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6 Wednesday, October 8, 2003 THE BATTALION
Asian and Hispanic immigrants more likely to own homes in U.S.

By Genaro C. Armas THE ASSOCIATED PRESS

WASHINGTON — Asians and Hispanics who immigrate to the United States and become naturalized citizens are more likely to own homes than members of the same groups who are born in the country, the Census Bureau reported Tuesday.

About 63 percent of foreign-born Hispanics who are naturalized citizens owned their homes in 2002, compared with 54 percent of Latinos born in the United States, the bureau said. The difference was even greater between naturalized immigrant Asians and native-born Asians: 70 percent to 57 percent.

Like U.S. homeownership overall, rates in these race and ethnic groups have increased generally since the mid-1990s, helped by falling interest rates and an economy that was booming for most of the period.

Still, some experts were mildly surprised that people born outside the country were more apt to own homes than native-born people in the same racial or ethnic group.

Possible explanations include a strong desire among immigrants to own homes, said Robert Lang, a metropolitan development and planning professor at Virginia Tech University.

"Remember what we export in terms of pop culture often revolves around owning a home, especially older popular culture about suburbia," Lang said. "A lot of people come to this country eager to participate fully in American life."

Generally, immigrants in the country longer, regardless of citizenship status, are more likely to be homeowners. For instance, 60 percent of naturalized citizens who arrived in 1975 or later owned their homes, compared with 77 percent of those who arrived before 1975.

Waiting longer helps people build savings that can be used on down payments, said Janis Bowlder, housing policy analyst for the National Council of La Raza, a Hispanic advocacy group.

And while the foreign-born population is concentrated in urban areas in gateway states like New York and California, Bowlder noted sizable increases were evident in the immigrant population over the 1990s in more affordable states such as North Carolina and Nevada.

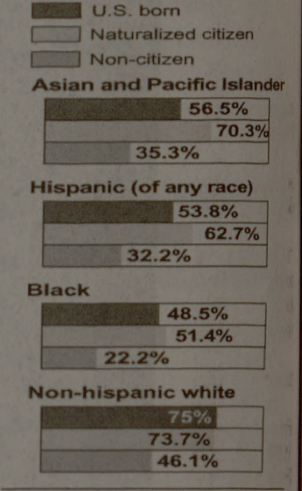
"Generally, homeownership in many foreign countries requires a much larger down payment than in the United States, and many immigrants are surprised by the opportunity," said Lawrence Yun, senior economist at the National Association of Realtors.

The Census Bureau study found the overall homeownership rate rose from 64 percent in 1994 to a record high of 67.9 percent in 2002.

Rates were also at record levels for non-Hispanic whites, regardless of citizenship status (74.5 percent), as well as Asians (54.7 percent) and Hispanics (48.2 percent). The 47.3 rate for blacks in 2002 was less than a half-point lower than in 2001.

Between 1994 and 2002, the homeownership rate rose from

Home of their own
 Naturalized Asians, Hispanics and blacks are more likely to own homes than their native-born counterparts, according to the Census Bureau.



65.7 percent to 70.3 percent for all native-born residents, regardless of race or ethnicity; from 66.8 percent to 67.6 percent among naturalized citizens; and from 32.9 percent to 34.9 percent among noncitizens.

There were similar increases across most race and ethnic categories, although homeownership for U.S.-born Asians declined from 62 percent to about 57 percent. A large number of Asians live in some of the most expensive metropolitan areas in the country, including New York, Los Angeles and San Francisco.

Findings come from a year-long survey of about 60,000 homes. Questions about citizenship status on this survey were first asked in 1994.

Deliberation

Continued from page 1

along the University Drive exit of the Earl Rudder Freeway.

Another estimate of 82 mph was given by a witness for the prosecution Friday morning, as reported in the Bryan-College Station Eagle. An engineer who does accident-reconstruction consulting work later testified Thompson was traveling between 68 mph and 72 mph.

The driver's blood alcohol level in the initial test, which took place one hour and 15 minutes after the accident, was three times the legal limit of .08, and it was .222 three hours later, as reported in the Eagle.

The attorneys for the defense and prosecution spent a significant amount of Monday debating whether the second blood test should be admitted as evidence.

Because the second test was taken without the consent of the driver and without a court order, the defense argued it was invalid

for court purposes. Prosecutors disagreed, saying the officers' actions of taking another test were legitimate because the longer officers waited for a warrant, the more Thompson's blood alcohol level would have decreased.

"That's a reasonable thing to ask," said Assistant District Attorney Shane Phelps of the blood withdrawal, as reported in the Eagle.

Phelps also said the jury could use Thompson's refusal to submit as evidence what he was thinking at the time.

Both Garza and Thompson were taken to St. Joseph Regional Health Center after the accident.

Defense attorneys Jim James and Cameron Reynolds doubted the reliability of the machine that was used for the test at St. Joseph's, as reported in the Eagle. The medical technicians who ran the machine testified that it was producing accurate results.

One of the five A&M students who served as witnesses in

the case estimated that Thompson had 24 beers over the 12-hour span he had been drinking. The defense called this statement a guess.

Two students reported to police that they had noticed Thompson driving his truck aggressively earlier the evening of June 8.

One of the Thompson's passengers earlier in the night, Tiffany Powell, recalled that she told Thompson: "I don't feel like going through the windshield tonight," the Eagle reported. She said he responded by saying, "Don't worry, I won't do anything to hurt my truck."

Intoxication manslaughter is punishable by two years of probation to 20 years in prison.

The jury also decided Monday that Thompson's vehicle was used as a deadly weapon, Phelps said. This charge means Thompson will have to serve at least half of any prison sentence he receives before he will be eligible for parole.

Recall

Continued from page 1

election. Long lines were reported at polling places through the day. By late afternoon, Terri Carbaugh, a spokeswoman for the Secretary of State, said a turnout of 60 percent was likely, higher than the 50.7 percent who voted in last November's gubernatorial election.

Re-elected last year with less than 50 percent of the vote, Davis fell victim to a groundswell of discontent.

The actor's improbable rise to political power played out before a rapt international audience. He announced his candidacy in August on "The Tonight Show With Jay Leno" after aides said it was certain he wouldn't run.

Other major candidates seeking to replace Davis were the Democratic lieutenant governor, Cruz Bustamante, conservative Republican state Sen. Tom McClintock and Green Party candidate Peter Camejo.

The campaign included a parade of bit players among the 135 candidates, including Hustler publisher Larry Flynt, former child actor Gary Coleman, a publicity-hungry porn actress who wanted to tax breast implants and an artist who dressed in all blue and described his candidacy as the ultimate piece of performance art.

"I'm horrified at the thought that Schwarzenegger can be our governor," said Gretchen Purser, 25, of Berkeley, who voted against recall. "I'm sick of Republicans trying to take over the state."

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 opening. 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	0.3	0.3
Intrauterine (Nonpregnant)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.3	3
Combined Progestogen only	0.1	-
IUD	0.8	3
Progestin	2.0	-
Copper I-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 Sponges	9	18
used before childbirth	6	18
used after childbirth	9	28
No method	85	85

*From "Fertility and Sterility" 1990;76:558-567.
 *From "Nonpregnant" 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

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 (thrombosis) 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 18 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?
 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; 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, 53% 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 amounts to resemble the normal rate of age-related bone mineral loss.

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, 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.Laboratory Test Interactions
 In a clinical study of over 3900 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 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
 Cytochrome (aminoglycoside) is an antibiotic 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?
 DEPO-PROVERA is given as an intramuscular injection (a shot) 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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