

PUBLIC NOTICE

As required by Section 54.0513, Paragraph (f) of the Texas Education Code, the Board of Regents of The Texas A&M University System will hold a public hearing to receive input from students and the President regarding the proposed increase in Designated Tuition for:

Texas A&M University
(includes Texas A&M University at Galveston)

FROM \$44.00/SCH* (2002-2003 academic year)
TO \$46.00/SCH* (2003-2004 academic year)

The hearing will be part of the Board of Regents' Meeting scheduled to convene on March 27, 2003, at 10:00 a.m., in Room 292, Memorial Student Center, Joe Routt Boulevard, Texas A&M University, College Station, Texas.

For additional information, please contact Vickie Burt Spillers, Executive Secretary to the Board of Regents, The Texas A&M University System, (979) 845-9600.

Issued this 21st day of March 2003
Vickie Burt Spillers
Executive Secretary to the Board

*SCH-Semester Credit Hour

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Congress debates cost of war

By Suzanne Gamboa
THE ASSOCIATED PRESS

WASHINGTON — House Majority Leader Tom DeLay said Tuesday the cost of homeland security will draw the most debate as Congress tries to provide the \$74.7 billion President Bush has requested to pay for the war with Iraq and to strengthen counterterrorism efforts at home.

"The basic debate is going to be what is the federal responsibility and what is the state and local responsibility," DeLay said.

Bush formally asked Congress for the money for the war Tuesday in a speech at the Pentagon. About \$62.6 billion of the total is earmarked for the Department of Defense, for six months of operations in Iraq and for stabilizing the country.

Another \$4.2 billion is for domestic security, including money for state and local governments. The total also contains money for foreign aid and humanitarian aid.

"The local governments and the state governments and the federal government have certain responsibilities," DeLay said. "There are some in the House

and there are some in the Senate that think the federal government ought to be paying for everything and that's part of the reason they want to beef up the spending on homeland security."

Congress is expected to hold hearings this week on the requested money. DeLay said he would like to meet the president's request to have a bill to him by April 11.

Democrats have criticized Bush for not providing enough money in his 2004 budget for homeland security and Democratic candidates for President have attacked Bush on the issue.

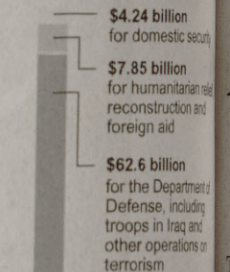
DeLay said he expected Democrats to ask for more homeland security money.

"Democrats are always asking for more money with little or no credibility as to why they want it," DeLay said. "In many cases it's nothing but a partisan political ploy to constantly outbid the president and use homeland security as a political issue."

Rep. Kay Granger, who served on the House Homeland Security Committee, said she is "reasonably comfortable" with the homeland security money Bush is requesting, although she

War costs

President Bush has asked Congress for \$74.7 billion to pay for the war with Iraq.



SOURCE: Associated Press

is awaiting hearings on the issue to make a final determination.

"I don't know what is going to happen, but I know all our offices are getting requests on homeland security that is above (Bush's) number," Granger said. "The cities and states are asking for help but we want to comb through the requests and make sure we're picking up on things that aren't funded or are putting money in projects that are not needed."

DeLay said most of the money for homeland security in the bill will go to the expansion of the Coast Guard and for protection ports in sensitive areas.

NEWS IN BRIEF

Mentally ill inmate set to die

LIVINGSTON, Texas (AP) — A mentally ill Texas death row inmate moved closer to execution when the Texas Court of Criminal Appeals and a federal district court refused to stop his punishment, scheduled for Wednesday evening.

The Texas appeals court's rejection Tuesday of an appeal from James Colburn, 43, returned his case to the federal courts, where later in the day it was

turned down by a federal judge in Houston.

The former carpenter and bricklayer doesn't deny killing a woman at his home in Conroe but his lawyers contend the ninth-grade dropout whose criminal past includes arson and robbery convictions should be spared because he suffers from paranoid schizophrenia.

His lawyer indicated they may take the case to the 5th U.S. Circuit Court of Appeals in New Orleans.

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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.

- 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

What are the possible side effects of DEPO-PROVERA Contraceptive Injection?
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.

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 breastfeeding 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	0.2
Intrauterine (Norplant)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.1	3
Condom	0.5	12
Progestagen only	0.5	12
IUD	0.5	3
Progestin T 380A	2.0	12
Copper T 380A	0.8	12
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 Sponges	6	18
used before childbirth	9	28
used after childbirth	6	18
No method	85	85

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

6. 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 or 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

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, hot flashes, and joint pain. 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 embolism, 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?
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.

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 4 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 you are not breastfeeding or you are not breast-feeding or 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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