

DEALING WITH ASSAULT



Krista Park transcribes audience suggestions to define "by force" at a sexual assault forum in Hinton James Residence Hall on Wednesday night. Park broke down the Orange County Rape Crisis Center's definition of sexual assault, which is expressed as sexual activity by force against a person's will. She said understanding the broad applications of the definition was an essential step in preventing sexual assault. The OCRCC hosted the forum to increase awareness of sexual assault issues. For the full story, visit www.dailytarheel.com.

UNC Awaits Return of Local Celebrity

By Allison Rost Staff Writer

Grabbing the spotlight. Striking gold. Or perhaps hitting the jackpot.

Whatever the metaphor, the hope for fame and fortune is something a lot of students obsess over during their time in college.

But for former UNC student Tift Merritt, a burgeoning musical career that has led to an appearance on "The Late Show with David Letterman" and an upcoming article in Vanity Fair has ensured her greatest dream — the ability to come back and play for a hometown crowd.

Merritt plays the Great Hall in the Student Union for the first time in a concert at 9 p.m. Saturday.

A twangy hybrid of Lucinda Williams and Emmylou Harris, Merritt's musical style began to form at UNC, where she was an American studies major and a creative writing minor.

"I actually met our drummer (Zeke Hutchins) in an American history class, and we put our band together after we met," Merritt said.

Their group, formerly known as the Caribines, knocked about the local music scene for several years, playing at such venues as Cat's Cradle.

Merritt's new album, *Bramble Rose*, dropped in May and began receiving

widespread attention. She and her band are touring to promote the album.

"We've toured all over the States and in England and Holland," Merritt said.

But all of this new attention hasn't impressed the North Carolina girl, who still speaks with her soft native drawl.

"It was just one night on 'Letterman,' and the Vanity Fair shoot was one day in the string of a lot of other things, so it's not as glamorous as it appears to be," Merritt said.

The scheduling of Merritt's performance Saturday was a bit of an unglamorous fluke. Whitney Parris, a member of the Carolina Union Activities Board, said Merritt wanted to play Cat's Cradle on this tour.

But because the Cradle was already booked, its staff turned to CUAB to accommodate Merritt. Parris said CUAB was thrilled with the opportunity.

"We view it as sort of a homecoming for her. She's returning to her roots," Parris said.

Merritt herself is excited about the concert. Her parents, who still live in Raleigh, plan to be there Saturday.

"It's going to be great for us to be play-

ing at home," Merritt said. "It'll be your normal mix of old and new and the things we're having a good time playing."

An upcoming break may give her time for more shows in the Triangle — and time to finish her undergraduate degree, which was incomplete when Merritt left UNC with nine credit hours to fulfill.

"I'm trying to do an independent study right now so I can (graduate)," she said with a slight grumble. "I have to do a geology with a lab."

She said that she doesn't recommend leaving school, and if history has taught her anything, it's been the value of authenticity.

"The Vanity Fair shoot was one day in the string of a lot of other things, so it's not as glamorous as it appears to be."

TIFT MERRITT Musician

Commercial success may take her to far-flung regions and the top of the Country Music Television video rotation, but she still sticks with what works.

"My band and I have always been about making the show as good as it can be," Merritt said.

Tickets for Saturday's show are available at the Union Box Office for \$5 for students and \$10 for the general public.

The Arts & Entertainment Editor can be reached at artsdesk@unc.edu.

Student Campaigners Must Resign From Executive Branch

By Brian Hudson Staff Writer

Any student government executive branch officers interested in campaigning next semester must resign by Sunday, said Student Body President Jen Daum.

She said it would be a conflict of interest for members of the executive branch to run or work on a campaign for elected office.

"We have a strong commitment to ... neutrality," Daum said.

Student Body Vice President Aaron Hiller said that many students do not run for a second term but that the deadline ensures that those who do are equal to students running for the first time.

"It is up to student government to make sure the dialogue is fair and it is a clean election, not to endorse one candidate over another," Hiller said.

"The purpose of student government is to serve the students," he continued. "We can't do that when we take stances."

Daum explained that anyone who is involved in running a campaign for the

elections in mid-February also must resign by Sunday.

Even though elections are almost four months away, Daum said it is important to have an early deadline.

"Many people have already begun campaigning," she said. "Campaigning is a lot of work."

Daum would not name any specific officers who she knows are considering campaigning next semester.

The resignation deadline is a student government tradition because it is not yet mandated in the Student Code.

Hiller said it is enforced by successive administrations.

Even though the officers will not be able to work for the rest of the semester, some members of student government think it is for the best.

David Levitch, executive assistant to the student body president, said, "I think it would be more unfair to students if (the officers) run

"The purpose of student government is to serve the students. We can't do that when we take stances."

AARON HILLER Student Body Vice President

and don't resign." The University Editor can be reached at uodesk@unc.edu.

Students Learn Legislating

By Veneta Georgev Staff Writer

There are several ways to learn about the legislative process on campus, but only one class provides students with hands-on experience.

This is the 66th year for the N.C. Student Legislature, a student-run class designed to teach legislative process.

"NCSL indoctrinates you in the legislative process," said Will DuPont, a senior political science major who teaches the course.

"It shows you that you don't just show up and you are a legislator, that it takes work."

The class, offered every spring, meets once a week for 1 1/2 hours to debate resolutions and work on goals.

One weekend a month is reserved for mandatory interim councils, which are held at different colleges around the state where students debate their resolutions against members from other schools.

Eight schools have members who actively participate in the statewide program.

The eight are UNC-Chapel Hill, Campbell University, UNC-Pembroke, UNC-Wilmington, UNC-Charlotte, High Point College, Elon University and Lenoir Rhyne College.

Some of the governors of North Carolina — such as Jim Holshouser, Jim Hunt, Bob Scott and Terry Sanford — were members of NCSL.

During the fall, NCSL meets as a club and the members can choose to enroll in the class in the spring and receive three credits for it.

Club members who participate in the fall are not required to enroll to continue to take part in the legislative process.

The class is run by students, mainly by DuPont, who teaches students how to write and debate resolutions and bills.

Grades are based on class participation, attendance and projects.

Thad Beyle, UNC political science professor and adviser for the NCSL class, has final authority over grades.

"Students gain a chance to take part in a process that is out there," Beyle said.

"They get to meet people from other schools interested in legislating."

The culmination of the class is in April, when a formal session is held at the N.C. General Assembly building in Raleigh from Wednesday until Sunday.

During this formal event, NCSL splits into the House, Senate and committees and pretends to be the General Assembly. Members of all eight universities attend and vote on the council of state, speaker of the House and Senate president pro tem.

"You make new friends, not only in Chapel Hill but throughout the state," DuPont said.

Throughout the year, the delegates pick issues that interest them and write resolutions.

Members bring the resolutions to debate during the interim councils once a month against members at other schools.

Those are then presented as a bill and debated on the floor when NCSL is in session in April, and students have a chance to act like members of the General Assembly.

DuPont said the class is a great experience because it makes people reconsider their points of view.

"Students come to debate pertinent issues that pertain to North Carolina and sometimes the nation," he said.

"It makes you realize how secure or insecure you are in your beliefs because you might change them once you hear someone else's point of view."

The Features Editor can be reached at features@unc.edu.

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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	0.3	0.3
Implants (Norplant)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive pill	-	-
Combined	0.1	-
Progestin only	0.5	-
IUD	-	3
Progesterast	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

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?
Before you 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
• regular 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

Does DEPO-PROVERA protect against HIV (AIDS) and other sexually transmitted diseases such as chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.
No. DEPO-PROVERA does not protect against 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 53% 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 16.3 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?
1. Missed Periods
During the time you are using DEPO-PROVERA for contraception you may skip a period, or your period 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 Interference
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
Cytidine (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?
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 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 pregnant at the time of the first injection of DEPO-PROVERA, you 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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