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Saddam says he won't go into exile, no relation to al-Qaida

By Bassem Mroue
THE ASSOCIATED PRESS

BAGHDAD, Iran 0 — Iraqi leader Saddam Hussein says he would rather die than leave his country, dismissing recent arguments by U.S. and Arab leaders that he could go into exile to avoid war.

"We will die here. We will die in this country and we will maintain our honor — the honor that is required ... in front of our people," Saddam says in an interview with CBS' Dan Rather.

The network reported excerpts of the interview on its Web site Tuesday night, and said the comments would air Wednesday on "60 Minutes II."

"Whoever decides to forsake his nation from whoever requests is not true to the principles," Saddam says. "I believe that whoever ... offers Saddam asylum in his own country is in fact a person without morals."

President Bush said last month that he would welcome Saddam Hussein going into exile and some Arab countries, most notably Saudi Arabia, have proposed offering Saddam exile to avoid a war.

Saddam also denied any links to Osama bin Laden or al-Qaida and indicated he would not set fire to Iraq's oil fields or destroy its dams if a U.S.-led invasion occurs in Iraq.

"Iraq does not burn its wealth and it does not destroy its dams," Saddam says.

He said that Iraq has never had any relationship to al-Qaida terrorists, "and I think that Mr. bin Laden himself has recently, in one of his speeches, given such an answer that we have no relation with him."

In a part of the interview that aired earlier Tuesday on CBS, the Iraqi president indicated he wouldn't heed a U.N. demand to destroy Iraq's Al Samoud 2 missiles and said his missiles didn't exceed ranges allowed by the United Nations.

But Iraq's deputy prime minister, Tariq Aziz insisted Tuesday that the government had not yet decided whether to destroy its Al Samoud 2 missiles. "It's being studied," Aziz said.

"Readiness for the aggression is continuing ... but this doesn't mean that we should stop our political and diplomatic work," Aziz said. "We should continue with it, but we should also prepare ourselves for the battle."

Both Iraqi and U.N. officials spoke of new, substantive cooperation. U.N. inspectors visited a pit where Iraq says it destroyed biological weapons in 1991, and Iraq reported finding an R-400 bomb containing liquid at a disposal site.

"We have made some progress. In fact, we have made some breakthroughs," said Lt. Gen. Amer al-Saadi, Saddam's adviser on the inspections.

Iraq appeared to be sending conflicting messages over an order from chief weapons inspector Hans Blix to destroy its Al Samouds and their components by the

end of the week because the missiles can fly farther than allowed.

The missiles are still being produced and tested, the inspectors' spokesman in Baghdad, Hiro Ueki, said Tuesday. He said the last test took place Monday.

Al-Saadi also said Iraq was still studying the U.N. missile order. He said he would not comment on the Saddam interview because he had not seen it.

Ueki said at a news conference that the United Nations was still awaiting an official response on the missiles.

He said inspectors have completed tagging all deployed Al Samoud 2 missiles but still needed to tag some unassembled components.

Ueki also said inspectors have begun to visit excavations by the Iraqis southeast of Baghdad at a site where Iraq says it destroyed bombs filled with biological agents in 1991. On Monday and Tuesday, inspectors examined munitions fragments around the pit, he said.

U.S. warplanes, meanwhile, bombed missile launch systems in northern and southern Iraq on Tuesday because they threatened coalition forces enforcing no-fly zones, the U.S. military said.

U.S. and British planes have been enforcing no-fly zones in north and south Iraq since the 1991 Gulf War. They are intended to protect minority Kurds in the north and Shiite Muslims in the south from Iraqi government forces.

Senator files bill to change public education funding

AUSTIN — The state would fund teacher salaries and benefits and local school districts would pay for textbooks and other costs under legislation proposed Tuesday by a state senator.

A measure by Sen. Kyle Janek, R-Houston, would repeal the current school finance system, known by some as "Robin Hood." It would replace it with a system that lifts Texas teacher salaries to the national average and provides teachers with a "generous benefits package," Janek said.

School districts would set the actual salary level of each teacher based on experience.

"My bill would clarify what the state pays for and what local districts pay for," Janek said in a statement. "This will dramatically alter the balance of school funding, with the state picking up the majority of the tab."

There was no estimate on the cost to the state.

Parts of the proposal would require voter approval.

The existing share-the-wealth school finance system is based heavily on local property taxes. It gives schools in property-poor areas money from wealthier districts.

Many property-rich districts have reached the legal tax limit and complain that they are unable to raise more money for their schools.

Janek's proposal would have schools funded based on the number of teachers per district, using the national average of teacher salaries as a basis. The state formula would be one teacher for every 20 students for all grade levels.

Under the proposal, the state would continue its facilities program that helps property-poor school districts construct buildings through matching funds.

School districts would still impose property taxes — and would still have a \$1.50 property tax cap — to pay for such expenses as administration, books, buses and buildings under Janek's plan.

NEWS IN BRIEF

Man sentenced for border killings

CHIHUAHUA, Mexico — A court upheld the conviction of an Egyptian man for one of the first in a series of murders of women in the border city of Ciudad Juarez, but lowered the man's prison sentence to 20 years.

The sentence for homicide imposed Tuesday on Abdel Latif Sharif by Judge Hector Talamontes comes on the 10th anniversary of the first slaying in 1993.

Since then, over 80 women have been raped, murdered and their bodies dumped in the desert, in a case that has drawn widespread criticism of Chihuahua state police for failing to stop the eerily similar string of crimes.

The number of victims has risen in recent months, as more bodies turn up. Police found the decomposed remains of three women earlier this month in Juarez.

Prosecutors wanted a tougher sentence — like the 30 years Sharif was originally sentenced to, before his conviction was overturned on appeal — arguing that Sharif was responsible for several murders, said Chihuahua state spokesman Fernando Medina.

But Judge Talamontes upheld the lower court conviction only in the 1995 murder of Elizabeth Castro Garcia.

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Depo-Provera[®] Contraceptive Injection

medroxyprogesterone acetate injectable suspension

DEPO-PROVERA[®] Contraceptive Injection (medroxyprogesterone acetate injectable suspension, USP)

This product is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

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 (13 weeks). To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months (13 weeks). 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?
The efficacy of DEPO-PROVERA Contraceptive Injection depends on following the recommended dosage schedule exactly (see "How often do I get my shot of DEPO-PROVERA Contraceptive Injection?"). To make sure you are not pregnant when you first get DEPO-PROVERA Contraceptive Injection, your first injection must be given ONLY during the first 5 days of a normal menstrual period; ONLY within the first 5 days after childbirth if not breast-feeding and if exclusively breast-feeding ONLY at the sixth week after childbirth. It is a long-term injectable contraceptive when administered at 3-month (13-week) intervals. DEPO-PROVERA Contraceptive Injection 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 (13 weeks) 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).

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

Source: Trussell et al. *Obstet Gynecol*. 1990;76:558-567.

Who should not use DEPO-PROVERA Contraceptive Injection?
Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you have any of the following conditions:
• if you are taking any prescription or over-the-counter medications
• if you have had cancer of the breast
• if you have had a stroke
• if you have or have had blood clots (phlebitis) in your legs
• if you have problems with your liver or liver disease
• if you are allergic to DEPO-PROVERA (medroxyprogesterone acetate or any of its other ingredients).

Birth control you think about just 4 x a year.

- if you have had cancer of the breast
- if you have had a stroke
- if you have or have had blood clots (phlebitis) in your legs
- if you have problems with your liver or liver disease
- if you are allergic to DEPO-PROVERA (medroxyprogesterone acetate or any of its other ingredients).

What other things should I consider before using DEPO-PROVERA Contraceptive Injection?

You will have a physical examination before your doctor prescribes DEPO-PROVERA. It is important to tell your health-care provider if you have any of the following:
• 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
• a history of depression
• if you are taking any prescription or over-the-counter medications.

This product is intended to prevent pregnancy. It does not protect against transmission of HIV (AIDS) and other sexually transmitted diseases such as chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.

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 no bleeding at all. 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, 55% 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 menstrual cycle 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 to 5 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. Unexpected 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 [13 weeks]) 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 uncommon. If you think you may have become pregnant while using DEPO-PROVERA for contraception, see your health-care provider as soon as possible.

5. Allergic Reactions
Some women using DEPO-PROVERA Contraceptive Injection have reported severe and potentially life-threatening allergic reactions known as anaphylaxis or anaphylactoid reactions. Symptoms include the sudden onset of hives or swelling and itching of the skin, breathing difficulties, and a drop in blood pressure.

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 this 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 up 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
• 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 3 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, hot flashes, and joint pain. Other problems were reported by very few of the women in the clinical trial, 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 Period
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 (13 weeks), 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.

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 (13 weeks) 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 essential that the injection be given ONLY during the first 5 days of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA MUST be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are exclusively breast-feeding. If you wait longer than 3 months (13 weeks) between injections, or longer than 6 weeks after delivery, your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

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