

Report says more leading south

Climate, economy reasons for trend

BY KAVITA PILLAI
STAFF WRITER

A report by the U.S. Census Bureau, based on findings from the 2000 Census, shows that the South has attracted more state-to-state migrants than any other region since 1995.

The South has become an attractive destination for U.S. residents on the move because of the region's growing economy and warm climate, experts say.

Laurence Basirico, Elon University sociology professor, said people are leaving the North to escape large metropolitan areas.

"Americans are becoming disillusioned with the bigger cities in the North, the congestion, the higher prices," he said.

Others might move to the South for economic opportunity, said

John Hodges-Copple, regional planning director at the Triangle J Council of Governments.

"There has been a long-term trend that the Sun Belt has been growing, partly due to growing biotechnology and telecommunication industries," he said.

Hodges-Copple also said the retirement community might be attracted to Southern states by the warmer climate.

North Carolina in particular has experienced a large population surge in recent years, said Bob Coats, Gov. Mike Easley's Census liaison.

"North Carolina had the fourth largest population growth percentage-wise of any state," he said.

Much of this growth resulted from an influx of foreigners, especially those of Hispanic origin.

The growth of industry in Research Triangle Park has created a new service industry, Coats said. More jobs in service industries are attractive to a largely uneducated, foreign population.

"There has been a long-term trend that the Sun Belt has been growing, partly due to growing ... industries."

JOHN HODGES-COPPLE, TRIANGLE J COUNCIL OF GOVERNMENTS

The increase in the Hispanic population in North Carolina could result in a need for more services that cater to a Spanish-speaking community, Basirico said.

"Obviously, there will be a need for more (English as a second language) education," he said. "Bilingualism in schools could also be an issue."

In addition, although blacks had been migrating to Northern states for decades, the South has seen a significant number of blacks returning, Hodges-Copple said.

The census report also showed U.S. residents in general are on the move — 46 percent moved to a different home between 1995 and 2000.

Military and metropolitan areas often lead the list in having high proportions of immigrants. Jacksonville had the highest percentage of immigrants in the country because of the number of military personnel in the area.

Basirico said the mobility of the U.S. population is a sign of changing job markets and family structures.

People move to find new job opportunities and are less tied down due to a high divorce rate.

No matter the specific cause, experts say, growth in the South likely will continue through the next decade.

Contact the State & National Editor at stntdesk@unc.edu.

Pregnant? You don't have to make this difficult decision alone.



All Services Free and Confidential

- Free pregnancy tests • Positive options
- Medical and community referrals
- Compassionate post-abortion support

PREGNANCY SUPPORT SERVICES

431 W. Franklin St., Ste 23, Chapel Hill, NC 27516
(919) 942-7318 pss@pregnancysupport.org
M, Tu, W, F 12 noon - 5pm; Thurs 3pm - 8pm

NATIONAL HUMANITIES CENTER FALL EVENTS 2003

LECTURE SERIES

THURSDAY, OCTOBER 9, 5 P.M.
How Children Schooled Political Philosophy: Locke, Rousseau, and Kant on Education and Liberty
Frances Ferguson, GlaxoSmithKline Senior Fellow, National Humanities Center; Mary Elizabeth Garrett, Professor of Arts and Sciences, Johns Hopkins University

THURSDAY, NOVEMBER 13, 5 P.M.
The Greatest Fight of Our Generation: Joe Louis, Max Schmeling, and the Transnational Politics of Boxing
Lewis Erenberg, Frank H. Kenan Fellow, National Humanities Center; Professor of History, Loyola University

THURSDAY, DECEMBER 4, 7:30 P.M.
Digitizing the Past: Possibilities and Problems
Roy Rosenzweig, 2003 Richard W. Lyman Award Recipient; College of Arts and Sciences Distinguished Professor of History, George Mason University

THURSDAY, DECEMBER 11, 5 P.M.
Medieval Spaces and Virtual Space
Stephen Murray, Henry Luce Senior Fellow, National Humanities Center; Professor of Art and Archeology, Columbia University

EXHIBITS

SEPTEMBER 1-OCTOBER 24
Photographic Study
Mixed Photographic Works on Paper by John M. Hall, New York, New York

OCTOBER 27-DECEMBER 19
Art for Architecture: new work
Mixed Media by Roger Haile Mebane, North Carolina

These events, free and open to the public, are supported by the North Carolina GlaxoSmithKline Educational and Cultural Outreach Endowment Fund.

7 Alexander Dr. • Research Triangle Park, NC • 27709-2256
919-549-0661 • www.nhc.rtp.nc.us

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 breastfeeding, and, if exclusively breastfeeding, 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)	Compared 0.1	-
Progesteron only	0.5	-
IUD	2.0	3
Progestin	2.0	-
Copper T 380A	0.8	-
Condom (without spermicide)	2	12
Diaphragm (with spermicide)	6	18
Contraceptive cap	6	18
Withdrawal	4	18
Periodic abstinence	1.9	20
Spermicide alone	3	21
Vaginal sponge	9	28
used before childbirth	6	18
used after childbirth	9	28
No method	85	85

*From "Fertility et al. Obstet Gynecol. 1990;76:558-567.

Source: 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 have any vaginal bleeding without a known reason
- 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
- High blood pressure
- Migraine headaches
- Irregular or scanty menstrual periods
- 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?
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.

3. Bone Mineral Density
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.

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.

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. Unintended 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.

Birth control you think about just 4x a year.

RELIEF

FROM PAGE 1

ECSU.

Young said the facilities services division at UNC-CH saw an overwhelming response from workers and sent 12 electricians.

"I had a lot more than 12 people who volunteered, and I had to turn down a lot," Young said.

UNC-CH's Grounds Services also had a positive response and sent 10 groundskeepers to assist ECSU with clearing debris and trees. "There was a need, and I'm really proud of the way the guys responded," Grounds Director Kirk Pelland said.

Most of the volunteer workers are helping to restore power and remove debris along with fallen trees so students can move back into their residence halls.

Workers took whole-tree chipper, two dump trucks and a van full of chain saws to aid in clearing debris.

"We have experienced both (Hurricanes) Fran and Floyd on our campus," said Carolyn Elfland, associate vice chancellor for campus services. "Our employees know how to tackle the problems left by a hurricane. ... I'm sure they are

"(The volunteer workers) are doing a great job. ... We couldn't recover without them."

BEN HUNTER, ECSU EMPLOYEE

doing an outstanding job."

Workers were provided with meals, cots, blankets and other basic supplies in ECSU's gymnasium. "They had excellent attitudes about everything, even the sleeping quarters," Young said.

Facilities services electricians returned to campus Tuesday after marking out and repairing most of the facility and parking lot lights at ECSU.

Groundskeepers continued clearing debris and providing assistance at ECSU on Wednesday. The groundskeepers are expected back today. "(The workers) are doing a great job," said Ben Hunter, who works for facilities management at ECSU. "We couldn't recover without them."

Contact the University Editor at udesk@unc.edu.

INTERNATIONAL

FROM PAGE 1

provost, he said, he plans to meet and get to know the people with whom he will work directly, including personnel in the Study Abroad Office and the Carolina Population Center.

"I expect to work pretty closely with relevant parties from now on," he said. "All of the programs that have international dimensions will cross my path in one way

or another." Coclanis said he sees his job's goal as making the University's pre-existing international programs more visible on campus and around the state.

"I will try to create a whole that is greater than the sum of the individual parts," he said. "I think the University has a much bigger story to tell than what has been heard."

Coclanis will build on UNC's already strong international force, including the Kenan Institute Asia, a multiuniversity learning center in Bangkok, Thailand.

In addition to strengthening those programs, Coclanis said, he will look for other ways for UNC to further its international scope.

Until he starts in his new position, Coclanis will continue teaching his history class and will remain department chairman. He said he wants to continue teaching in the future, but Shelton said that for now, he will cease formal teaching.

The associate provost position is funded by a \$1 million donation from an anonymous source.

The establishment of the international affairs position fills one of six priorities — to extend UNC's presence abroad — outlined in the campus academic plan, which lists the University's top priorities for the next five years.

The position will focus on the organization of foreign interactions with the University.

Earlier this month, Margie Crowell was selected to serve as associate provost for international programs — a position that will report directly to Coclanis.

The search was narrowed to four candidates this month. John Akin, chairman of the Department of Economics; Patrick Conway, professor of economics; and Gail Henderson, professor of social medicine, also were considered.

Chancellor James Moeser said of the decision, "Peter is not only a great scholar, but he is much loved by students, too, because he is a great teacher."

Contact the University Editor at udesk@unc.edu.

HOGAN

FROM PAGE 1

ment on the case.

Johnston appealed his Honor Court sanction to the University Hearings Board, where it was reduced to a one-semester suspension, John Hogan said.

Johnston again appealed his sanction, sending the case to Chancellor James Moeser, who upheld the UHB decision, John Hogan said. Moeser declined to comment on the case.

Johnston then made his final appeal, John Hogan said, bringing the sanction before the BOT, where it was remanded.

Contact the University Editor at udesk@unc.edu.

BOWLES

FROM PAGE 1

vacated by Jesse Helms, Bowles lost to Republican candidate Elizabeth Dole, who received 54 percent of the vote compared with Bowles' 45 percent.

The possibility of another Bowles run increased greatly when Edwards announced earlier this month that he is foregoing a Senate re-election bid to focus on his presidential campaign.

Bowles and Dan Blue, former speaker of the N.C. House, vied for the Democratic nomination in 2002 and are expected to do so again. U.S. Rep. Richard Burr of Winston-Salem already has been established as the leading GOP candidate in the race.

McCorkle said Bowles is talking to Gary Pierce, a media strategist and adviser to Edwards during his 1998 Senate campaign. Geoff Garin, Bowles' pollster in 2002, also is in the mix of potential consultants.

While Dole stirred up an "exceptionally strong" Republican turnout in the last election, Bowles actually garnered more votes than Edwards did in his successful 1998 run, said Ferrel Guillory, director of UNC's Program on Southern Politics, Media and Public Life. "(Bowles is) in a strong position to begin a second campaign."

He added that to some extent, the upcoming Senate contest will echo the national issues of foreign policy in Iraq and Afghanistan. But the really big issue of the race, he said, will be the state's economy.

"Bowles' strongest argument in this campaign is that he's got experience on the national level and that he knows how to create jobs or knows how to work the governmental system to stimulate the creation of jobs," Guillory said.

Prior to his first Senate run, Bowles served under former President Clinton as White House chief of staff from 1996 to 1998. He is a senior adviser to Charlotte-based Carouel Capital, the investment firm he co-founded in 1996.

Paul Shumaker, Burr's general consultant, said Bowles' announcement isn't surprising, although the addition of Pierce would be "a difference this time around."

He added that the race will be the first statewide contest for Burr and that the representative now is focusing on solidifying his voter base and raising funds.

Republicans are ready for whomever emerges from the Democratic primaries, said state GOP spokesman Jonathan Jordan.

Marc Siegel, communications director for the N.C. Democratic Party, said he can't comment on Bowles' potential campaign strategies until he actually declares his candidacy. But he said Bowles' impending announcement effectively will shift the Senate contest into a higher gear. "This is a signal that the race is starting to heat up."

Contact the State & National Editor at stntdesk@unc.edu.

Pharmacia & Upjohn

Pharmacia & Upjohn Company
Kalamazoo, MI 49001, USA

Rx only CB-7-5