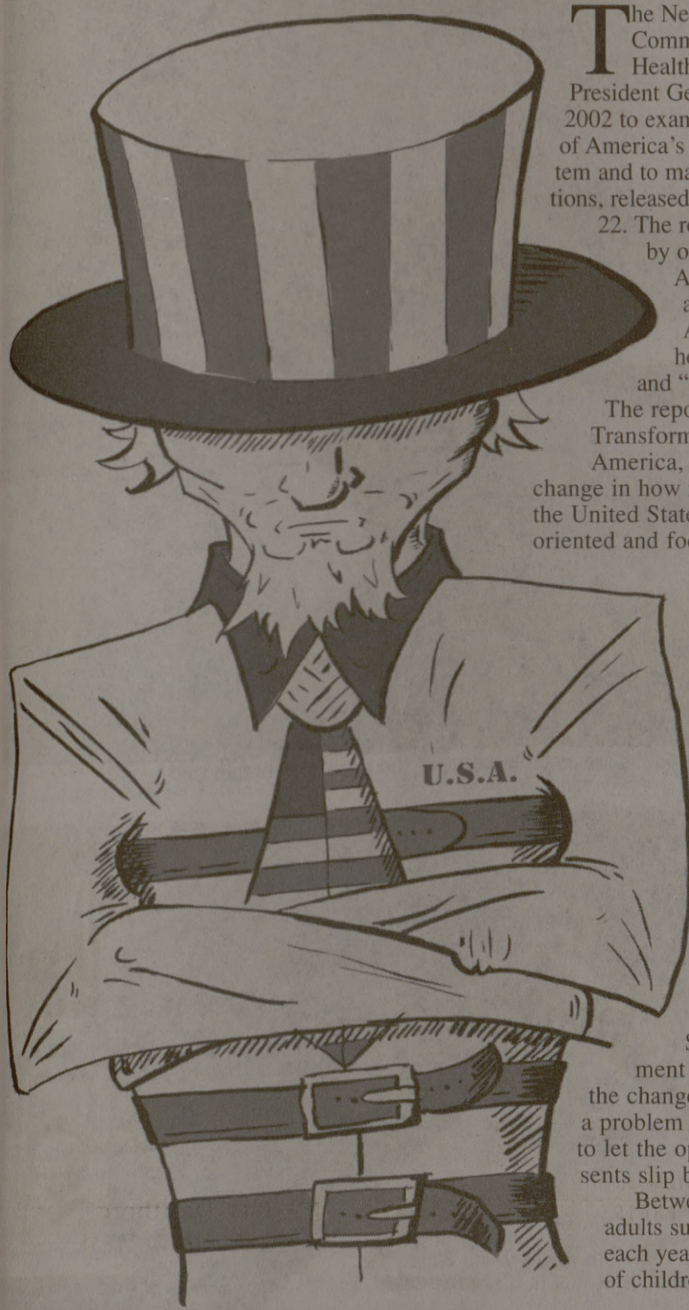
OPINION

THE BATTALION

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MENTAL HEALTH CRISIS

U.S. should adhere to the New Freedom Commission on Mental Health's report



The New Freedom Commission on Mental Health, created by President George W. Bush in 2002 to examine the condition of America's mental health system and to make recommendations, released its long-awaited report on July 22. The report, which has been embraced by organizations such as the American Psychiatric Association and the National Mental Health Association, found the mental health system to be "in shambles" and "broken."

The report, *Achieving the Promise: Transforming Mental Health Care in America*, recommends a fundamental change in how mental health is delivered in the United States. Instead of being so crisis-oriented and focusing on providing medication and managing symptoms, the commission stresses the need for an integrated system focused on prevention, early diagnosis and complete care. Department of Health and Human Services Secretary Tommy Thompson charged the HHS Substance Abuse and Mental Health Services Administration with coming up with a comprehensive plan to implement the report's recommendations.

The report could have remarkable and extensive effects on how the mentally ill are treated in the United States, if the national government follows through and applies the changes. Mental illness is too serious a problem and the system is too damaged to let the opportunity this report represents slip by.

Between 5 and 7 percent of American adults suffer from serious mental illness each year, and between 5 and 9 percent of children suffer from emotional distur-

bances. Mental illness is at the top of a list of illnesses that cause disabilities in the United States, Canada and Western Europe. According to the World Health Organization, mental illness, including depression, bipolar dis-

order and schizophrenia, accounts for nearly one-fourth of all disability across major industrialized countries. As the report states, "No community is unaffected by mental illness; no school or workplace is untouched."

The costs of mental illness are enormous; it indirectly costs the United States \$73 billion a year, according to the New Freedom report. Most of this — \$63 billion — is in lost productivity. The best way to reduce these figures is to catch mental illness before it gets out of hand, not just to suppress symptoms, which, obviously, has not been working so far.

"Mental illness is too serious a problem and the system is too damaged to let the opportunity this report represents slip by."

Currently, only one-third of adults with a mental illness are working and, of those, most are underpaid. As a result, many have to rely on public assistance such as Temporary Assistance for Needy Families, Social Security Income and Social Security and Disability Income. In fact, 35 percent of SSI recipients and 28 percent of SSDI recipients have mental illnesses, and millions of the mentally ill are homeless.

One of the worst consequences of mental illness is suicide. Suicide is the leading cause of violent deaths worldwide; it's greater than homicide and war-related deaths combined. In the United States, 30,000 people die a year

from suicide, and 90 percent of them have a mental illness.

The most disturbing aspect of these numbers is that 40 percent had visited their primary care physicians within a month of their death, but their illnesses were not caught.

The commission's biggest concern is the lack of integration between systems; it is far too fragmented, which leads to confusion and disparate treatments. The systems providing access to care, including Medicare, Medicaid, TANF and juvenile justice and criminal justice systems, have to be coordinated.

However, to coordinate the various programs is going to take money.

Unfortunately, the commission did not address this issue and funding for mental illness is being cut across the nation as states face budgetary crises. Even before budget cuts, mental illness funding never reached parity with its prevalence in society. The burden of mental illness in the United States is 20 percent, yet only 5 to 7 percent of health expenditures are directed toward disorders, according to the APA.

Millions of people with mental illnesses are already failing to receive the care they need. Health insurance companies and even Medicare treat mental illness with disdain. The Medicare co-pay for mental illness is 50 percent, compared to 20 percent for physical illnesses.

It is much easier, not to mention far cheaper, to prevent mental illness than it is to treat it. The government can show it's sincere in taking mental illness seriously by following the commission's recommendations. Education programs to decrease the stigma associated with disorders, passing legislation requiring parity between mental and physical health insurance coverage and eliminating the disparate treatment experienced by minorities and rural populations is essential to destroying the control mental illness has on the United States.

Jenelle Wilson is a senior political science major. Graphic by Seth Freeman

MAIL CALL

Criticism of The Battalion in mail calls unwarranted

This is all getting old, you know? All of these mail call letters talking about the closing of the journalism department and how it's about time because of how awful *The Battalion* is.

Instead of realizing that destroying a department is detrimental to all students, so many Aggies think that it is necessary because the student newspaper is, in their opinion, very bad. That six page newspaper that many students work very hard on every day is not going to get better by closing the department that educates many of its writers; it is going to get worse.

Also, not all of those who choose to write for *The Battalion* or *The Aggie* do so just to please the student body. Writing for a student publication gives students the opportunity to develop writing skills, work as a team and prepare for life after college.

Compare it to a sports team for a minute, one that practices daily to develop individual playing skills, work as a team or prepare for playing for a professional team. Imagine if Texas A&M cut the

volleyball program because of lack of instructors, or decided to do away with baseball all together because there were too many students interested in playing. How much sense does that make to you?

The athletes would be furious and hurt if their fellow Aggies just wrote in to say good riddance, or to point out every mistake made in a game, every error or fumble made.

What if all football players were expected to train with the tennis team or the lacrosse team prior to every game, and then perform their best on Saturday? Would anybody really expect them to do well? Of course not. They wouldn't be equipped with the skills needed to compete with other teams, especially those from schools that put time and effort into developing a strong football program.

This would be like if journalists were trained with speech communications guidelines and then tried to get a job as a writer or work for a public relations firm.

This is what will happen if the department is closed. Does this make any sense to you, because it makes no sense to me.

Lindsay Leifeste
Class of 2005

Malpractice premiums are plaguing doctors

More doctors are closing their doors to their clinics, as they become victims of severely high malpractice insurance rates. In Texas alone,

the cost of medical malpractice premiums rose more than 15 percent each year from 1996 to 2000. The rates are projected to double every five years.

The skyrocketing cost of medical malpractice insurance is a nationwide problem. Democrats in the U.S. Senate, however, have turned a blind eye to this crisis. In July, they voted against the Patients First Act. The legislation, championed by President George W. Bush, sought to limit the amount of money that victims of medical malpractice could collect for pain and suffering. Republicans say this would lower the amount of money juries could award malpractice victims, hence, lowering malpractice insurance premiums and allowing more physicians to return to work. They are right. Such reform is necessary and would be effective.

Specifically, the Patients First Act required full reimbursement for any economic loss suffered by a patient without limitation. However, it placed a \$250,000 limit on the amount a patient could receive for non-monetary losses such as pain and suffering. The bill also limited the contingency fees trial lawyers could charge the patient.

The Patients First Act is modeled after a similar and successful California law: the Medical Injury Compensation Reform Act. This law placed a cap on noneconomic losses and limited the contingency fees that trial lawyers could charge. As a result, while malpractice premiums increased by 437 percent nationwide since 1975, California's rose by only one-third that amount during the same period.

Democrats said the bill would not lower malpractice premiums. They maintain that insurance companies are making less profit because of the sluggish economy, not high jury awards and frivolous lawsuits. Thus, to compensate for losses, the companies are increasing malpractice premiums. But, a report released last week by the General Accounting Office showed conclusively that legal awards, not stock market losses, were the overwhelming reason for rising medical liability insurance premiums.

Opponents of the bill also say a \$250,000 cap is unfair, especially for severe injuries caused by physician mismanagement. For example, a quadri-

plegic could receive only \$250,000 for a lifetime of paralysis. But, a second patient, one with a less severe injury, could be awarded the same amount. The direct effect of the award limit then appears to increase injustice, not reduce it.

But, the fact that \$250,000 cannot compensate for the pain a patient endures either shows that \$250,000 isn't enough money or it demonstrates that money cannot compensate for non-monetary losses. A quadriplegic will not feel less pain if awarded more money, say \$1 million. Nor would that person have willingly become a quadriplegic if offered \$1 million, or even \$10 million. Money is limited compensation for pain and suffering, both of which are subjective and immeasurable.

Democrats also say that, traditionally, medical liability laws have been under state control and should remain that way. This is true: Currently, some states have enacted caps and passed tort laws, while others have not. Yet, this has created a problem. Since doctors prefer lower insurance premiums, one would expect them to practice in states that have curbed insurance rates. This results in a shortage of doctors in some areas while other regions across the country have an ample supply of physicians. The quality of healthcare in this country, then, is not uniform and suffers.

This is exactly what researchers at the Agency for Healthcare Research and Quality have found. They studied how state malpractice caps influence where physicians practice medicine. They compared the physician to population ratio in 1970, when no states had laws capping damage payments, to the same ratio 30 years later. States had virtually identical levels of physicians in 1970. In 2000, states with caps averaged 135 physicians per 100,000 citizens while states without caps averaged 120. Unless some action is taken, one can expect this disparity to become even greater.

Democrats had no sound reason for voting against the Patients First Act. The bill attempted to limit excessively high awards to plaintiffs, an important reason for increasing insurance premiums, and such caps have proven to work. Republicans should make this a key issue in the 2004 elections. Maybe by then Democrats will realize that trial lawyers cannot substitute for doctors and see the need for tort reform.

Midhat Farooqi is a junior genetics major.

