Dying to be beautiful

Consequences of tanning beds outweigh temporary and superficial benefits

LAUREN ESPOSITO

These days, it seems as though the American ideal of a healthy looking individual is one that is synonymous with a tan individual. While one may be drawn to the glow of a dark, tan person, the healthful aspects of this look could not be more deceiving.

The dark tan that everyone craves is a dangerous cosmetic undertaking, whether obtained by sunning at the beach or in a more readily available tanning bed, which is why some states, such as Texas, have rightly taken measures to limit one's access to tanning beds.

It is estimated that more than 50,000 people will be diagnosed with melanoma this year alone, and almost 8,000 of them will die from the disease; this means that there is one person dying every hour from skin cancer every day of the year, according to the American Academy of Dermatology. While not all melanomas are caused by overexposure to the sun and ultraviolet rays, it has been determined that UVA and UVB rays taken in by tanning are the major components in activating the deadly cancer.

While most college and high school students don't think about skin cancer at their age, they should – 80 percent of sun damage occurs before the age of 18, according to the AAD.

In addition to the possibility of skin cancer, there are other problems associated with overexposure to UV rays, such as a dysfunctional immune system, sun and eye burns, cataracts and photosensitivity reactions to certain medications.

"There is no such thing as a safe tan," said Dr. Shelley Sekula-Gibbs, a clinical assistant professor of dermatology at Baylor Medical School. "A tan is the skin's response to an injury."

If this is the case, how does the tanning industry bring in more than 1 million people a day to effectively kill their skin and themselves, according to the AAD? Why do so many put their health at risk, especially when, said Sekula-Gibbs, "A safe tanning bed is like saying there is a safe cigarette. It doesn't exist."

To help counteract the deadly effects of tanning and educate the general public, Texas passed legislation outlining regulations the tanning industry must follow to operate in the state. The legislation is meant to protect those most vulnerable to skin damage.

The law prohibits any person under the age of 13 from using an indoor booth, unless it is under a doctor's supervision. In addition, teens between the ages of 13 and 15 must be accompanied by a parent and 16- to 17-year-olds must have a note from their parents to receive service.

"(Through this legislation) the Texas Legislature recognizes the need for tighter regulation of the tanning industry and the compelling need to protect and educate young people about the dangers of tanning salons," Sekula-Gibbs said.

With all of the warnings and medical facts on the dangers of tanning, why do students still feel compelled to flock to the tanning salons and put themselves in danger, just to be a few shades darker?

If they really want to be a darker shade of brown, there are healthier alternatives to tanning beds and the beach.

Individuals have found out how to get that dark look so wildly craved without baking their skin. Spray-on tans have emerged as a healthy alternative to the day at the beach or 20 minutes in the tanning bed. The spray-on tan is more expensive right now, as it is still relatively new, but is expected to drop in price soon. If one desperately wants a tan, one must ask how much their health is worth.

"(The spray) is extremely harmless," said Dr. James Spencer, vice chairman of dermatology at the Mt. Sinai School of Medicine in New York. Why risk health for a darker complexion? Risking their health is what so may teens and college students are doing these days, and there is no logic behind it.

The tan some people think looks healthy is nothing more than a deeply burnt, and dead, outer layer of skin being manipulated and mutated into something potentially deadly. The risk of tanning far outweighs the advantages of this popular outing. Those students running to the tanning beds must to realize exactly what they are doing to their skin, their health and what the potential outcome is down the road.

Although the tan desired may be the initial product after a trip to the tanning salon, the consequences 10 years down the road may be very different when the individual is facing leathery, wrinkled and possibly melanoma-ridden skin. As Tennessee state Senator Rosalind Kunta said, "If you weren't born with a tan, don't get one." Good advice if one wants to keep their skin and body healthy.

IVAN FLORES • THE BATTALION

Lauren Esposito is a senior English major.

State juries must determine extent of HMO neglect

JOHN DAVID BLAKLEY

The U.S. Census Bureau estimated last year that more than 125 million Americans are covered by health maintenance organizations, commonly known as HMOs. The primary function of an HMO is to achieve a controlled level of quality and efficiency for participating individuals and physicians. Oftentimes, this leads HMOs to balance costs with the best treatment for patients under their care.

Naturally, inferior treatment is often less expensive, guiding HMOs to authorize medication that is less effective than more costly prescriptions. With two appeals on the docket concerning HMO negligence, the Supreme Court must allow patients who have been wronged by HMO coverage decisions to sue for punitive damages in state court, and not allow HMOs to skirt responsibility in federal court, where they are less likely to pay.

In one of the cases, Aetna Health, Inc. v. Davila, a post-polio patient named Juan Davila was given a prescription for Vioxx by his physician to relieve his arthritis pain. Vioxx has a lower occurrence of gastrointestinal bleeding than other anti-inflammatory medication. Nevertheless, Aetna refused to fill Davila's prescription until he entered its "step program," which required he first try two less expensive drugs. Three weeks after he was given the less expensive naprosyn, Davila was rushed to the emergency room. The doctors reported he suffered from bleeding ulcers, which caused a near heart attack and internal bleeding.

In the other appeal, CIGNA Healthcare of Texas v. Calad, Ruby Calad underwent a hysterectomy along with other medical procedures. Although her doctor recommended she stay longer, Calad was told by CIGNA's hospital discharge nurse that the standard, one-day hospital stay would be sufficient. Calad returned to the emergency room a few days later due to complications related to her early release.

Davila and Calad sued their HMOs in state court under the Texas Health Care Liability Act. However, Aetna and CIGNA moved the respective cases to federal court based on preemption set forth in the Employee Retirement Income Security Act of 1974. Removal to federal court is a common occurrence in cases involving suits against HMOs. This is because in state courts, juries have the power to exact large damages to patients.

Juries, fully informed of the circumstances surrounding the case, should be given this power. Having these types of cases decided by juries ensures openness and a fundamental and objective fairness.

Under Title 28 of the U.S. Code, "any civil action brought in a state court of which the district courts have original jurisdiction may be removed by the defendant, or the defendants, to the district court of the United States for the district and division embracing the place where such action is pending." Although the Federal District Court in Dallas agreed to hear the case, the cases were not within the court's original jurisdiction and, therefore, should not have been heard by it.

Under the well-pleaded complaint rule created in Louisville and Nashville Railroad v. Mottley, the federal court's original jurisdiction applies only to cases in which "the plaintiff's complaint states a cause of action arising under federal law," with the exception of when a federal cause of action preempts a state cause of action. A cause of action in these cases is the method used to bring action to recover damages for injuries suffered as a result of HMO failure. Aetna and CIGNA contend that the Texas liability act duplicates the scope of the federal employment act and, consequently, the district court has original jurisdiction. However, since the federal employment act does not provide a cause of action for participants and beneficiaries to bring suit against HMOs, the district court should remand.

As pointed out by the Fifth U.S. Circuit Court of Appeals when deciding the Davila and Calad cases, three types of decisions exist concerning HMOS: eligibility decisions, treatment decisions and mixed decisions. Mixed decisions, which question whether one treatment is superior to another, are not covered by federal act. The decisions in the Davila and Calad cases involve mixed decisions: Both inherently require trade-offs between costs and patient welfare.

> *"Until such federal legislation is passed, it is important to allow states to provide laws that help patients who suffer from HMO neglect a process to recover for the damage undergone."*

Since 1996, Democrats in the House and Senate have been fighting to establish a strong Patients' Bill of Rights, only to be stymied by Republican party line votes. Until such federal legislation is passed, it is important to allow states to provide laws that allow patients who suffer from HMO neglect a process to recover for the damages undergone. Davila and Calad are not seeking reimbursement for benefits denied, but compensation for injuries caused by their HMOs' failure to exercise proper medical care, and for justice to be served, state juries must have the opportunity to hear their cases.

John David Blakley is a sophomore political science major.

MAIL CALL

Anti-abortion protest ineffective

Yesterday, there were several pro-life groups with large photographs of aborted babies. The reasoning behind these displays seems fairly obvious: To graphically show the horror that abortion is to unborn children across the nation. Unfortunately, I doubt that these displays had the desired effect.

While the groups who were showing these images are well within their rights to do so, many people find these images offensive, and rightly so, but the end result is not anger generated against abortion. It only sparks anger against those responsible for presenting the images. This makes the demonstration self-defeating because it convinces no one.

The problem is the positional premises behind pro-life and pro-choice. Pro-life believes that a full human life, requiring complete protection under the law, is created at conception. Pro-choice says that it is at birth that this occurs and before that the rights of the woman take precedence over the fetus. In this case, anyone in the pro-choice camp views these images the same as cat dissection photos from a biology lab; they are disgusting, offensive, and ineffective in changing anyone's position. Holding a public forum, debate, or symposium would better address the issues around abortion from both sides.

J. Stephen Addcox
Class of 2005

Use of children in protest sickening

Having been at A&M for three years now, I have seen many anti-abortion groups come and share their message. I have seen the gruesome pictures of aborted babies that can fit in your hand, I have read the pamphlets shoved in my face, and I have wept at the stories of women who come to share their experiences. But, I wasn't sickened about these groups that come to A&M until yesterday.

Many of you may have received pamphlets from young middle school children. Why weren't these kids in school? I saw a young boy, sitting on a ledge outside the Memorial Student Center, holding a large 4 feet by 4 feet picture of a dismembered aborted baby. His expression was obviously one of boredom, as he just sat there with his head resting against the back of the board, limply holding out his hand with a pamphlet for anyone to take.

I am anti-abortion and I believe it is important to inform students of the risks of abortion, but it is irresponsible of the parents to use these children to further their own moral beliefs.

Christi McNealy
Class of 2004

4-day-old zygote unique human being

In response to Midhat Farooqi's Nov. 12 column:

Mr. Farooqi, your mastery at disguising the real moral dilemma behind therapeutic cloning is admirable. You say, "researchers would take a regular cell from Somerville's body, place it in a human egg, and allow this cloned cell to grow for about four days." What you don't mention is that the regular cell taken from his body is a reproductive sperm cell, and that the cloned cell being incubated for four days is a human zygote, complete with its own genetic identity and distinct in its humanity from either the donor of the egg or the sperm. Imagine the scene in the first Matrix where the machines have devised an elaborate system for incubating and harvesting human bodies for energy to keep them alive. Is this really the direction we want science to take us in?

Steve Ferrell
Graduate Student

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