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# Nasty needles no longer necessary

## Program focuses on HIV prevention by stressing information, sanitation

### **By Mark Evans**

Page 2

Programs that provide clean needles to drug addicts are proving effective in stop-ping the spread of HIV without encouraging drug use, but in Texas, they have received a lukewarm response

One-third of AIDS cases in the United States occur among adults and teenagers who are injection drug users, according to a recent study in the Journal of the American Medical Association.

"As many as 4.5 million men and women are in the direct line of fire - as IV (intravenous) drug users or their sexual partners - for HIV infection," says an article in the journal.

#### See related editorial, Page 5

Several communities across the United States, such as New Haven, Conn. and San Francisco, Calif., have already started programs that allow drug users to ex-change dirty needles for clean ones as a way of stopping the spread of HIV. In New Haven, the city's health de-

partment exchanges clean syringes for dirty syringes from a van that travels between five neighborhoods, four days a week

The program started in 1990 and has since seen a 33 percent decline in the number of AIDS cases in New Haven. In addition, the program has referred 20 percent of its clients to drug treatment programs.

George Bucheli, a needle exchange outreach worker, estimates that workers hand out 150-350 needles a day. Workers also hand out food, clothes, condoms, and information about needle disposal.

#### the spread of AIDS," he said.

But when the program started, Bucheli said, some people were more concerned about the program's effect on drug abuse rates than its effectiveness in stopping the spread of HIV.

"Everyone thought that we were pro-moting drug use, that we were going to make people use more drugs," he said. "All of that has turned out to be false. But we had to change laws to get it done.'

Since 1990, Connecticut has become one of the few states to allow people to buy syringes over-the-counter in pharmacies. Meanwhile, almost all of the 50 states restrict the sale and possession of syringes to patients with diseases, such as diabetes

Dr. Richard Needle, head of communi-ty research for the National Institute on Drug Abuse, said that for maximum benefit, needle exchange programs should be combined with other strategies, such as education or drug treatment.

"What you'd like to have is a comprehensive community-based program that has a number of different features," he said. "It is in that context that needle exchange becomes an alternative

Outreach workers, through their contacts with drug users, have plenty of opportunities, not only to provide them with clean needles, but also to encourage them to kick the drug habit by offering them help.

Dr. David McMurray, a professor at Texas A&M University's medical school, said that to combat the spread of HIV, health officials must start taking needle exchange programs seriously

"As far as I'm concerned, I don't think "Basically, all of the information that comes out of the van is to try to stop the the HIV problem," he said. "They're part



of the same problem and must be solved together.

In parts of the country where law and order are big issues, McMurray said, syringe exchange programs have been too easily dismissed as nonsense because people see them as promoting drug use.

In Texas, 12 percent of people with AIDS have been infected through contaminated needles, according to the Texas Department of Health. The state currently outlaws any program that would offer free needles to drug users.

Lee Trevino, Texas Department of Health manager for HIV counseling and testing, said he does not believe that the state will ever allow needle exchange programs.

Texas legislators are very conserva-tive, he said, and they fear the political backlash that could result if they offer

needles to drug users

"I suspect that what they'll do is never allow the issue to be brought up for a vote, as a way of pushing it under the rug," he said.

Trevino said he is not convinced that needle exchange programs are effective. And, he said, studies done on needle exchange programs in California and Connecticut may not be applicable to Texas.

"In Texas, can we say that we have the same kind of incidence of HIV infection and needle-using substance abusers as we see on the East or West Coast?" Trevi-no said. "I don't know. But if we don't, then these kind of programs may not work here.

Tom Elatchford, speaker's bureau coor-dinator for the AIDS Foundation of Houston, disagrees and said that with the

Please see **Needles**, Page 6

HEALTH TIPS Food poisoning targets 81 million Americans a year

## By Michelle E. Morat A. P. BEUTEL HEALTH CENTER

What people may have been calling a 24-hour flu may be a case of food borne illness. Each year up to 81 million Americans suffer from food borne ill-ness. Remarkably, only a few types of bacteria are responsible for a majority of these illnesses. These are Salmonella, Staphylococcus and Perfringins.

Salmonella symptoms may appear anywhere from 8 to 72 hours to 8 to 15 days after contact depending on the type of strain. Symptoms can include di-arrhea, fever, nausea and vomiting. Food reservoirs of salmonella include poultry, eggs and red meat.

In addition, people can be carriers of salmonella and pass it through food to other people if they do not practice safe food handling. Salmonella is the most reported food borne illness to the Center for Disease Control and Prevention.

Staphylococcus symptoms can appear anywhere from 1 to 8 hours and can include nausea, vomiting at 5 to 20 minute intervals for 1 to 8 hours, abdominal and leg cramps, diarrhea 1 to 7 times per hour, high pulse, cold sweats and dehydration. Perfringins symptoms can appear anywhere between 2 to 24 hours and can include nausea, vomiting, abdominal pain and explosive diarrhea.

512-472-4931 This is considered a mild food borne illness and probably the one most often called the 24-hour flu because symptoms disappear within a day. This is the third most reported food borne illness, but it may be the most common food borne illness because of the lack of reporting it. Another bacteria that causes food borne illness and that has been in the media a lot lately is E. Coli. E. Coli is initially found in the feces of cattle. When the animals are slaughtered, bacteria in the digestive tract may come in contact with meat. Cow feces may come in contact with other foods and cause food borne illness. For example, an apple that falls on the ground in a cow pasture and is then picked up and eaten without adequate washing can cause the bacteria. Bacteria are like any living thing. They need food, water and the right cli-mate conditions to survive. For illness to occur, food must be contaminated (contamination is impossible to eliminate), food must support growth (contain protein, adequate water, and the right pH) and food must be left in the wrong temperature (not hot or cold enough to kill bacteria or prevent its growth.) Factors that can cause food borne illness are slow cooling of foods, inadequate cooking, improper hat-holding, cross-contamination and infected food handlers. People should follow these tips to help prevent sickness: 1. Keep potentially hazardous foods out of the "Temperature Danger Zone." Some examples of potentially hazardous foods are beef, chicken, fish, eggs, cooked grating in cooked grating and cooked vegetables. The "Temperature Danger Zone" is the temperature range from 40 to 140 degrees at which bacteria reproduce rapidly. People should keep hot foods hot and cold foods cold until they are ready to eat and refrigerate leftovers immediately. 2. Clean and sanitize food preparation equipment and cutting boards between each use.

## Tuberculosis on the rise Texas has third highest number of cases, trails behind California and New York By Sara Israwi The Battalion

Brazos County and the state of Texas are facing major concerns as the numbers of cases of tuberculosis increase throughout the state.

Texas has the third highest number of tuberculosis cases in the United States, behind California and New York. Eight cases of the disease have been

confirmed in Brazos County this year, and 2,393 new cases were reported in Texas in 1993

Joyce Cowles, reporting and data analysis Active tuberculosis is highly con- in the United

manager for the Texas Depart-ment of Health, face-to-face contact. States that is vir-tually everyone," McMurry said. "People with HIV said the figures for 1993 were low

tion to decrease their chances of developing active tuberculosis.

The other thing is when someone is diagnosed with active tuberculosis we test all of their close contacts to see if they are infected or might have the disease," she said.

Dr. David McMurry, a professor of med-ical microbiology and immunology, said there is a vaccine used around the world but it has not been effective in treating

Anyone who has not been immunized is susceptible to

tuberculosis, and States that is vir-McMurry said. "People with HIV,

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3. To prevent cross-contaminating foods, people should wash their hands every time they come in contact with raw foods or any unsanitary surfaces such as tables, dirty dishes and restroom facilities.

Cook potentially hazardous foods such as ground meats, poultry, fish and eggs thoroughly to kill any bacteria that may cause food borne illness.

compared to cases nationwide in 1992, but

they appear to be rising again. "As of now we are 10 to 15 percent ahead of 1993; and if that's the case, we'll be back up to 2,400 or 2,500 in 1994," she said

Sharon Arnold, a registered nurse at A.P. Beutel Health Center, said tuberculosis, which affects the immune system, can be fatal if not treated.

Beutel offers tuberculosis testing, but only requires international students to take the test.

"We recommend it for all students because we are really seeing an increase in tuberculosis and tuberculosis skin tests,' Arnold said

Many students' skin tests come out negative but could test positive later,

Arnold said. "If this happens, Beutel will do a chest X-ray, and if it confirms they do not have tuberculosis, then the student is given medication to prevent it," she said. "If Xrays are positive, the student is then referred to the health department."

Shirley Kostohryz, nursing supervisor at Brazos County Health Department, said people with a positive skin test are not contagious and can be put on medicathe elderly and

pregnant women are also in high-risk groups.

Active tuberculosis is highly contagious and does not require face-to-face contact, he said.

"The organism can survive in the air, and can be carried through air ducts," Mc-Murry said. "It starts out in the respiratory route of an infected person.

Kostohryz said the disease can only be transmitted through the air.

"The ones at risk are those who are sharing air space with someone who has the active disease," she said.

Research in the College of Medicine is currently testing how vaccines protect animals from tuberculosis because their system is similar to the human body system.

McMurry said some progress has been

Certain nutrients lacking in a diet makes the system less protected by the vaccine, he said. Protein is important, as well as nationwide vitamin D and zinc.

"It is important to note that there are a lot of fundamental things we don't know about controlling tuberculosis," McMurry "The current epidemic caught us by said. surprise, and now we have to start back at square one.

