

## DEFENSIVE DRIVING CLASS

6 HOUR COURSE

\$17 or \$15 with A&M I.D.

Wednesday, April 13 (6-9 pm)

Thursday, April 14 (6-9 pm)

Saturday, April 23

(8:30-11:30 am & 12:30-3:30 pm)

TICKET DISMISSAL -- INSURANCE DISCOUNT

MSC UNIVERSITY PLUS 845-1631



**WILEY**  
LECTURE  
SERIES  
MEMORIAL STUDENT CENTER

April 8, 1994, 8:00 p.m.  
Rudder Auditorium  
Texas A&M University

# GLOBAL POLICING



**Mr. Les Aspin**  
Former U.S. Secretary of Defense



**Dr. Jeane Kirkpatrick**  
Former U.S. Ambassador to the U.N.



**Mr. William F. Buckley, Jr.**  
Moderator

Adults \$12, \$15, & \$18  
Students \$9, \$12, & \$15

Some say the U.S. is no longer in a position to be the world's policeman. President Clinton has attempted to redefine U.S. involvement in the international community. Kirkpatrick and Aspin will examine both sides of this controversial issue.

Tickets available at the MSC Box Office, or call 845-1234.

## COLLEGE PREGNANCIES

PRESSURES  
OPTIONS

### COMMUNITY RESPONSIBILITY

A panel discussion featuring representatives from the Department of Psychology and the Student Counseling Center on dealing with the stresses associated with unexpected college pregnancies.

**Harrington 108**

**Thursday, April 7  
7:00 p.m.**

presented by



Please call 845-1515 if you require special assistance.

## On the go!



Jennie Mayer/The Battalion

David Conley, a visitor to the A&M campus, practices in Research Park on Wednesday.

## Juror skips trial for work, faces \$5,000 fine, jail time

The Associated Press

FORT WORTH — A Chico man says he was putting his family first when he decided to show up for the first day of a new job rather than jury duty.

Now, he faces a possible \$5,000 fine and six months in federal prison for contempt of court.

Brian Clampitt, 23, was selected last week to hear a drug trial in the courtroom of U.S. District Judge Terry Means.

On Thursday, the jury began its deliberations and then recessed for a long Easter weekend.

But Monday morning, Clampitt did not return to jury duty. Instead he went to work.

Clampitt said he felt he would not be hired if he did not show up for his first day of work at Jim's Oilfield Service.

He said bills were stacking up at home and that the new job would help his wife, a waitress, and their 2-year-old daughter. He said he finally decided, "You have to put your family first."

A woman who identified herself as Clampitt's wife called the U.S. District Clerk's Office and said Clampitt was sick and unable to appear for further jury duty, federal officials said.

The clerk was told Clampitt was so ill

that the family was going to take a phone receiver off the hook.

The judge became suspicious and had his staff to start making calls. Clampitt was finally tracked down at his new job.

"(Means) just told me I'd better get to Fort Worth pretty quickly," Clampitt said. "I even got a speeding ticket going down there."

Clampitt joined the rest of the jury Monday. After four hours of deliberation, jurors found the three defendants guilty of drug-related charges.

Means called Clampitt to the bench after dismissing the other jurors.

"He just told me that the choice I made was a very serious mistake," Clampitt said.

Clampitt is scheduled to appear before the judge next Monday.

He said he has mixed emotions about what his punishment should be.

"I think it would be about right for them to put me in jail, since I didn't show up in court and it could have meant letting drug dealers walk the streets," Clampitt said.

But he said people get probation for sorts of serious crimes.

"Heck, here they want to put me in jail for trying to support my family," he said.

The Fort Worth Star-Telegram.

## Heliskiers risk danger as part of thrill

The Associated Press

RENO, Nev. — They ski mountaintops so remote that they need a helicopter to get there. They shun groomed slopes for virgin powder, crowds for thrills and scenery. When the day ends, the only tracks on the mountain will be the miles of lines they have left behind.

For heliskiers, it's the ultimate adventure. Some end up paying the ultimate price.

The sport is expensive. Like mountain climbing or whitewater rafting, death is never far away.

On Sunday, Walt Disney Co. President Frank Wells was returning from a heliskiing trip in the Ruby Mountains 25 miles southwest of Elko, Nev., when the chopper crashed into a steep canyon.

Wells, a fellow passenger and the pilot were killed. Two others

were seriously injured.

Two days earlier, model Christie Brinkley and four others were injured when their chopper went down after a trip near Telluride, Colo. They were stranded for about six hours.

A copter crash in January 1993 killed four people, including Brent Patterson, who owned Diamond Peak Heli-Ski Adventures near Ogden, Utah.

"There's inherent hazards in this activity. This is an adventure sport," said Greg Smith, owner and founder of Wasatch Powerbird Guides in Snowbird, Utah.

"It's a thrilling activity, but there's more risk involved in doing it than sitting at home reading about it. This is a very uncontrolled environment."

About 62,000 heliski trips are made each year in North America.

They can cost as little as \$450 for a day or more than \$1,650 for a three-day trip.

"It's the difference between gourmet dining and fast food," said Ross McGaw, marketing director at Mountain Helisports near Whistler, British Columbia. "It is a rush being around the helicopter lifting you up to run after run of untracked beautiful powder snow. It's something you can never get tired of."

The inviting powder also can be a peril. A skier can unknowingly plunge into a drift-filled bowl and suffocate. Mountain storms can move in with vicious winds, blinding snow and bitter cold. Most of the skiing is in avalanche zones.

Three years ago, an avalanche swept nine heliskiers to their deaths in the Purcell Mountains, some 400 miles east of Whistler.

Trained guides pick the safest skiing areas, away from known avalanche danger. They watch the weather and screen skiers for ability.

"Route finding, terrain selection, good guiding can reduce the avalanche danger," Smith said. "But this is not an exact science. That danger cannot be totally eliminated."

Skiers are placed in appropriate ability groups, he said, and some below intermediate level are turned back.

"We've picked up people in the morning reeking of marijuana. We have to say no," McGaw said.

"We've got to protect ourselves and ourselves, and other people because people are stupid sometimes."

Smith and McGaw say deaths and injuries among heliskiers are no higher than on the ski slopes.

## Depo-Provera® Contraceptive Injection

(sterile medroxyprogesterone acetate suspension, USP)

### WHAT IS DEPO-PROVERA CONTRACEPTIVE INJECTION?

DEPO-PROVERA Contraceptive Injection is a form of birth control that is given as an intramuscular injection (a shot) in the buttock or upper arm once every 3 months. To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months. DEPO-PROVERA contains medroxyprogesterone acetate, a chemical similar to (but not the same as) the natural hormone progesterone, which is produced by your ovaries during the second half of your menstrual cycle. DEPO-PROVERA acts by preventing your egg cells from ripening. If an egg is not released from the ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA also causes changes in the lining of your uterus that make it less likely for pregnancy to occur.

### HOW EFFECTIVE IS DEPO-PROVERA CONTRACEPTIVE INJECTION?

DEPO-PROVERA is over 99% effective, making it one of the most reliable methods of birth control available. This means that the average annual pregnancy rate is less than one for every 100 women who use DEPO-PROVERA. The effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of DEPO-PROVERA depends only on the patient returning every 3 months for her next injection. Your health-care provider will help you compare DEPO-PROVERA with other contraceptive methods and give you the information you need in order to decide which contraceptive method is the right choice for you.

The following table shows the percent of women who got pregnant while using different kinds of contraceptive methods. It gives both the lowest expected rate of pregnancy (the rate expected in women who use each method exactly as it should be used) and the typical rate of pregnancy (which includes women who became pregnant because they forgot to use their birth control or because they did not follow the directions exactly).

### PERCENT OF WOMEN EXPERIENCING AN ACCIDENTAL PREGNANCY IN THE FIRST YEAR OF CONTINUOUS USE

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Implants (Norplant®)	0.3	0.3
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)		
Combined	0.1	3
Progestogen only	0.5	-
IUD		
Progestasert	2.0	3
Copper T 380A	0.8	-
Condom (without spermicide)	2	12
Diaphragm (with spermicide)	6	18
Cervical Cap	6	18
Withdrawal	4	18
Periodic abstinence	1-9	20
Spermicide alone	3	21
Vaginal Sponge		
Used before childbirth	6	18
Used after childbirth	9	28
No method	85	85

Source: Trussell et al, Obstet Gynecol 78:558, 1990

### WHO SHOULD NOT USE DEPO-PROVERA CONTRACEPTIVE INJECTION?

Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you think you might be pregnant, have any vaginal bleeding without a known reason, have had cancer of the breast, have had a stroke, have or have had blood clots (phlebitis) in your legs, have problems with your liver or liver disease, or are allergic to DEPO-PROVERA (medroxyprogesterone acetate or any of its other ingredients). You will have a physical examination before your doctor prescribes DEPO-PROVERA. It is important to tell your doctor if you are taking any prescription or over-the-counter medications or if you have a family history of breast cancer; an abnormal mammogram (breast x-ray); fibrocystic breast disease, breast nodules or lumps, or bleeding from your nipples; kidney disease; irregular or scanty menstrual periods; high blood pressure; migraine headaches; asthma; epilepsy (convulsions or seizures); diabetes or a family history of diabetes; or a history of depression.

### WHAT IF I WANT TO BECOME PREGNANT AFTER USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

Because DEPO-PROVERA is a long-acting birth control method, it takes some time after your last injection for its effect to wear off. Based on the results from a large study done in the United States, for women who stop using DEPO-PROVERA in order to become pregnant, it is expected that about half of those who become pregnant will do so in about 10 months after their last injection; about two thirds of those who become pregnant will do so in about 12 months; about 83% of those who become pregnant will do so in about 15 months; and about 93% of those who become pregnant will do so in about 18 months after their last injection. The length of time you use DEPO-PROVERA has no effect on how long it takes you to become pregnant after you stop using it.

### WHAT ARE THE RISKS OF USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. **Irregular Menstrual Bleeding**  
The side effect reported most frequently by women who use DEPO-PROVERA for contraception is a change in their normal menstrual cycle. During the first year of using DEPO-PROVERA, you might have one or more of the following changes: irregular or unpredictable bleeding or spotting; an increase or decrease in menstrual bleeding; or very few or no periods. Unusually heavy or continuous bleeding, however, is not a usual effect of DEPO-PROVERA, and if this happens, you should see your health-care provider right away. With continued use of DEPO-PROVERA, bleeding usually decreases, and many women stop having periods completely. In clinical studies of DEPO-PROVERA, 57% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 68% of the women studied reported no menstrual bleeding after 2 years of use. The reason that your periods stop is because DEPO-PROVERA causes a resting state in your ovaries. When your ovaries do not release an egg monthly, the regular monthly growth of the lining of your uterus does not

occur and, therefore, the bleeding that comes with your normal menstruation does not take place. When you stop using DEPO-PROVERA your menstrual period will usually, in time, return to its normal cycle.

### 2. Bone Mineral Changes

Use of DEPO-PROVERA may be associated with a decrease in the amount of mineral stored in your bones. This could increase your risk of developing bone fractures. The rate of bone mineral loss is greatest in the early years of DEPO-PROVERA use, but after that, it begins to resemble the normal rate of age-related bone mineral loss.

### 3. Cancer

Studies of women who have used different forms of contraception found that women who used DEPO-PROVERA for contraception had no increased overall risk of developing cancer of the breast, ovary, uterus, cervix, or liver. However, women under 35 years of age whose first exposure to DEPO-PROVERA was within the previous 4 years may have a slightly increased risk of developing breast cancer similar to that seen with oral contraceptives. You should discuss this with your health-care provider.

### 4. Accidental Pregnancy

Because DEPO-PROVERA is such an effective contraceptive method, the risk of accidental pregnancy for women who get their shots regularly (every 3 months) is very low. While there have been reports of an increased risk of low birth weight and neonatal infant death or other health problems in infants conceived close to the time of injection, such pregnancies are rare. If you think you may have become pregnant while using DEPO-PROVERA for contraception, see your health-care provider as soon as possible.

### 5. Other Risks

Women who use hormone-based contraceptives may have an increased risk of blood clots or stroke. Also, if a contraceptive method fails, there is a possibility that the fertilized egg will begin to develop outside of the uterus (ectopic pregnancy). While these events are rare, you should tell your health-care provider if you have any of the problems listed in the next section.

### WHAT SYMPTOMS MAY SIGNAL PROBLEMS WHILE USING DEPO-PROVERA CONTRACEPTIVE INJECTION?

Call your health-care provider immediately if any of these problems occur following an injection of DEPO-PROVERA: Sharp chest pain, coughing of blood, or sudden shortness of breath (indicating a possible clot in the lung); sudden severe headache or vomiting, dizziness or fainting, problems with your eyesight or speech, weakness, or numbness in an arm or leg (indicating a possible stroke); severe pain or swelling in the calf (indicating a possible clot in the leg); unusually heavy vaginal bleeding; severe pain or tenderness in the lower abdominal area; or persistent pain, pus, or bleeding at the injection site.

### WHAT ARE THE POSSIBLE SIDE EFFECTS OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. **Weight Gain**  
You may experience a weight gain while you are using DEPO-PROVERA. About two thirds of the women who used DEPO-PROVERA in clinical trials reported a weight gain of about 5 pounds during the first year of use. You may continue to gain weight after the first year. Women in one large study who used DEPO-PROVERA for 2 years gained an average total of 8.1 pounds over those 2 years, or approximately 4 pounds per year. Women who continued for 4 years gained an average total of 13.8 pounds over those 4 years, or approximately 3.5 pounds per year. Women who continued for 6 years gained an average total of 16.5 pounds over those 6 years, or approximately 2.75 pounds per year.

### 2. Other Side Effects

In a clinical study of over 3,900 women who used DEPO-PROVERA for up to 7 years, some women reported the following effects that may or may not have been related to their use of DEPO-PROVERA: Irregular menstrual bleeding, amenorrhea, headache, nervousness, abdominal cramps, dizziness, weakness or fatigue, decreased sexual desire, leg cramps, nausea, vaginal discharge or irritation, breast swelling and tenderness, bloating, swelling of the hands or feet, backache, depression, insomnia, acne, pelvic pain, no hair growth or excessive hair loss, rash, and hot flashes. Other problems were reported by very few of the women in the clinical trials, but some of these could be serious. These include convulsions, jaundice, urinary tract infections, allergic reactions, fainting, paralysis, osteoporosis, lack of return to fertility, deep vein thrombosis, pulmonary embolus, breast cancer, or cervical cancer. If these or any other problems occur during your use of DEPO-PROVERA, discuss them with your health-care provider.

### SHOULD ANY PRECAUTIONS BE FOLLOWED DURING USE OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

1. **Missed Periods**  
During the time you are using DEPO-PROVERA for contraception, you may skip a period, or your periods may stop completely. If you have been receiving your DEPO-PROVERA injections regularly every 3 months, then you are probably not pregnant. However, if you think that you may be pregnant, see your health-care provider.

### 2. Laboratory Test Interactions

If you are scheduled for any laboratory tests, tell your health-care provider that you are using DEPO-PROVERA for contraception. Certain blood tests are affected by hormones such as DEPO-PROVERA.

### 3. Drug Interactions

Cytadren (aminoglutethimide) is an anticancer drug that may significantly decrease the effectiveness of DEPO-PROVERA if the two drugs are given during the same time.

### 4. Nursing Mothers

Although DEPO-PROVERA can be passed to the nursing infant in the breast milk, no harmful effects have been found in these children. DEPO-PROVERA does not prevent the breasts from producing milk, so it can be used by nursing mothers. However, to minimize the amount of DEPO-PROVERA that is passed to the infant in the first weeks after birth, you should wait until 6 weeks after childbirth before you start using DEPO-PROVERA for contraception.

### HOW OFTEN DO I GET MY SHOT OF DEPO-PROVERA CONTRACEPTIVE INJECTION?

The recommended dose of DEPO-PROVERA is 150 mg every 3 months given in a single intramuscular injection in the buttock or upper arm. To make sure that you are not pregnant at the time of the first injection, it is important that the injection be given only during the first 5 days after the beginning of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA should be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are breast-feeding. If you wait longer than 3 months between injections, or longer than 6 weeks after childbirth, your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

**Caution:** Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

**Upjohn**

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