Texas A&M Hillel Services for Rosh Ha'Shannah and Yom Kippur

Friday, September 26th
Rosh Ha'Shannah Services at 8:00 p.m.

Saturday, September 27th
1st Day of Rosh Ha'Shannah
Services start at 10:00 a.m.

Sunday, September 28th
2nd Day of Rosh Ha'Shannah
Services start at 10:00 a.m.

Sunday, September 28th
Tashlich Services
CS Police Department Pond at 4:00 p.m.

Sunday, October 5th
Kol Nidre Services at 8:00 p.m.

Monday, October 6th
Yom Kippur Services start at 10:00 a.m.
Yizcor about 5:00 p.m.
Break-the-Fast after sundown
following Neilah and Havdalah Services

Please contact Hillel for more information at 696-7313
Names for Yizcor must be received in the office by October 3, 2003

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Coping with stress

Freshman stress prompts universities to offer more help

By Linda K. Wertheimer
THE ASSOCIATED PRESS

IRVING, Texas — The young woman in the prom dress scrubbed her clothes repeatedly in the dorm laundry room, mumbling to herself about finishing a master's thesis.

But the 18-year-old had neither a prom to attend nor a master's thesis to write. She was a University of Dallas freshman who had two weeks left before finals.

She was experiencing freshman stress to the extreme, a problem that's not new but getting more attention than ever.

Universities everywhere are taking steps to identify and help troubled students and to teach all students how to cope emotionally and physically so the pressure of college doesn't drive them out of school or into mental illness.

The University of Dallas in Irving this year started training resident assistants to help students. Other universities have added counselors and nutritionists.

"A lot of colleges used to have the attitude with students, `If you don't do it, that's your problem,'" said Karen Levin Coburn, an assistant vice chancellor for students at Washington University in St. Louis and author of "Letting Go: A Parents' Guide to Today's College Experience."

"Now, there's much more of an attitude, `We've brought you here, and we know you can succeed here, and we're going to give you the support,' " Coburn said.

The newest addition to prevent stress at Washington University is an office on health promotion and wellness. The medical school runs lectures for students to show them what happens when they don't get enough sleep. A nutritionist warns about how too many cookies and pizza can affect the psyche, too.

"It's really the basics," Coburn said. "One major issue for college students is sleep deprivation. When you don't get enough sleep, you feel stressed."

The University of Dallas last school year referred more than 40 students, a record high, for counseling. Most of them were among the school's 300 freshmen; UD has about 1,200 undergraduates. Eight to 10 students went to hospitals for psychiatric treatment.

In the past, three or four UD students were hospitalized per year, said Fred Zuker, the school's vice president and dean of student services. Many students came to school with diagnosed mental illnesses, but others simply succumbed to more stress than they could handle.

Freshmen tend to be in the worst straits, and college seniors, who worry about what's next after graduation, come in second on the stress scale, Zuker said.

Christina Dammen, an 18-year-old University of Dallas freshman from San Francisco, is working six hours a week. After about a month of college, she said she's already stressed and short on sleep from juggling fun, work and classes. She goes to bed about 2 or 3 a.m., and then must get up for an 8 a.m. class.

"There's a lot of reading, plus there's the fact that it's one big sleepover," Dammen said. "People are coming in your room constantly."

Colleges have long needed to do more to respond to freshman stress, said Linda Sax, an associate professor of education at the University of California at Los Angeles. She conducts an annual survey of freshmen. A recent study of 3,680 students from about 50 colleges indicated that students' sense of emotional well-being declined through the freshman year.

"Absolutely, we need to pay more attention to students' psychological well-being and stress. Students tend not to turn to the campus for help," Sax said. "They tend not to use advisers or counselors. They turn to their friends. The effect of those friends can sometimes be positive or negative."

HUY NGUYEN • KRT CAMPUS

University of Dallas resident assistant **Suzanne Burgess**, left, checks up on freshman **Jen Morhous** at their residence hall this month. Burgess recently received training to deal with stressed freshmen.

DeLay calls Demos party of 'extremist appeasement'

By David Espo
THE ASSOCIATED PRESS

WASHINGTON — House Majority Leader Tom DeLay accused leading Democrats on Wednesday of longing for the "weak and indecisive foreign policy of their Cold War past," and said votes on President Bush's call for $87 billion for Iraq would mark a defining moment in the war on terror.

"The Democrat leaders must finally decide: Are they going to be the party of Franklin Roosevelt's moral clarity, or the party of Ted Kennedy's extremist appeasement," the Texas Republican said in a speech at the Heritage Foundation.

"Our critics can try to change the subject, but the debate will come down to one question: Are we at war or not? One choice, one vote."

A Democratic party spokesman dismissed the attacks. "Tom DeLay's petulance goes up in direct proportion to the president's polling numbers falling," said Jim Mulhall. "He can get all frothy but the reality we're seeing is that the American people are becoming increasingly concerned with the direction this president is taking in world affairs and here at home."

> *"The debate will come down to one question: Are we at war or not?"*
>
> — Tom DeLay
> House majority leader

DeLay made his remarks at a time when Democrats have been increasingly aggressive in attacking Bush's stewardship of the war on terror, when the president's poll ratings are in decline and when U.S. military deaths mount almost daily. Even some Republicans in Congress are pressing to convert $20 billion in requested reconstruction funding into a loan repayable by a future Iraqi government.

DeLay, the most outspoken conservative in the House GOP leadership, offered a strong defense of the president, and said Bush's declaration of a war on terror has led to the liberation of Afghanistan and Iraq in the two years since terrorists struck the United States.

But in a sharp attack, he said that in recent months Democratic leaders who once supported Bush have parted company "not only with the president, but with the very ideas behind the war on terror. Because of that shift, the differences between the two major political parties are now starker than they've been in at least a generation."

Leading Democrats, he said, "do not believe we are even at war, and therefore do not believe we should be fighting one in the first place. ... Even if we acknowledge that every presidential primary forces the party to court their ideological bases, national Democrat leaders this year have crossed a line and now fully embrace their hostile, isolationist extreme."

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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).

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)	0.2*	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	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.* 1990;76:558-567.

*From Norplant® package insert.

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 think you might be pregnant
- if you have any vaginal bleeding without a known reason
- 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 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 Reactions
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 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 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 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 (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 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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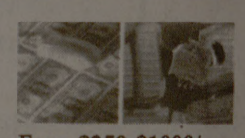
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