



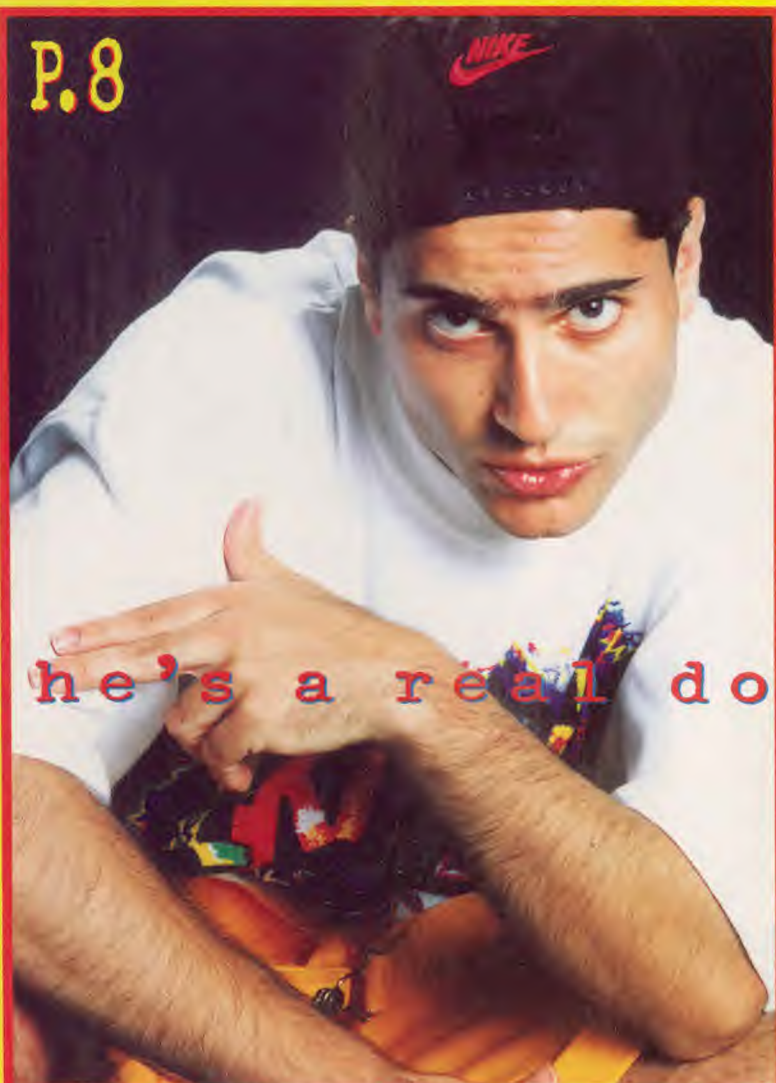
Listen

P.8

● SMOKING
IS BAD FOR
BABY, P.13

Yeah, he's a real doctor.

● OZONE,
CAN YOU
SEA? P.26



DR. SAM KOJOGLANIAN



DR. RAP



A memory is haunting me. How can he influence me this much? It's not like I ever saw him face-to-face. Years ago someone told me his name, but I can't remember it. Yet I think about him often; in fact, I'd have to say his death exploded like a bomb in the middle of my life and thoughts. He's the patient who has most affected my life—and I never met him.

I'm a registered nurse. That means that in the past 16 years hundreds of people have been in my care. I've fed, bandaged, taught, cleaned, fussed over, and worried about all of them. I've breathed the breath of my own body into several of them, trying to save their lives. And sometimes all they needed was an arm around their shoulder for comfort. Whatever they needed, if I couldn't provide it myself, I made sure somebody did.

So I didn't panic when I heard about my new patient coming up from the emergency room to the critical-care unit where I worked. Instead I hurried to open supplies and turn down the bed.

The emergency room hadn't told me much. The whole crew was working over this man.

"Your guy's really sick, Sue," the nurse confided. "We got a trauma alert going, so we're gonna ship him up ASAP." He didn't have time to give me a full report on the phone, as his help was needed with our patient. Knowing I would be tied up with my new patient, I decided to check on the ones I was already assigned to.

Walking down to their rooms, I heard a soft tap at the door to the hallway outside CCU. An anxious woman hovered there, and behind her was a young teenage girl.

"I need to see how my husband's doing," she pleaded quietly. Her face showed she was determined to be strong, but underneath you could see her terrible fear. With considerable courage and poise she held back her own terror, remembering her daughter even in her anguish.

THE MAN I NEVER MET

"This fellow is a major cokehead. When he was intubated he had no septum..."

The girl was like a deer in the headlights: dazed, knowing something was really wrong, but unable to understand it. She trailed her mother closely.

"He's not here yet," I explained gently. "I haven't got a report on him, but when I do, I'll let you know. ER should be bringing him by in a few minutes." Then I returned to my other patients, charted them, and checked once more to be sure the new one's room was prepared.

A half hour dragged by. Twice I went to the door to let the wife, Carol,* know I hadn't heard anything. Waiting fearfully is agonizing; at least she shouldn't feel I'd abandoned her.

"Isn't it good that he's taking so long?" asked the daughter eagerly. "Maybe he got better and the doctor'll let him go home." Her mother saw the answer in my face, then, without saying anything, gave the girl a little hug.

"That would be nice," I said lamely. I'm a lousy liar, and my face won't lie at all, but I could hardly tell her the truth and admit what a bad sign it was.

Normally I don't like to bug the ER nurses—they work tirelessly under the most stressful circumstances. But pity for that poor wife forced me to find out what the delay was: they were resuscitating Carol's husband.

Before I could talk with Carol again, a respiratory therapist breezed through.

"Who's getting the sickie in ER?" he asked cheerfully. "Hold on to your hat, darling: it's gonna be a wild ride." I looked at him wryly and thanked him for the news.

"You haven't heard all the news," he mentioned as he adjusted some machinery. "This fellow is a major cokehead. When he was intubated, he had no septum." In English this means that when the doctor was putting a tube down his throat into his lungs, the "wall" separating his nostrils was so eaten up by heavy, constant cocaine use that it was completely gone.

Cocaine had done more than that to him. Although he was fairly young

Because he chose to do drugs, these good people were about to feel the deepest pain. How could he do this to his family?

and looked like he was in perfect health, the drug he loved so well had caused the artery supplying the heart itself to spasm shut. Hearts not "fed" with blood do not live.

My feet dragged when I went looking for Carol. She had to be given both hope and the truth, but I had no idea what to say. At least she wasn't alone anymore. Ten or so family members had arrived since I saw her last, giving her the support of loved ones. Her daughter would be cared for, and she could finally allow herself to weep.

"Hi," I greeted her quietly. "I talked to ER." Several adults crowded around us as I took Carol's hand in mine and squeezed it encouragingly.

"He's not doing too good," I said softly. "The doctors and nurses are working on him right now." I explained about the closed artery and the attempt to open it, but she couldn't take in what I was telling her. She nodded at all the right times, but she wasn't there with me. Her sister reached over and wiped the tears from her cheeks.

My patient was upstairs in what we called the cath lab, where the heart doctors and nurses were struggling to open up the closed artery. Every time his heart stopped, a call went over the loudspeakers for the resuscitation team. The family didn't understand what was announced, but

they knew it was bad.

Finally a cath lab nurse came in to tell me that our patient had died. By now this news was no surprise, yet I was shocked at how angry I felt. How could he do this to his family! Because he chose to do drugs, these good people were about to feel the deepest, most piercing pain of which a human is capable. Why? For his own selfish pleasure, for the most meaningless reason. He died for no good reason at all. And for the rest of their lives his family would bear the scars of the pain he inflicted.

Now his family had to be told he was dead. To me this is the hardest part of a health worker's job. By this time so many family members had come that there was space only for the people who had actually worked on my patient. We led the family to an unused patient room in a vacant corner of CCU. As they filed past the desk, they searched our faces with an awful hope in their eyes. They expected a progress report and some hope for the man they all loved.

My face shows everything I'm feeling, so I slumped down in my chair, pretending to chart, wanting to spare them from being "told" in public, in front of curious, uncaring eyes. I accidentally glanced up when the daughter passed by me. She grinned instantly at me; I could give her only a weak half-smile in return. The adults around her suddenly looked like they felt sick.

Waiting for them to be told was like watching a car wreck about to take place. Frustrated, sad, unable to help, I jumped up and scooted into one of my patient's rooms—the farthest away from the scene. As I wrapped a blood-pressure cuff around an old woman's skinny arm, a desolate wail, almost a group scream, burst out. Against my will, tears filled my eyes. The woman in my care reached over to pat my arm, knowing someone had just died.

Years later I still feel the sorrow and anger over the death of a nameless, faceless stranger. I will never forget him, this man I never met. ▀

**not her real name*

Mom and I go to visit her friend Jack.



"The sad thing is that Jack did this to himself,"
my mom says.

TAKE THE RISK?

My mother and I go shopping to kill time in the weeks before my expulsion hearing from school. Mom has finally stopped crying, but her face looks tired and worried. Dad is so angry that his entire body is a clenched fist. I never thought one mistake could shake a family tree so hard.

"The problem is that you don't know where drugs will take you," Mom says. She recites all the reasons I shouldn't have been tempted onto this path. I stare out the window at the winter landscape.

"I know," I mumble.

We drive along the river, a frozen, sleeping serpent. The only thing to remind me that this time

(Continued next page.)

BY DARRÉE SICHER

is temporary is the shivering backbone of water that ripples between the icy riverbanks.

"We're going to see my friend Jack," Mom blurts out.

"What?" I stammer, taken aback. Jack is my mom's childhood friend, the one Mom always talks about when she gives me the "Don't do drugs" lecture. Jack is in a mental institute, with drug-induced schizophrenia.

The car stops in front of a tired-looking brick building. The gray sky drapes everything.

"I wanted you to know that I wasn't lying to you," she says as we approach the building.

My hands are slick with sweat, and my heart is pounding so loudly I can hardly hear what she's saying. After straining to open the heavy steel door, we enter the mold-green hallway and seem to creep to the receptionist's desk. I follow Mom so closely that I bump into her when she stops. She gets visitor passes from the receptionist, and we head to the second floor.

"He's on a locked ward," Mom states by way of explanation. "But he's not violent." My stomach feels sick.

She rings the buzzer, and a nurse opens the door.

"Hi; we're here to see Jack Fulton," Mom says, almost too casually. The nurse walks us to a lounge and points toward the television. A ghostly blue glow illuminates the room and outlines the figure staring intently at the image.

"Jack, some folks are here to see you," the nurse announces.

Jack jumps to his feet, and my mom introduces me. He's medium height, a little on the beefy side, with soft skin and unused muscles. His short black



... Jack is in a mental institution with drug-induced schizophrenia ...

hair brushes his eyebrows, wisping across his distant, misty-blue eyes.

Jack invites us to sit with him by the window. The winter light casts a tired gray haze over the room. He asks if I drive and what my favorite kind of car is.

"Can I see your car from the window?" he asks. I point out Mom's car.

"Look! I got this scar when I was working on an engine at my dad's house," Jack says, displaying his wounded hand like a badge of honor.

Mom chats about when they were kids.

"So what kind of things do you do around here?" she questions.

"Let me show you," Jack says, springing to his feet and dashing from the room. We strain to keep up with him. He stops suddenly at his room. In the darkness I can see three other men sleeping in their beds. Jack stands proudly by his bed.

"This is my bed," he announces. "And this is my desk and my pencils. Here are my hats."

He stands beaming by his

meager possessions. He's like a child stuck inside an adult's body. He begins to whistle a tune, and a sadness washes over me.

Jack dashes from the room, and we have to sprint to catch up with him. We follow him to another lounge, where a few other residents are sitting. They all greet us. Jack ushers us to sit at a table.

"Looks like it will snow this weekend," Mom says, trying to make conversation.

"No, it can't snow," Jack protests. "If it snows, my dad won't pick me up. I haven't had a home visit for weeks!" His eyes look wild, like a frightened animal, and he bites his stubby fingernails. He rubs his face so vigorously that it seems like he'll rub his skin right off. My heart starts pounding. What if he freaks out?

From the edge of the room a man rises and walks behind us. I tense up, unsure of his next move. Suddenly he takes my mom's hand and then takes my hand. He just stands there. Then he gives my hand a little squeeze and walks away. That's it. He just wanted to touch us. He tries to touch Jack, but Jack squirms and fidgets away. The man goes back to his seat and his own little world.

Mom decides it's time to go.

"OK, I'll walk you to the door," Jack says, leaping to his feet. This time when he dashes down the hall, I'm right behind him. The nurse meets us at the door. When Mom turns to say goodbye to Jack, he's already gone.

We pass through the heavy gray doors and hear the click

of the lock. I burst out of the building. The cold air is delicious, and the biting wind is invigorating. The car is freedom, and I leap in. I look up at the window and see someone standing there. We drive away.

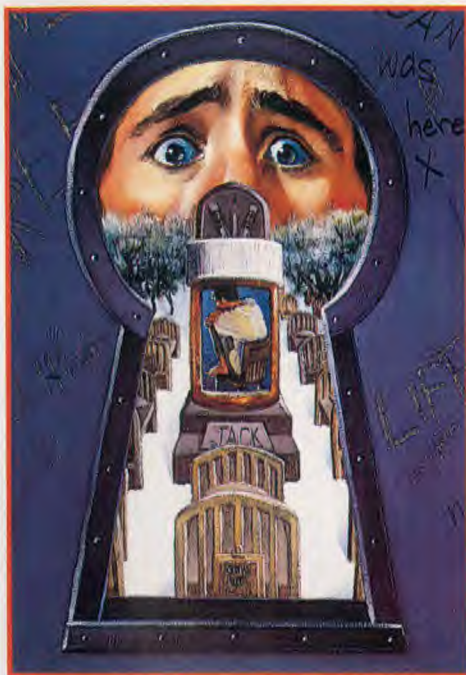
"The sad thing is that Jack did this to himself," my mom says. "He'll likely spend the rest of his life in that building, behind that locked door. Taking drugs is like playing Russian roulette. Are you willing to take the bullet? Are you willing to take the risk? I love you too much to visit you here or in the graveyard."

I sit quietly, staring at the passing world.

"I know, Mom," I said. And this time I knew what I was talking about. No drugs, no possibility of the gray doors and a walled-in future. I wanted to live—a free and fulfilling life. ■

This article features winning contest entries from Southern Utah University Illustration Class.

"In the darkness I can see three other men sleeping in their beds. Jack stands proudly by his bed . . . 'Here are my hats,' he says."



"My heart starts pounding. What if he freaks out?"

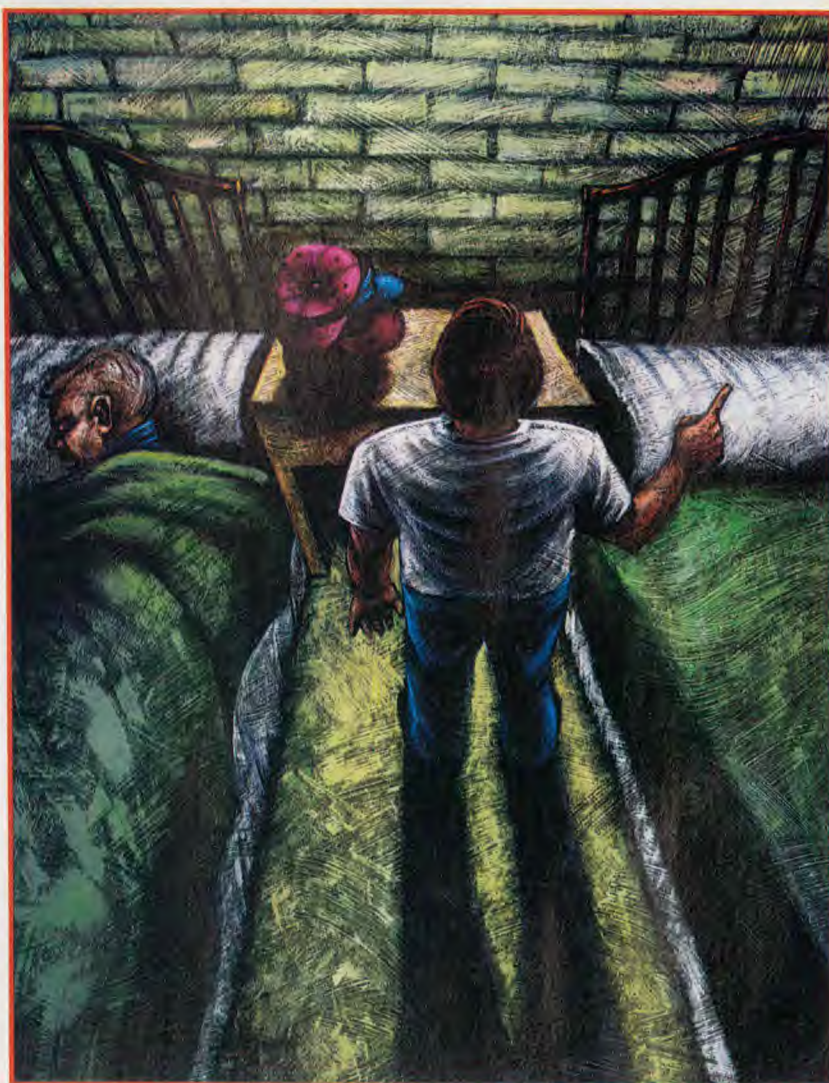


ILLUSTRATION: (LEFT) JANET CARPENTER; (TOP) DAN LEWIS



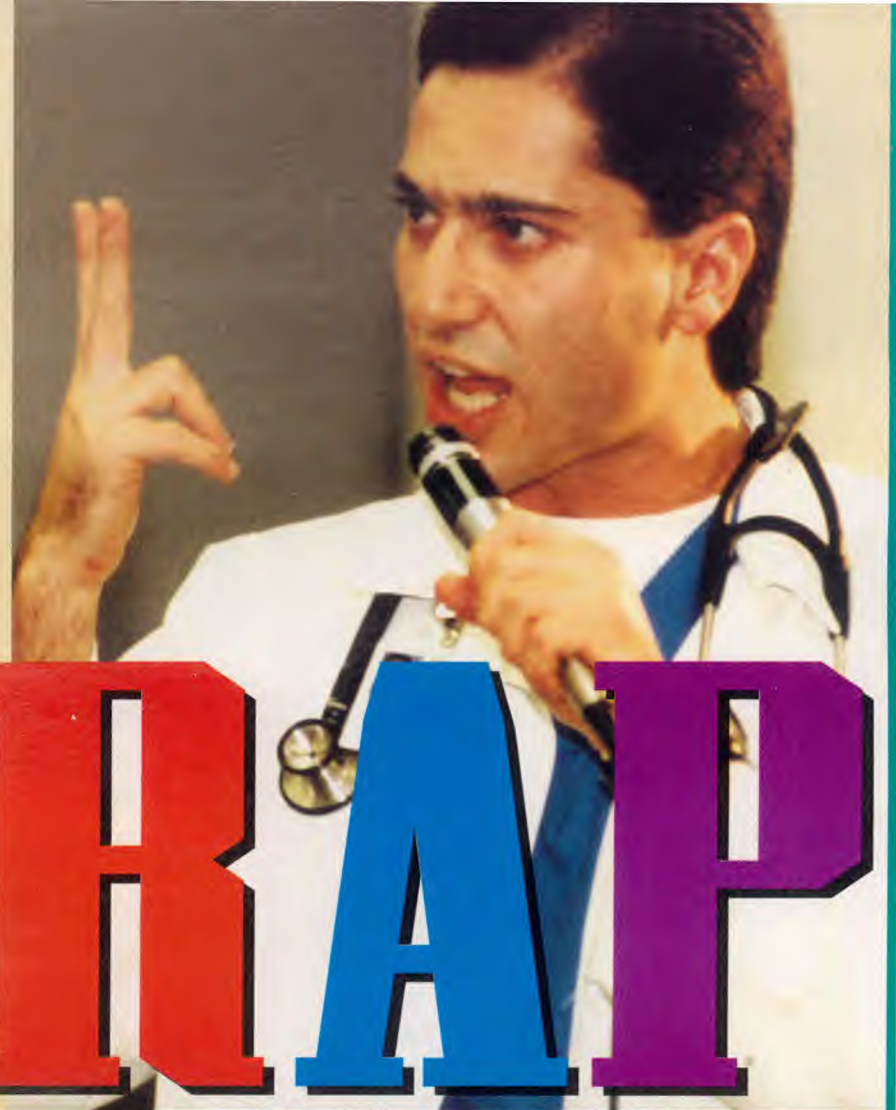
BY CELESTE PERRINO WALKER

Sam Kojoglanian is a real-life doctor who works in a real-life ER and sees the damage drugs, alcohol, and violence do to teens. He's doing something about it.

It's 2:00 a.m. The sirens scream and shriek as a 15-year-old gangster is wheeled into our emergency room with bullet holes in his head. We jam tubes into his face and struggle to save his life. The youngster wants to fight, but the bondage of drugs, alcohol, and violence jealously marks its territory. Rigor mortis sets in, and this young man is

pinned down by death. This ain't no movie; it's the real thing . . . I know, because this gangster's blood stains my scrubs. I'm a doctor because that's my calling. I rap, cuz that's the way I convey my message."—From **Dr. Rap: Licensed to Heal.**

(Continued on page 10)



DR. RAP

LICENSED TO HEAL

"Our ER doctor can rap," boasts Huntington Memorial Hospital.

And can he ever.

Dr. Rap (also known as Dr. Sam Kojoglanian) just released his own CD, *Dr. Rap: Licensed to Heal*. He wrote the lyrics himself, and he sings it the way he sees it. "I write what I live and live what I write."

"I see kids," Dr. Rap says, "12, 13, 14, involved with drugs and the wrong crowd. I'm not judging these kids, because I don't know about their support system. But I see the end product, unfortunately, in front of my face. These kids who are messing with drugs and guns end up in our ER with bullet holes throughout their bodies, and a lot of times it's way too late. And if they do come back, they're paralyzed or mentally disturbed. It's a sad thing to see. My main goal is to try to intercept that before it



I SAM CAME TO AMERICA AS A 9-YEAR-OLD ARMENIAN IMMIGRANT WHO COULDN'T EVEN SPEAK ENGLISH, LET ALONE SING IT:

n life we deal with a lot of hardships. I believe personally I have a choice to get bitter or get better," he says. "I refuse to say this is what happened to me and I'm stuck."



even happens, and that's why you have *Dr. Rap: Licensed to Heal*. I'm often invited to go to different schools and talk to these kids. I say, 'This is what I see, and I just want you to know, when you make a decision, it has consequences. If you want to mess with crack and coke, I want you to know that I'm going to see your funky face in my ER.'

Why rap?

"I started listening to rap music about eight years ago," Dr. Rap explains, "but after a while I found mainstream rap becoming dirtier and dirtier. The words don't give any hope whatsoever, but demean authority, women, people, and life. There's no respect for life in rap music. But I was intrigued by the fast delivery of rap music. At the same time, in the ER I saw [gang] kids killing kids, and I thought, *How can I communicate with these kids? How can I make a difference in their lives? How can I actually guide them and give them some hope, some peace.*"

In order to set an example, you've got to walk the walk, and if anybody has done that, it's Dr. Rap. An Armenian immigrant, he came to the United States when he was only 9 years old. Back then he couldn't speak English, let alone sing it.

"I didn't know what Levi blue jeans were," he recalls. "I didn't know what Nike sneakers were, but everybody was wearing them. I looked like the oddball, and everybody called me 'the foreigner.' They laughed at me, and some kids threw rocks at me and told me to go back to my own country, because I didn't belong. For a 9-year-old kid that's a lot to take. I remember going home and crying almost every day, saying, 'I want to go back home; I don't want to stay in America.' But I took that experience and turned it around. I vowed to myself that when I grew up, I wouldn't hate, or see color, or see people as for-

DR. RAP SEES THE RESULTS OF DRUGS, ALCOHOL, AND VIOLENCE IN HIS PASADENA EMERGENCY ROOM. HE TELLS KIDS:

"This is what I see, and I just want you to know when you make a decision, it has consequences."



eigners. Everybody is a human being, and I never want to treat anybody else the way I was treated."

Now he not only knows English, but Armenian, French, and medical Spanish. "I think in life you have two choices," he says. "In life we deal with a lot of hardships. I believe personally that I have a choice to get bitter or better. I refuse to say this is what happened to me and I'm stuck. Instead of doing that, I try to turn that around and learn from it and get better at it."

He was about 5 years old when he first wanted to become a doctor. "My dad gave me a doctor's kit and put the stethoscope around my neck. I thought that was just the coolest thing. I wouldn't want to do anything else. A lot of people ask me if I'd ever quit medicine if my album goes big. I tell them, 'I can always rap as a doctor, but I can't practice medicine as a rapper.'"

Dr. Rap is a real doctor. He doesn't play one on TV. Life and death is something he deals with every day. "I feel as though kids are pressured by their so-called friends to take a hit or a sniff, and

I really do believe that one thing leads to another. They get a high, and they want to feel it again. However, they're not understanding that the temporary fun they're having will ultimately lead to death, tragedy, accidents, and permanent damage. One try of crack can give you a major heart attack. So if you want to mess with this stuff, you've got to know that you can die, and you can die instantly.

"I think a lot of the kids aren't comfortable saying, 'That stuff ain't for me,' and they're almost having to apologize for doing the right thing. I wrote 'See Ya' especially for the kids who are feeling ashamed and having to apologize for taking a stand. I want them to feel confident and good about not messing with crack and coke. I want them to feel good about telling their peers, 'You know what? You can mess with that crack if you want to, but that ain't for me; and if you do that stuff, I'm just not going to hang with you.'"

One thing is certain: Dr. Rap doesn't listen to people who tell him that he can't. "A lot of people told me not to record the CD," he says. "A lot of people said, 'People are going to laugh at you; you'll never get it off the ground; nobody's going to listen.' Sure, I can be like a ship in a harbor that's safe and see life go by me. Or I can get out into the ocean and take the hits—that's what I decided to do. I decided to come out of the harbor and hit the sea." ■

★ You can buy a copy of *Dr. Rap: Licensed to Heal* in cassette or CD by writing to Dr. Rap, c/o Huntington Memorial Hospital, 100 West California Boulevard, Pasadena, California 91109, or by calling his voice mail number at 1-818-397-2001. Cassettes are \$10 each, and CDs are \$15. Not surprisingly, a percentage of the proceeds go to benefit Huntington's Emergency and Trauma Care Center.

TEENS GET THE MESSAGE ON SMOKING . . . COOL? NAH!

BY FRANK LAURICH

Seventeen-year-old Alex has a habit, and it's probably the only thing he and the Marlboro man have in common. A cigarette dangles from his lips just like the cowboy, but instead of boots and spurs on his feet, he's got Nikes. His T-shirt and shorts are just right for hanging out on a street corner, but not for a home on the range. "I had my first smoke when I was about 13," he says. "Now I smoke like a pack and a half a day."

Doctors have known for years that smoking is harmful to your health. And yes, over the past 30 years millions of smokers have paid attention to warnings on cigarette packs, which plainly say that smoking causes cancer and other diseases. A lot of adults have quit smoking—that's good news. The bad news is that too many teenagers are starting.

"Yeah, Marlboros are cool," Alex says, "and I don't believe what they say about them being bad for you, because they're so easy to get."

Almost everyone agrees with Alex that cigarettes—and chewing tobacco, too—are easy for young people to buy. People disagree, though, about why so many kids smoke. Some blame cigarette ads for hooking young people on smoking.

Cigarette advertising might seem corny, but it seems to work on kids. Six-year-olds are as quick to connect Joe Camel with cigarettes as they are to connect Mickey Mouse with Disney. It's no surprise that the three brands of cigarettes most advertised are also the three most popular brands used by young people.

President Clinton has made the subject of teenagers and smoking a burning issue, as he and a whole lot of educators talk about ways to reduce teenage smoking. The presi-



EVERY YEAR IN THE U.S. 400,000 PEOPLE DIE FROM TOBACCO-RELATED DISEASES. MEANWHILE, JOE CAMEL IS DOING JUST FINE. CARTOON CHARACTERS DON'T GET CANCER, BUT PEOPLE DO.

dent wants to keep tobacco companies from promoting their products to young people. He would like to limit cigarette advertising. New laws would keep cigarette and tobacco ads out of magazines that are popular with young readers (such as *Sports Illustrated*). Tobacco ads on billboards near schools and playgrounds will be outlawed.

President Clinton also wants to make it more difficult for young people to buy cigarettes. He suggested banning vending machines, which are the easiest places for young people to get cigarettes.

The companies that make cigarettes are interested in selling them. They're looking for customers, and they know where to find them. One study shows that 90 percent of people who smoke started smoking before age 21, and almost 50 percent started before age 18. Since most new smokers are teenagers, cigarette makers know they must get the attention of a young audience. They need kids to smoke.

How strong an effect do cigarette ads have on young people? Cigarette ads caught the attention of

16-year-old Tonya. At first she thought about trying cigarettes, because she imagined they would make her look more grown-up. Yet at the same time she saw how her mom was struggling to kick her smoking habit. "I've seen how hard it's been for my mom to quit," says Tonya. "She tries, but can't break the habit. I don't want to go through that."


It was a struggle too for one of the real Marlboro men. Wayne McLaren, actor, model, real cowboy, and for a time a Marlboro man, died of lung cancer after years of smoking cigarettes.

There is some good news. Advertising may be used to reduce smoking. One study shows that when children see ads with popular kids rejecting cigarettes, they are less likely to smoke than other kids who didn't see examples of how to say no to cigarettes.

In the meantime, however, Joe Camel is doing fine. Cartoon characters don't get cancer. Seems as though they don't have to be true to life in any way. It's a shame that the wrong message gets through so often. The real message is that cigarettes might be OK for fake cartoon ad figures, but they are uncool and dangerous for real people.

Every year in the United States 400,000 people die from the diseases caused by using tobacco products. The number is greater than the number of people who die from AIDS, alcohol, car accidents, murders, suicides, illegal drugs, and fires combined.

Among eighth graders the number of those who smoked in the past 30 days increased 30 percent between 1991 and 1994.

Every day in the United States 3,000 teenagers start smoking. 



NEW SCIENTIFIC STUDIES SHOW SMOKING IS... BAD FOR BABY

BY WILLIAM F. NOEL

Tobacco is fast becoming a dirty word. Almost everyone has finally figured out that smoking is bad news. Young women have another reason to stop (or never start) smoking: babies.

A major medical study, released in March of 1995, estimated that maternal smoking in the United States killed between 19,000 and 141,000 unborn infants by triggering spontaneous

SMOKING MOMS AND THEIR SECONDHAND SMOKE TAKE A SERIOUS TOLL ON THE CHILDREN, DURING AND AFTER PREGNANCY.

abortions (miscarriages). Another 32,000 to 61,000 infants start life with the

disadvantage of low birth weight, and 14,000 to 26,000 infants are in such serious condition that they require admission to neonatal intensive-care units. An estimated 1,900 to 4,800 newborns die of disorders directly caused by their mothers' use of tobacco, and another 1,200 to 2,200 die from sudden infant death syndrome (SIDS), caused directly by their mother's smoking.

"The cigarette is the only

legal consumer product that injures or kills a sizable proportion of its users when used as intended by the manufacturer," the study's authors wrote. "The harm caused by the cigarette is not limited to the user, however, as unborn children and infants are sometimes harmed by other people's use of smoking tobacco."

The link between maternal smoking and miscarriages was suspected for more than 30 years and has been well established for more than 20 years, say the study's authors, Drs. Joseph DiFranza and Robert Lew, of Massachusetts. They pointed to three known cause factors:

- A demonstrated dose-response relationship between smoking and abortion.
- Pathology studies showing that smokers are more likely to abort

HOW DOES TOBACCO AFFECT THE UNBORN?

• Nicotine, the primary addictive ingredient in tobacco, is a deadly poison. It is far deadlier than the hundreds of over-the-counter and prescription medications that carry warnings against their use by pregnant women because of the risk of birth defects, low birth weight, and miscarriage.

• Nicotine causes a constriction of the muscles forming the walls of the arteries, thus reducing the flow of blood to critical parts of the body. Reduced blood flow to the placenta means the baby gets less oxygen and other nutrients, and grows more slowly. This is the primary factor causing low birth weight among infants born to mothers who smoke.



The cigarette is the only legal consumer product that injures or kills a sizable proportion of its users when used as intended by the manufacturer.

chromosomally normal embryos than nonsmokers.

- Former smokers do not experience increased rates of abortion.

Smoking directly causes somewhere between 3 percent and 7.5 percent of the estimated 1,886,000 miscarriages annually in the United States.

A birth weight of less than 2,500 grams is a major factor in infant mortality. "Disorders related to low birth weight are the leading cause of death among Black infants in the United States. In 1990 approximately 295,000 infants weighing less than 2,500 grams were born, representing 7.2

percent of all births," the authors state. "The association between low birth weight and maternal smoking has been one of the most consistent findings reported in medical literature." The mother's age, alcohol and drug use, education, employment, prenatal care, socioeconomic status, and other items do not change the numbers.

The cost of neonatal intensive care for low birth weight babies ranges from \$12,000 to more than \$30,000 per child, meaning that maternal smoking costs between \$164 million and \$792 million in medical care.

Perinatal mortality (generally described as deaths in the first four weeks after birth) was another area the study examined. Medical studies support "a firm conclusion that maternal smoking is associated with an increased risk of perinatal mortality," the authors stated.

Even more dangerous to infants is the mother smoking after they are born, primarily because of the amount of time newborns spend with their mothers, the study states. A direct association exists between maternal smoking and the increased rate of SIDS among newborns whose mothers smoke. Maternal smoking is estimated to have caused between 18 percent and 22 percent of SIDS



ILLUSTRATION: DAPREL TANK

deaths in 1990. That is at least three times more deaths that year than the 1,222 children through age 14 who died that same year from homicide and child abuse combined.

Because few women quit smoking during pregnancy, the authors say intense efforts should be undertaken to encourage women to *quit smoking before they become pregnant*.

"The magnitude of the morbidity and mortality inflicted on fetuses and infants by smoking

An estimated 1,900 to 4,800 newborns die of disorders caused by the mothers' use of tobacco. Another 1,200 to 2,200 die from SIDS (Sudden Infant Death Syndrome) directly related to the mother smoking.

tobacco is a poignant reminder that use of tobacco products affects many innocent individuals who have not chosen to assume the risks involved. Since there is no safe level of tobacco use, the term 'tobacco abuse,' as applied to adult patients, is inaccurate. The term might be more appropriately used to describe the morbidity and mortality inflicted on children through the manufacture, sale, and use of tobacco products," the authors conclude. ▀



*"If you win this game, I'll take you out to dinner," Dad said.
"What if you win?" I asked . . . "Then you have to quit smoking," he said.*

WINNING TO

It looked like some seamy poolroom straight out of a movie scene. A thick cloud of cigarette smoke hung ominously over the table, illuminated by the dim light that swung gently above. I stood back and looked at the scene, and could almost see a mafia boss coming in and laying a roll of bills on the table. Or maybe a couple motorcycle gang members in chains and leather . . . "Hey, Linda, it's your shot." My shot? Oh, yeah, it was my turn. Actually, this was no bar or smoky pool joint. It was the local VFW, and my opponent was no mafia don; he was my father.

I have never won a game playing against my father, and it was already apparent that this game was not going to be an exception to that rule. I chalked my stick, rubbed the resin bag between my hands, and made every effort to make it look like I knew what I was doing. Actually, I was not a bad pool player; I had

even won a few local tournaments. Still, my dad was better, and it was almost inevitable that I was going to lose this game.

I leaned to take my shot and sent balls rolling everywhere, except where I wanted them to go. I banged my stick on the floor, frustrated. "Your shot, Dad." He was chalking his cue, staring intently at the tip. When he didn't respond, I told him again that it was his turn. He glanced at me and continued grinding the little blue square of chalk against his cue tip. "I went to the doctor today," he said. It was the tone of his voice that alarmed me, and I responded quickly.

"What did he say?"

"Well, he said that I shouldn't try to quit smoking."

"He said that you shouldn't quit? What kind of doctor is he?"

"An honest one, at any rate. He said that I should enjoy life and do whatever makes me happy, because I don't have much longer to live. I'm dying, Linda."

I looked at the pool table. I looked down at the floor. I looked everywhere except at my father. Dying? I knew he had chronic bronchitis and emphysema, but dying? I thought about the unfairness of life. This man had worked all his life and worked hard. Now it was his time to start living again, and he was standing there telling me he was dying! I felt I should say something, a few comforting words, or maybe an eloquent speech filled with philosophies and answers to the meaning of life, but I couldn't say a word.

He must have sensed my distress, for he said nothing more. Bending to take his shot, he drew his stick back and sent the cue ball speeding toward the corner. It caught the eight ball at a perfect angle and sent it right into the side pocket.

My father had finally lost a game.

For a while I tried to pretend as though nothing was different, but soon even my schoolwork was

affected. Quitting school seemed perfectly logical, but my parents didn't want to hear about it. However, I tried to discuss the subject with them one evening. We'd just had dinner and were at the table eating dessert. "What about the bills?"

It was a simple question, but my parents looked at me as if I'd suddenly started speaking Latin. I took a long drag on my cigarette and tried again.

"Someone has to take financial responsibility around here. Mom can't work, right, Ma?"

"If you don't stop your smoking," she said, "I'll have to. I'll be the only one left."

I crushed out my cigarette, feeling guilty, but still with no intention of quitting.

"So wouldn't it make sense for me to quit school and get a job?"

My father stood and threw his napkin down angrily. "It makes no sense whatsoever! You are not going to use this as an excuse to quit school. You won't even be able to get a decent job without a diploma. I don't want to hear any more of this nonsense!" With that he left the room.

I was angry and hurt. The truth was, I just didn't want to go to school anymore. I lit another cigarette, threw the match in the ashtray, and then made an amazing discovery. Because my father smoked a different brand than I do, I realized that the only butts in the ashtray were mine! Had he finally quit? *Kinda late for that*, I thought to myself.

I stopped going to school despite my father's warnings. My parents would harp on the subject, and an argument would ensue. It seemed that everyone, everywhere, had it in for me. My parents, family, and friends still in school, the jobs I applied for. Even watching television I saw commercials about high school dropouts and felt they just knew I would be watching at that particular moment. I stopped going out with



I crushed out my cigarette, feeling guilty, but still with no intention of quitting.

my friends and finally gave up trying to find work.

Melissa, my best friend, two years younger, was still attending school. On occasion I would meet her after her last class of the day and drive her home. One day as we were leaving we passed the guidance office. I stopped abruptly and went in. Melissa followed.

"What are we doing in here?" she asked.

"I'm not sure. It's just a spur-of-the-moment idea."

Although I had given no previous thought to what I was doing, I went directly to Mr. Gould, who had been my counselor for four years.

"Linda! Good to see you. May I help you with something?"

I don't know what made me say what I said next; I certainly did not plan to say it.

"I'm thinking about going back to school."

"Just thinking?"

"No. Actually, I've made the decision."

"Well, let's get the paperwork in order and see what we can do."

It was two years since I had quit school, and I knew going back was not going to be easy. My classmates were two years younger than I was, and I had been out of a classroom situation for that long. But I was determined to succeed. It was only for one semester, as I had most of the credits needed to graduate.

I finished school in January, but chose to receive my diploma in June with the rest of the class. Meanwhile, a friend of the family offered me an assistant managerial position at the local convenience store, and I accepted the job.

Returning to school was the best thing I had ever done. I was beginning to feel better about myself than I had in a long time. My parents were pleased, and our relationship improved.

When I came home on the last day of school, my father offered to celebrate by going to the VFW to play pool.

The scene was almost the same as it had been two years ago: a seamy pool hall, dim lights, and a cloud of cigarette smoke over the table. Except this time that cloud of smoke was much thinner. I was the only one smoking, and I was still making up excuses for quitting. My father hadn't smoked in the past two years, and the doctor's prognosis had become more guardedly hopeful over time.

I watched him play. He was beating me miserably as usual. Again and again the balls rolled into the intended pockets, and finally only the eight ball remained. He looked at me and straightened up.

"If you win this game, I'll take you out to dinner, wherever you want to go."


"What about if you win?"

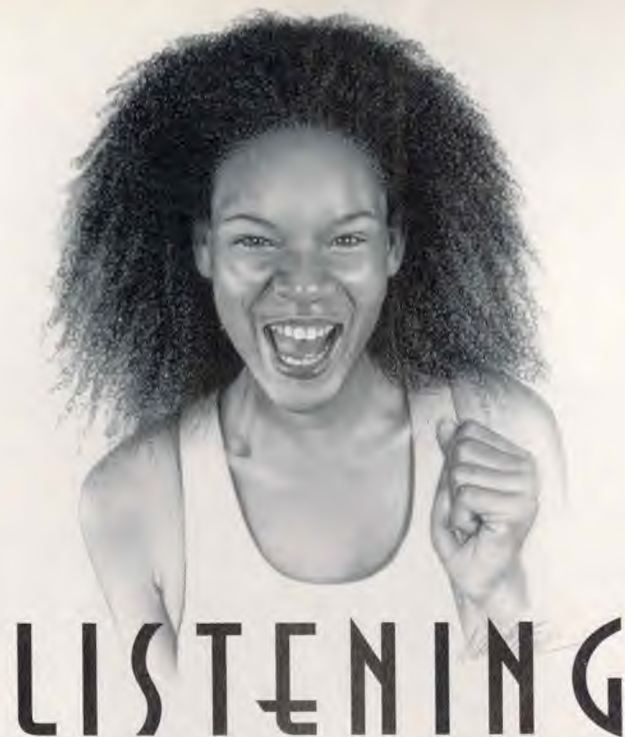
"Then you have to quit smoking."

I thought for a second. It would not be easy, but because I had finished school, I felt I could do anything. "OK, deal."

He leaned down, drew his stick back, and sent the cue ball off the side of the table. It hit the eight ball, which then sped into the pocket. "I guess we could go out to eat anyway," he said. "Only we'll be sitting in the nonsmoking section."

I was still shaking my head. He had won again.

My father always wins! 



LISTENING

FEEDBACK FROM READERS



Listen magazine reaches a milestone this year—the big 50. We were presented with a cake, but no balloons or clowns to help us celebrate! However, we do have the satisfaction of publishing a magazine that for 50 years now has helped teens find answers to some of life's pretty big questions.

Threnody in Counterpoint

*The cicadas mourn, martyrs forlorn,
as the breeze whispers elfin laments.
Aspens bewail victors and vanquished,
and the coyote's howl narrates conflicts that were.
Crickets detail sons of strife,
while the mourning dove tells of glory effaced,
and the whippoorwill queries, "For what?"
The nightingale twitters of honor and blood,
and the sky at dusk with crimson paints.
Screech owls wail a gore-drenched tale,
and the rat snakes slither with a steely rasp.
Field mice patter a martial beat
to the sound of a bugling moose.
Still the whippoorwill queries, "For what?"*

Matthew Bessford, 16
Columbia, Missouri

Birthdays

Games, CDs, and clothes galore
is what I get for my birthday, plus
more!
My birthday is my favorite day,
and I wish it would always stay.
Cake, balloons, and a party, too;
that's what I want to do!
Clowns I'd like, but that's OK,
for I always enjoy them any day.
I'd like to stay, but the day is done,
but there's always next year for a
little more fun!

Jennifer Gussoff, 16
College Park, Georgia

Home With My Friend

Gathered by friends,
sitting in a hotel room in London.
We all miss home,
our loved ones,
our friends.
Joking about our day and our feelings:
running in the street
like children in a park;
buying stuffed hedgehogs,
to name just a couple.
We shared our fun
and our sorrow.
Me and my six friends,
sharing only what we can share.
Sitting in this room in England,
far away from home,
sharing with my friends,
I am reminded of the first day
I met each and everyone:
Two in the hall
halfway through last school year;
one when we were 6 years old and in camp,
another from elementary school,
and the last two from mutual friends.
Three days gone by and
I'm already homesick.
Yet no matter what, no matter what,
these friends of mine
make me feel right at home . . .
home . . . home with my friends.

Jodi Simon, 15
New City, New York

(Listening Continued)

There's a Place Where All Must Go

There's a place where all must go.
Where the spring air meets the cold hard bricks that have
seen ages.
The wind blows forever;
Where the clocks are two minutes off.
A quiet place to go,
But small, compared to others.
Where metal rests, begins to age again after another year.
Where the trees' leaves have been blown off;
When the leaves touch the ground they disappear,
Never to be seen again.

Sean Riedl, 13
Blacklick, Ohio

Pregame Postcard

Intensity envelops the players
as they prepare for battle.
They are quiet now, but will soon
be engaged in the ebb and flow
of the furious rivalry between
the two teams.
This is team time; no one can
disturb the seriousness of their
concentration.
The game will begin all too soon
for their liking, but they will play anyway
knowing that their best effort may or
may not be good enough.

Tim Stains
Severna Park, Maryland

IROC Z28

- With all your speed,
- It's all I'd need.
- Your cornering was prime;
- I thought it was my time.
- I was almost 15;
- How could you be so mean?
- That car was perfect.
- I felt neglect.
- It was the car of my dreams;
- I can still hear it scream.
- You got rid of my Camaro.
- I could shoot you with an arrow!

Corey Minnick, 17
Hutchinson, Minnesota

Dear Mr. Jaybird:

- *You amaze me with your hues;*
- *Your pewter, flames, and blues.*
- *You fly so free.*
- *Will you let me . . .*
 join you?
- *Sometimes you perch, and I wonder . . .*
 do you ponder
 the state of the world,
 or just which tree to fly to next?

Christine Dixon, 17
Short Hills, New Jersey

Seasons

- The trees change seasons with ease.
- As in the spring, they grow and make new leaves,
- And when summer comes, they turn nice and green.
- But when fall is here, there is something queer,
- For gold and brown leaves come tumbling down;
- Then the wind blows them all around.
- When the winter wind blows,
- Here comes all the snow.

Jesse Chaffield, 13
Camillus, New York

SMOKEOUT



NEW STUDY SAYS:

Smoking is less popular among African-American youths. Fewer than one in 20 Black teens smoke.

According to a recent study, 5 percent of Black high school seniors smoked daily, compared with 20 percent of White seniors. Maybe the teens can help Black adults whose smoking rates are sadly higher, says a West Virginia group.

BY DAVID MILNE

Twelve-year-old Lincoln Davis has never smoked a cigarette. And he doesn't intend to begin. He says none of his friends at Detroit's Jefferson Middle School smoke. "It's just not cool," he explains.

And 19-year-old Takesha Brown, a sophomore at Southern Methodist University, doesn't smoke either. "Most of the students in my class started once they came to school," she says. "But with lots of my friends, it's drinking that's becoming more common."

Cigarettes are less popular among African-American youths, according to public health experts. They say that Lincoln and Takesha are typical of young African-Americans, whether in middle school, high school, or college.

And the experts are not altogether clear about why cigarette smoking is far less popular among African-American youth than among young Whites. But the experts are not without theories to explain the difference.

Dr. Ronald Davis, director of the Center for Health Promotion at the Henry Ford Health Systems,

says he is at a loss to say exactly what is happening. "Public health officials believe the trend is real," he said. "But we don't know how to explain it."

"Smoking is a White thing," says University of Michigan researcher Lloyd Johnston, who tracks teen drug use for the federal government.

According to his most recent study, 5 percent of Black high school seniors smoked on a daily basis in 1994, compared with 23 percent of White seniors.

While teen smoking rates have declined overall since 1977, the

drop has been most dramatic among African-Americans. Today fewer than one in 20 Black teens smoke, compared to a rate of nearly one in four in 1977.

Compared to 1977, when all groups smoked about the same (25-29 percent), the rate in 1993 dropped to 21.4 percent for Whites, 11.8 percent for Hispanics, and only 4.1 percent for Blacks.

But the experts are not without theories to explain the difference.

Some believe the dramatic differences may be related to the large number of Black teens who are involved in athletics. Others speculate African-American teens may have less money for cigarettes.

But community leaders believe the statistics suggest African-American teens are turned off by the blatant attempts of tobacco companies to entice Blacks through billboards in minority neighborhoods and ad campaigns featuring African-Americans.

"There has been a strong reaction by Black leaders to the fact that tobacco companies have been targeting Blacks," said Vernice Anthony, former director of the Michigan Department of Public Health, who is a senior vice president of the St. John Health System. "African-Americans do not like to feel they are being used."

Dr. Amos Aduroja, who heads the Detroit Urban League's substance abuse prevention program, said the low-smoking rates prove that "the vigilance of the African-American community is paying off."

One outstanding program helping keep African-American youth away from cigarettes is funded by the state of Michigan and the city of Detroit. The Urban League conducts annual spot checks of Detroit retailers to find how many are illegally selling cigarettes to minors. In spite of low smoking rates among Detroit's Black teens, recent statistics show a



The news isn't as good for African-American adults. 39 percent of adult Black men smoke. In West Virginia children were encouraged to write adult friends and relatives urging them not to smoke. They also did follow-up calls for reinforcement.

6 percent increase in the number of city retailers selling to minors.

"It shows that unless we continue our educational efforts, we will see smoking rates increase," Aduroja said.

What could all this add up to in the future?

Public health experts predict that if the trend continues and Black teenagers continue to refuse to become cigarette smokers, there will be a smaller number of Black adult smokers in the future. This bodes well for their health, because smoking is one of the risk factors for high blood pressure and consequent heart disease, both of which are more prevalent among Blacks than among Whites.

"Almost all smoking habits are established in adolescence," Johnston said. "If Blacks are not smoking when they leave adolescence, chances are they won't smoke as adults. That is very good news for the health of Black youngsters."

The news isn't as good for African-American adults. Surveys show that 39 percent of adult Black men smoke, compared to 30 percent of White men. The smoking rate for women, both Black and White, is 27 percent.

As part of a federal initiative to reduce strokes among African-Americans, some public health educators are enlisting the help of nonsmoking teens. Jebose Okwumabua, a professor of health at the University of Memphis, trains Memphis teens to run smoking-cessation clinics for adults. He has found some adults are more receptive to teens who ask them to quit smoking.

"When you are dealing with adults, you kind of have to play up to your innocence," said Frank Dixon, a senior at Memphis Central High School, who runs smoking-cessation classes. "You kind of embarrass adults by asking them why they'd do something that hurts their health."

In Charleston, West Virginia, the health promotion team at the A.M.E. Zion church sponsored a contest in which children were encouraged to write adult friends and relatives letters urging them to stop smoking.

"The letters really touched some of the recipients," said Annie Washington, who heads the church's health team. "But the kids were serious. They even made follow-up calls to find out whether their relatives had stopped smoking."

If the popularity of cigarettes continues to decline among African-American teens, health officials predict that they will show a significant drop in smoking deaths and in the incidence of hypertension, stroke, and cancer.

"For many health-related behaviors, Blacks now rate worse than Whites," Johnston said. "But smoking may well be the most important determinant of future health." ■



YO! JENNY

Listen up, teens. Say Hi to Jennifer Acklam, a Miss Texas Coed and America's Homecoming Queen. Jenny wants to hear from you. Send your letters to us at **LISTEN** magazine, P.O. Box 859, Hagerstown, MD 21741, and we'll pass them on to her for the column.

My parents seem to argue all the time. It's so embarrassing when they raise their voices and scream at each other. I feel as though I can't have any friends over to my house because it's so uncomfortable. What can I do?

Parents behavior can be just as embarrassing to kids as kids' behavior sometimes is to their parents. Arguments and screaming matches make everyone around feel very uncomfortable. Your parents may not realize how they are making others feel. I think

you should try talking to your parents about their open quarreling. Explain to them that their raised voices and angry words bother and hurt you. Tell them that you feel you have to avoid bringing friends into your home because of the scene that might erupt. Sometimes adults need to be reminded that there are appropriate, as well as inappropriate, ways of handling conflict. If this conversation with your parents doesn't change things, then consider talking to a counselor or maybe your

minister. You have a right to peace and a home environment to which you can feel comfortable bringing friends.

My boyfriend has been acting weird lately. He has so much energy; in fact, he's hyper all the time. Yesterday one of his buddies came up to him while we were talking and asked him for "some coke." I'm scared he's using cocaine. What should I do?

A sudden change in behavior like you are describing may well be the signal that cocaine or some other kind of drug is involved. The fact that one of your boyfriend's friends requested "some coke" rather than "a Coke" adds further suspicion to the situation. It's time for a confrontation with him. Be direct and serious when you ask him if he is engaging in any drug use. Make every attempt to discuss thoroughly all the suspicions you feel. If you are not completely convinced that he is *not* using drugs of any kind, then you need to walk away from this relationship at once. Drugs ruin people's lives, and it is *impossible* to carry on a healthy relationship with anyone who is involved with substance abuse of any kind.

My parents just got divorced. Now my dad is moving to a new state. I get along with my dad better than I do with my mom, so I would rather live with my dad. The problem is that I don't want to move to a new school. What do you think would be the best choice?

I can understand that this is a very difficult time and a very difficult decision for you. You appear to have a good understanding of your two options. At this point in your life I'm sure your friends are providing you with stability and comfort. Leaving them now would mean *another* adjustment to your life.

Hopefully you can have an honest and open discussion with your mom and tell her exactly where you're coming from. Make sure you act in a very loving and caring way. She is probably highly sensitive and emotional these days. Hopefully an airing of your feelings and fears and your mother's worries and concerns will put your relationship on better terms.

My sister and her boyfriend (for three years) just broke up. She is so depressed! She doesn't want to talk to anybody or go out of the house. She doesn't eat anything. All she does is sleep all the time. I'm really worried about her. Is there any way I can help her?

You sound like a really neat person to be so worried and concerned about your sister. Breaking off a relationship is one of the most difficult emotional times for anybody. Lots of thoughts are probably running through your sister's mind. She is feeling lonely because she misses the times she and her boyfriend spent together. She is probably wondering if she will ever like another guy as much as she liked this guy. All the *good times* are playing in her mind. It's funny how our minds have selective memory—meaning that we tend to dwell on the *good times* and downplay or forget all the *bad times*. Her emotions are in overdrive—and she needs time and space to work through these different feelings. This is normal. However, if she doesn't start to feel and act like her old self within a few weeks, she may need some outside help. Outside help and counseling could come from your parents, her friends, or trusted adults (favorite teachers, coaches, or counselors). A broken heart takes time to mend, but with love and support the heart heals faster. 



Tide- pooling

The moon is full and the sun is going down. From the beach at Pelican Point in Sonora, Mexico, we watch as the ocean tide slowly creeps away from us, leaving behind a huge expanse of startled dark rocks. Moonlight shines in places where disconnected pools wait for the water's return.

KEN LAMBERTON

A natural wonder of discovery . . .



PHOTOS: LAMBERTON



PHOTOS: (1) High tide near Pelican Point, (2) Gorgonian Tube Anemone "sloppy guts," (3) Hermit crabs and tube anemones, (4) the author at work tide-pooling.

There aren't any waves here, and so it's perfectly quiet. Only the fishy smell tells us that the ocean was recently at our feet.

As a naturalist and writer, I have often visited the northern Gulf of California, near this

(Continued on page 28)



DANGER

DANGER

WARNING

The great American beach party . . .

OZONE, CAN YOU SEA?

The scoop on UV rays, skin type susceptibility, wrinkles, skin cancer, and who's at risk in the sun this summer

This year 32,000 people in the United States will discover they have malignant melanoma, a deadly form of skin cancer.

The National Cancer Institute declares that patients with malignant melanoma have a five-year survival rate of 91 percent if the cancer is localized, but only 14 percent if it has spread from the original cancer site. This type of skin cancer can run in families, but solar radiation plays a significant role.

Cases of malignant melanoma increased 321 percent between 1950 and 1985, and continues to increase at the rate of about 4 percent a year. The rapid rise in the incidence of this skin cancer is attributed to the ozone hole (or more correctly, decreased levels of atmospheric ozone), whose expansion has allowed more ultraviolet (UV) radiation to reach the earth.

Ginny Thiersch, director of communications, American Academy of Dermatology, says, "In Southern states, as latitudes grow closer to the equator, more people, particularly Caucasians with fair skin, will get skin cancer."

You may be at greater risk of malignant melanoma if you have

light skin, which can burn within 10 to 20 minutes in intense sunlight, or if you had a severe sunburn as a child or teenager.

What's more, Dr. Michael J. Martin, assistant clinical professor in the Department of Epidemiology and Biostatistics at the University of California at San Francisco, says, "Ultraviolet radiation is responsible for 90 percent of the visible signs of aging on the skin of Whites." So Whites, on average, are more susceptible to premature aging and skin cancer because their skin, when compared with other races and ethnic groups, produces less melanin, the pigment that gives skin its color.

But if you're Chinese, Filipino, or Hispanic, for example, you're

still at risk, because although your skin typically produces more melanin than Whites, it produces less than Blacks.

You *can* lower your risk of malignant melanoma and other skin cancers if you limit sun exposure when it's at peak intensity, and if you shield your body from UV radiation. Also, note that some drugs make your skin more sensitive to the sun. But there's one more thing to be aware of—peer pressure.

You may ask yourself, What does peer pressure have to do with it? Well, just look at the television, magazines, and your friends. Like smoking, the message conveyed is "It feels good, or it's cool." It feels good to lie out in the sun. Your friends may tell you, with or without words, that a suntan is cool. And there's one more thing. They'll tell you that you look good.

Most of us want to be accepted by others. Wanting to be admired for our looks—in this case, by sporting a deep, dark tan—is no exception. But norms change, as do hairstyles and skirt lengths. For instance, before the 1930s a suntan was actually frowned upon.

(Continued on page 30)

Ultraviolet radiation is responsible for 90 percent of the visible signs of aging on the skin of Whites.

TIDE-POOLING

(Continued from page 25)

tiny Mexican fishing village of Puerto Peñasco (Rocky Point). This time I brought my three daughters—Jessica, 13; Kasondra, 11; and Melissa, 9—with me. We'd come to explore the tide pools that form around Pelican Point twice every day and hopefully find some fascinating animals trapped in these natural "aquariums." Because low tides are greatest when the moon is full, we should be able to walk for hundreds of yards out onto the boulder-covered shore.

And so with flashlights, dip nets, and buckets in hand, we head out into the darkness.

We have to be careful of our footing. Slippery rocks and sharp barnacles can make for some unhappy landings. We notice the barnacles first, and they are everywhere. Glued to the

rocks and each other, they pile up at the high waterline like little apartment complexes. Inside each "house" a tiny shrimplike animal lies on its back—usually kicking its legs into the water to capture food. Now our barnacles have closed their doors, sealed up tight against the dry air.

We reach the first tide pool, and Jessica turns over a stone to expose a hidden zoo. A small octopus jets away, leaving a button of ink in its place. Several brittle stars scurry in different directions on their spindly arms. Some ugly green sea cucumbers (an appropriate name for these spiny-skinned animals) squirt water at us, but it only ripples the surface of the pool. When a flaming-orange fire worm appears, I tell the girls to be careful. Its fine, glassy hairs break off easily and sting when touched. Poisonous animals are often brightly colored, I remind them.

While Jessica replaces the

rock, Kasondra and Melissa search the tide pool with their flashlights. The water glows as if by some internal source. Blue- and yellow-striped sergeant fish patrol every liquid recess, searching for tidbits. Hermit crabs, their shells the abandoned homes of snails or other crabs, bump along the rocky surfaces. These are the garbage collectors of the tide pool. They never get tired of picking over its boundaries in an effort to keep it tidy (and of course, to feed themselves).

Kasondra reaches for one, but it's stuck. Melissa tries too, and she notices that instead of red and blue legs, the whorled shell has a white pad, a "foot" that helps the animal cling to rocks. It's a turban shell known as *Turbo*. This large snail browses on algae and is a favorite of salt-water aquarium keepers. Other snails we find include the checkered Indian baskets called periwinkles and the predatory *Acanthina*, a hunting snail that eats other snails and crabs.

In the next pool the water has drained away. Colorful blue-green "flowers" poke up out of the sand and hang limp. They're sea anemones, plantlike animals that feed on shrimp and small fish, which they catch with stinging tentacles. Called nematocysts, the special cells on the tentacles "harpoon" their prey at the slightest touch, but they can't pene-



The returning ocean tells us it's time to head back to the beach. Tide-pooling is a magic way to observe the undersea world while hardly getting your feet wet.

trate human skin. I put a finger into one and feel its grip before it slips into the sand. The girls each try it in turn and squeal with laughter as the animals retract and spray water into their faces.

Later, much farther out from shore, the water surges in another tide pool, rising and falling with each low wave. The tide is returning. Shoals of sergeants fight to stay in formation each time the water rushes in and the pool quickly doubles in size. Bright orange tunicates, primitive animals that look like waterlogged Nerf balls, roll with the current. Red gorgonian corals or sea fans drift in too, having broken away from some deeper reef. I collect one for the girls and shine my light through it. Each branch is the home of thousands of tiny animals, all copies of the sea anemones we saw earlier, but no bigger than a period.

The returning ocean tells us it's time to head back to the beach. Each tide pool will be recharged, its inhabitants fed, and a few replaced during the next high tide. Tomorrow they'll all be new, different. The tide pools at Pelican Point will be worth seeing again. The girls and I will be back. Tide-pooling is a magic way to observe the undersea world while hardly getting more than our feet wet. And it's fun. ■

LISTEN MAGAZINE

DRUG-FREE AND PROUD

America's "must-read" teen mag celebrates its 50th year!

LISTEN, the bright, contemporary magazine of positive choices has a lot to say to teens. It's fast-paced, colorful, and full of practical information to help kids in dealing with today's tough issues. The challenge to stay drug and alcohol-free is greater now than ever. Young people need positive alternatives. That's where LISTEN comes in . . . celebrity role models (such as Wayne Gretzky, Brian White, Michelle Kwan, and Mike Piazza), upbeat activities, straight facts, and a solid package that says it's cool to be drug-free.



YES!

Sign me up! Here's \$24.97 for a one-year subscription to LISTEN. Check or money order enclosed.

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HELPING TEENS MAKE THE RIGHT CHOICES

GRADES 7-12

OZONE, CAN YOU SEA?

(Continued from page 27)

Dark or sunburned skin was associated with outdoor work and was seen as a sign of the common folk. Women covered their faces with cloths to protect them from sun exposure and powdered their skin white.

Over time bathing suits grew skimpier, exposing more skin to the sun. The wealthy vacationed where solar radiation was intense, then came home wearing a sunburn or a tan. Thereafter, a tan became a status symbol and a fashion statement.

In this information age, warnings of the dangers from too much sun exposure abound, yet some of us continue to sunbathe unprotected. All the while we know the costs. And in our multicultural society, some of us might darken our skin in part to feel emotionally connected to, and to some extent assimilated into, other ethnic groups. Unfortunately, some of us haven't been blessed with much melanin, the skin's natural barrier from the damaging effects of the sun.

ATTITUDES AND BEHAVIOR

The M. D. Anderson Cancer Center at the University of Texas at Houston conducted a pilot survey in 1990 to determine people's knowledge, attitudes, and behaviors regarding sun exposure in order to develop the Under Cover Skin Cancer Prevention Project. The study revealed that 93 percent of the respondents believed sun exposure was dangerous; however, only 16 percent of them used sunscreen. They believed a tan made them appear healthy and attractive, and approximately 54 percent of them said that friends liked them with a tan.

The Department of Behavioral Science, the Office of Public Affairs, and the Division of Cancer

Prevention at the University of Texas gathered from the survey that much like teens who smoke, sunbathers' attitudes and behavior are governed by peer pressure and social learning.

Fifty percent of sun exposure occurs before the age of 18. Guard Your Life is one educational effort established to reach children in the Houston area. The YMCA training program is taught by the M. D. Anderson Cancer Center staff to lifeguards, camp counselors, and swim instructors. Each summer they in turn teach 30,000 children how to lower their risk of skin cancer.

We know
the costs, yet
some of us continue
to sunbathe
unprotected.
UV radiation
penetrates three
feet below the
water's surface.

THE SIX SKIN TYPES

Your skin type will help you to determine your risk of malignant melanoma. Skin types 1 and 2 are most susceptible.

1. Burns in 10 minutes, never tans.
2. Burns in 20 minutes, rarely tans.
3. Burns moderately, tans slowly.
4. Burns a little, tans well.
5. Burns seldom, tans well.
6. Never burns, always tans.

CANCER PREVENTION

1. Stay out of the sun between 10:00 a.m. and 3:00 p.m., when it is most intense.
2. Limit sun exposures and protect your skin when you do go out in the sun if you live or vacation close to the equator or at high altitudes where the thin air filters less UV rays.
3. Ask your doctor if any drug you're taking (such as Retin-A and tetracycline) makes your skin more sensitive to the sun.
4. Look for the UV index in the weather pages of your newspaper. This index will advise you of the intensity of solar radiation.
5. Be aware that because sunlight is reflected off sand, you can even get a sunburn while sitting under an umbrella.
6. UV radiation penetrates three feet beneath the water, so wear a waterproof sunscreen.
7. In any case, when you're out and about in the sun, use a sunscreen with a sun-protection factor (SPF) of from 15 to 50, and wear a wide-brim hat and dark, tightly woven fabric clothing.


SUN-CARE PRODUCTS

Solumbra products

Protective clothing and accessories for adults and children. For information, call 1-800-882-7860.

Suncast UV Monitor is a device that displays UV radiation intensity in the form of a UV index. It also displays how long you may stay in the sun depending on your skin type and the SPF of your sunscreen. For information call 1-800-672-3392.

Coppertone Shade UV Guard absorbs UVB as well as UVA rays.

For more information or free pamphlets call the **National Cancer Institute** at 1-800-4-CANCER. 

JUST BETWEEN US

SAME OLD PROBLEM

Most editors seem to have crossed the blood-ink barrier and merged their inner selves in a very palpable way with their publication. It's a process that is rather hard to explain, but I can tell you that every critical letter leaves this editor with very real scars—and those (thankfully) common letters of commendation boost me big-time for more than a day or two.

Somehow, in this process of defining and defending *Listen* magazine, I seem to be constantly correcting people about the aims of the magazine. "It's not *just* a drug education magazine," I tell anybody who will listen. You see, "Celebrating Positive Choices" embraces all sorts of life goals, life skills, and positive behaviors that very naturally work against the temptation to use drugs and indulge in a wide range of similar harmful behaviors.

In fact, I have come to a rather revolutionary conclusion regarding this side of *Listen* magazine. It is a conclusion that I've begun to share with drug educators whenever I can. It can be summed up like this: "If tomorrow we were somehow able to eliminate every drug substance that is currently being used and abused in this country, we would still have the very same problem—it would just manifest itself in a different way."

It's a point that is lost on most of us most of the time. It certainly is forgotten whenever we discuss cutting off the drug flow at the source, or interdicting drug shipments, or shutting down the drug-dealing operations. These things we must do—it is true. But they are not the root problem—they have become mechanisms to satisfy the false craving of addicts and experimenters alike.

The reality, as *Listen* readers have discovered for 50 years now, is that persons who are at peace with themselves, with their community, and with the order of the universe as they find it will not use and do not want to use destructive substances. But as long as this imbalance and false craving for meaning exists, it will manifest itself through drug use, promiscuity, violence, depression, or a myriad of other socially dangerous and personally devastating ways.

So next time you pick up *Listen* magazine, think positive alternatives. Think fulfilling lifestyles. Don't even *think* drugs.



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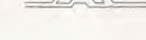
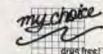
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FOR A DRUG-FREE
AMERICA



YOUTH TO YOUTH





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COVER PHOTOS: C/O DR. RAP; ILLUSTRATION (WRIGHT); DARREL TANK; PHOTO (TOP): ED GUTHERO

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