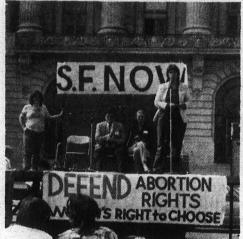
Anniversary

Legal abortion: ten years later, fight continues



It may be the tenth anniversary of Roe vs. Wade, but recent swings in political weather may necessitate more pro-choice activism, such as that above, to keep the way clear for women who want to retain the right to choose abortion.

Continuing students: Financial aid applications due tomorrow (Jan. 21)!

By Charles Piller **Assistant Managing Editor**

Advocates of women's right to choose abortion are taking a step back this week to celebrate. It was 10 years ago on January 22 that the U.S. Supreme Court made its historic Roe vs. Wade ruling, which led to the legalization of abortion. The decision overturned a Texas law under which performance of an abortion was a felony, except when the woman's life was endangered. It resulted in legalized abortion in every state in the union for the first time in a century. (For local events, see box, page 6).

"Seldom in the history of jurisprudence has a court decision had such wide-reaching effects on such a large part of our population," said Alice Wolfson, spokesperson for the Committee to Defend Reproductive Rights (CDRR), about the decision. "There is not a single woman or man in this country who has not, in some way, been affected by the Roe vs. Wade decision." The CDRR, a local pro-choice activist organization, sees the anniversary as an opportunity to call attention to increasingly strong attacks on abortion rights maternal deaths during childbirth. over the last few years.

The decision's features

The 1973 decision affirmed the importance of personal choice in abortion by a firm, 7-2 margin. It prevents the states from restricting abortion, although it does make a distinction for abortion at different stages of pregnancy. Firsttrimester abortions were deemed a matter completely up to the woman and her doctor. The court allowed states to impose restrictions on second-trimester abortions, if necessary to protect the health of the woman. Third-trimester abortions can be banned on a state-bystate basis.

Beyond spawning fiery political controversy, the decision has had dramatic health ramifications. In the years prior to 1973, illegal abortion was a substantial or leading cause of maternal death. But since that time, nearly all abortions have been conducted by physicians using proper medical practices, rather than by "back alley" abortionists. By 1976, maternal deaths due to abortion occurred at only 25 percent of the rate of Attacks on the Law

But the ten years since 1973 have witnessed a broad range of moves to nullify or undermine the Supreme Court decision. In 1977, an amendment to the federal budget authored by Representative Henry Hyde (R-IL) passed through Congress. It resulted in severe restrictions on federal Medicaid funding for abortion, except in cases where it is medically necessary. Federally financed abortions fell from 295,000 in fiscal year 1977 to only 18,000 in 1981. In 1980 the Supreme Court upheld the Hyde amendment, and states were allowed individual discretion in their own continued subsidization of poor women's abortions. At this time, only 15 states (including California) and the District of Columbia

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On the inside... Cervical caps tested for Letters

State's 'no tax' budget means fee hikes, possible tuition

By Kevin Grumbach **Associate Editor**

Chances are that UC students will have to dig a bit deeper into their pockets this year to pay the cost of their education. Governor Deukmejian and the state legislature currently are considering a number of budget proposals calling for hikes in UC student fees.

On the front burner in Sacramento is the Deukmejian budget proposing across-the-board UC fee increases of \$100 for spring quarter and \$150 for fall quarter. Simmering on the back burner are measures designed by the legislature to charge disproportionate tuitions to UC graduate and professional students. Last year, the legislature barely rejected bills instituting fees of up to \$2,500 for UC health professional students.

The Deukmejian fiscal program announced earlier this month has a twofold intent. First, it aims to eliminate a \$1.5 billion deficit inherited from the Brown administration for the current fiscal year budget ending in June. Second, it sets a frugal, "no tax increase" budget for the coming 1983/84 fiscal year. The governor's plan for the 1982/83 deficit calls for an immediate 2 percent cut in spending in numerous state programs — including higher education — to achieve a savings of \$750 million. The other half of the \$1.5 billion deficit would be accounted for by a controversial "carry-over" strategy in which the state would use 1983/84 budget funds to pay off previous year's debts.

The UC system has responded to its 2 percent cutback, totaling \$23 million, by proposing:

· a one-time \$100 fee "surcharge" this spring for all UC students.

· a temporary "hiring freeze."

The student surcharge and hiring freeze would each account for approximately half of the \$23 million in funding reductions. (Ad Brugger, special assistant for UC Student Affairs, claims that the UC Regents are promising to return 20 percent of the spring fee increases to students in the form of increased financial aid.)

As far as the 1983/84 budget is concerned, Deukmejian has been adamant

in insisting on no new or increased taxes. Consequently, his budget proposal stipulates a \$150 boost in registration fees for all UC students for the academic year beginning this fall.

For health professional students, the \$150 fee increase may seem like a bargain compared with the \$2,500 tuition figure bantered around in the legislature last summer. However, Jim Lofgren, Associate Director of the UC Student Lobby in Sacramento, warns that "we still don't know if medical, dental, and other health professional students will be paying \$1,000 or more next year." Lofgren believes that the legislature may not go along with Deukmejian's "carry-over" proposal and

may seek further spending cuts this spring — and therefore higher student fees — to make up the entire 1982/83 deficit. Democratic legislators also may balk at the spending cuts in health and welfare proposed by Deukmejian and prefer deeper cutbacks in higher education rather than in entitlement programs.

Furthermore, the governor's budget for 1983/84 is based on extremely optimistic financial forecasts predicated on a non-recessionary economy. Lofgren argues that students may be seeing just the "tip of the iceburg. There's every indication that the economy is not turning around" and that state revenues falling below expectations may spark further looked upon as tuition. moves for higher student fees.

If the legislature does consider fee hikes, there's a good chance the fees will take the form of the graduate and professional student differential tuitions that nearly were adopted last year. The California Post-Secondary Education Commission (CPEC), an advisory body to the governor and legislature, recently issued a preliminary report recommen-

· UC may have to begin charging actual tuition rather than just registration fees. Historically, UC students fees have gone toward incidental university expenses but not towards the direct costs of instruction, and hence are not officially

Continued on page 3

Depo-Provera enters new round of scrutiny

By Karen Brannan

Depo-Provera, a potent drug hailed by some as a "super contraceptive" and assailed by others as a dangerous chemical agent that can cause cancer and birth defects, is about to be plunged into a new round of public controversy.

At issue is whether the U.S. Foo Drug Administration (FDA) should approve the drug for use as a contraceptive something it refused to do five years ago, mainly because of animal studies indicating high risks.

A public board of inquiry consisting of three medical scientists - one appointed by FDA, one by the Upjohn Company of Kalamazoo, Mich., which manufactures Depo-Provera, and one agreed to by both received expert testimony at a fourday Washington hearing that opened two weeks ago.

Depo-Provera is a synthetic form of the hormone progesterone. One injection every three months renders a woman temporarily sterile. It currently is in use in some 80 other countries.

And despite the FDA's 1978 refusal to approve its birth-control use here, the drug, in fact, routinely is being applied in the United States as well, in part because of a loophole in the FDA's own regulations. In dozens of interviews over a period of two years, many of the women injected with it said that they had experienced serious side effects, including



Depo-Provera user Amy Nadeau (above with son Terry and daughter Tara) is one of many who suffered serious adverse side-effects linked to the drug.

pulmonary emobolism, circulatory disorders and birth defects in their off-

Opponents of Depo-Provera's use also have charged that a high proportion of the American women injected with it have been non-white, on welfare, or mentally retarded.

"I smell blood all the time. I taste blood. The doctor looked up my nose and saw blood, but he didn't do anything," said Amy Nadeau, a Native American resident of Minneapolis who experienced severe adverse side effects after receiving the drug. Several weeks after making these remarks, Nadeau was admitted to the intensive care unit of a Minneapolis hospital with blood clots in her lungs. Her earlier symptoms - depression, headaches, numbness in her legs - were reported to her doctor but had gone untended. "The doctors all told me they were due to the stresses in my life," she said.

Dr. Jan Iverson, Nadeau's physician, said he was "certainly not an advocate of Depo-Provera" and acknowledged con-

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Editorial

Tax increase not worst alternative

More budget cuts appear to be in store for Californians this year if our new governor has his way. In a frenzied effort to avoid raising taxes, Deukmejian has proposed continuing Medi-Cal reductions, eliminating state financing for abortions (twice ruled unconstitutional by the State Supreme Court), freezing welfare payments to families with dependent children for the second consecutive year, limiting aid increases to the aged, blind, and disabled to 2.1 percent, cutting state aid to cities and counties, and cutting regulatory agencies including the Department of Industrial Relations, the Agricultural Labor Relations Board, the Air Resources Board, the state Coastal Commission, and the Energy Commission. Deukmejian also proposed fee increases for UC and State University students, as well as a plan to impose fees on Community College students for the first time in state history.

Unemployment in California is at the highest level since 1940. The health consequences of unemployment, poverty, and cutbacks in social services become more apparent every day on the streets and in emergency rooms. Another round of cuts in services to those who suffer most from current economic policies will only exacerbate the situation.

The agencies targeted by Deukmejian for cutbacks helped to make California the most advanced state in the nation in control of environmental quality, occupational health, and labor conditions for farmworkers. Destroying these programs through funding cuts will be a waste of funds and human resources already expended — a waste which would outweigh any immediate savings to the state budget.

State-funded universities and community colleges also are feeling the squeeze. Although currently proposed fee increases are not as large as many had feared, we are particularly concerned about the effect of fee increases on low income students. Financial aid funds have not increased concomitantly with previous fee hikes. The purpose of publicly funded higher education is to provide all qualified individuals with the opportunity for education, regardless of race or income. The current trend in fee increases will further shut out those whose access to education already is limited.

One effect of proposing a multitude of cuts in a variety of state programs may be to leave deserving programs fighting each other for a piece of the ever-shrinking budgetary pie. New taxes may not be such a terrible alternative, if they raise money for needed programs from those most able to pay.

Those who feel that paying additional taxes would cause them unbearable deprivation should stop a moment. After all, it's the massive tax windfall — primarily benefiting large corporations — caused by Proposition 13 which is at the heart of the deficit to begin with. Consider supporting yourself and two children on \$506 per month, the current rate for aid to families with dependent children. Consider the long-term costs of short-term cutbacks: the effect on human potential, on human health, on environmental quality. We do not share our new governor's belief that God's help or a "Common Sense Society" can replace badly needed programs.

We urge readers to express their opposition to the Deukmejian budget proposals by writing to Governor Deukmejian and to your state representatives at the addresses below:

Governor George Deukmejian

Office of the Governor

Capitol, Sacramento, CA 95814

Assemblyman Art Agnos (16th District)

350 McAllister, San Francisco, CA 94102

Assembly Speaker Willie Brown Jr. (17th District)

540 Van Ness Ave., San Francisco, CA 94102

Senator John F. Foran

15 Southgate Ave., #238, Daly City, CA 94015

Senator Milton Marks

350 McAllister, San Francisco, CA 94102

synapse

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Editorial

New regulation ignores statistics

Nearly a year after it was proposed, the Department of Health and Human Services (DHHS) last week officially adopted a regulation requiring family planning clinics receiving federal funds to notify parents when prescribing birth control to adolescents. The decision delivers an odious blow to the rights and needs of adolescents.

Concern for communication between parent and adolescent is a legitimate one. The federal law appropriating family planning funds in fact "encourages" family (i.e., parental) participation in family planning. But in mandating parental involvement, officials at the DHHS are outstripping not only their jurisdiction in executing the law, but their better judgement as well.

It's one thing that the DHHS would have us be so naive as to expect that a form letter from a family planning clinic will suddenly promote constructive and open family dialog about birth control and sexuality. But to claim such notification will help avert unwanted teenage pregnancy constitutes a more negligent misrepresentation of the facts.

Surveys by the Guttmacher Institute, the nation's foremost family planning think-tank, found that one out of every four teenagers attending family planning clinics said they would stop coming if their parents were notified. Only 2 percent said they would stop having sex, though. At the same time, over half the time parents already know about their teen's visit to a family planning office. Most family planning centers have programs designed to foster parent-adolescent communication.

And what of the claims that family planning clinics encourage teenage promiscuity — "promulgate their own version of morality," as one New Right Senator put it? Again, the studies argue otherwise. When teenagers do attend family planning clinics, over 85 percent of them have already had sexual intercourse before ever stepping in the door of a family planning agency. Most teenagers, in fact, wait at least six months after beginning sexual relations before seeking birth control methods from a clinic. Not surprisingly, 50 percent of teen pregnancies occur within the first six months of sexual activity.

In adopting the regulation, the DHHS neglected the broad objections of professional and community groups during the period for "public comment" following the regulation's proposal. Apparently, the DHHS has little regard for the public's comments.

The crime of the regulation is that it won't keep adolescents from having sex, it will just keep them from having sex using effective methods of birth control.

Letter

Catholic urges open dialog on abortion

To the Editor

This letter is in regard to the tenth anniversary of Roe vs. Wade, which legalized abortion in the United States. It is extremely regretful that women still are forced to fight for these personal rights against such organizations as the "Moral Majority" and the Catholic Church.

The fact that the majority of individuals have ram-rodded the Hatch Amendment down the collective/pluralistic throats of the American public, is a travesty on the basic rights of all individuals. Basic rights of privacy are being violated by such organizations as the National Right to Life Committee (NRLC), which largely is being funded by the National Conference of Catholic Bishops (NCCB), Family Life Division, to the tune of over \$500,00 per year (average estimate) since 1973.

Not only have the bishops ignored polls that have clearly and consistently shown the majority of Catholics believe in abortion rights (Gallop Polls 1977 through 1982; NBC-Harris Poll 1981-82; and a study by socologist Father Andrew Greely, S.J., 1981), they also have ignored in-

dividual Catholics and organizations concerned with human rights when these people have requested an open "dialog" on this issue.

As a pro-choice Catholic, I want my bishop, and the NCCB, along with my legislators to know that I will always affirm the right of any woman in her choice of reproductive rights. If it's responsibility of pregnancy you want, try educating the masses, not subjecting them to religious morality that befits a few.

I would like to extend to those individuals with similar views (and who are, or were, Catholic) an invitation to voice their opinions: either by writing their legislators, newspapers, or by joining me in petitioning the NCCB to demand that they open this issue to discussion and dialog. If you are interested in circulating a petition, or would like to sign one, please send a SASE to Catholics For a Free Choice, P.O. Box 1302, Novato, CA 94948.

Mike O'Neill Community Contact/Northern California Catholics For Free Choice

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Announcements

SNMA Meeting today

The Student National Medical Association (SNMA) is meeting today (January 20) at 12:15 p.m., in N-733. Topics to be discussed include hypertension screening, the upcoming dance and the tuition controversy.

First annual "Social" tomorrow

The Student National Medical Association and the Black Student Health Alliance will present the SNMA First Annual Social tomorrow, January 21 from 9 p.m. to 1 a.m. in the Millberry Union First Floor Lounge. Live music will feature JASZ and disco. Admission is \$3 per person. For more information, call Phil Shields, 665-

Regents to discuss surcharge, student regent policies

Two items of special interest to students here will be discussed by the UC Regents at

their next meeting, January 20 and 21.

This morning (Thursday) the regents planned to consider an amendment proposed by the Student Body Presidents' Council (SBPC), concerning the selection procedure of the student regent. The amendment would have the student regent serve as an ex-officio member of the SBPC during his or her term as student regent, and would change the number of candidates' names forwarded from the SBPC for review by the special selection committee from three to just one. The amendment also stipulates that two students selected by the SBPC be invited to attend and participate in all meetings of the special committee. Presently, only one SBPC representative is invited to attend.

The second subject of outstanding concern to UC students is to be discussed after 2 p.m. today: this is the Committee on Finance's expected recommendation that the regents approve a one-time surcharge of \$100 per student in the spring, 1983 educational fee (see story, page 1). The fee surcharge is recommended in order to make up \$10 million of the \$23 million that the new governor has cut out of UC's 1982-83 operating budget.

The Graduate Students Association has invited students to join in a rally against the increases, today and tomorrow, outside the regents meeting at 55 Laguna St., San Francisco (UC Extension Center).

Financial Aid Column

Applications for 1983-84

Financial Aid Applications for the 1983-84 year are available in the Financial Aid Office and at various Student Affairs offices on campus. These applications are due back in the Financial Aid Office by January 21, 1983 for continuing students who wish to be considered for priority funding during the upcoming academic year. Deadlines listed in the application will be strictly adhered to, so all instructions should be carefully read and followed. Summer sessions beginning in June 1983 are considered part of the 1983-84 academic year.

Continuing Physical Therapy students

Physical Therapy students who are completing their requirements during the summer of 1983 must apply for financial aid using the 1983-84 application. The posted deadlines for summer school information apply to these students. Aid cannot be calculated for this session without a 1983-84 application.

Veterans information

Students receiving veterans educational benefits are advised that they may refer to the UCSF General Catalog and individual school catalogs for standards of satisfactory progress and attendance. These publications are available in the Library, the Financial Aid Offices and the Student Affairs offices of the various schools.

GSA Column

GSA sponsors basic science research contest

GSA again is sponsoring the Basic Science Research Contest in conjunction with the Dean's Award of graduate research. The winner of the contest will receive \$250 and an expense-paid trip to Galveston, Texas to compete in the National Student Research Forum. A second prize of \$100 and three honorable mention awards of \$50 each also will be awarded. The deadline for submission is February 4, 1982. For more information, call the GSA office at ext. 2233.

Political Action Week slated for UCSF

A time has come for our campus to join other UC campuses to oppose tuition in-

A Political Action Week is planned for January 24, 1983. Materials and information will be provided to assist you in writing to our legislators urging them to take a stance against the imposition of tuition hikes for California students.

If thousands of letters and post cards reach our legislators, they cannot help but be

For further information contact:

Terry Gesulga

Kevin Grumback Medical School-II

GSA President, External Affairs Ext. 2233



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Fee hikes planned for spring

Continued from page 1

· if tuition is instituted, UC graduate students should pay 5-10 percent more than undergraduates; medical, dental, and veterinary students should pay an additional 15-20 percent above the graduate tuition level. CPEC reasoned that the differential tuitions should reflect the greater teaching expenses involved in the graduate and professional

According to Brugger, "There are still some members of the legislature who feel as a matter of equity ... that medical students should pay their 'fair share' of the cost of their education." Brugger suggests that the legislature may well act on health professional tuitions in the coming months.

With the combined fee-plus-tuition price at public U.S. medical schools averaging \$2,500 as of the 1981/82 academic year, a differential health professional tuition could well push educational costs for UC medical students over the national mean for state universities.

Student groups fear that the imposition of an official tuition would be precedent-setting policy opening the door to major escalation of costs borne by students. "It used to be that public education was the right of all Californians," says Lofgren. "It's now fast becoming the privilege of the affluent." The UC Student Lobby has endorsed oil severance, split-roll, and "sin" taxes as ways of raising state revenues rather than cutting costs and increasing student fees.

The coming weeks will be a critical period for political decision-making concerning UC fees and tuition. In Lofgren's summation, "Deukmejian wants to stick to his guns and not raise taxes, and there's going to be a political showdown ahead. There'll be a bloody war in the Capitol. We just want to ensure that UC students aren't severe casualties."

Student groups fight surcharge, tuition

The effects of Proposition 13 tax cuts, cushioned for several years by a state surplus fund, finally are catching up to the state's economy and stimulating calls for increased student fees and tuition in public universities. The Graduate Students Association, Associated Students of UC, and the UC Student Lobby all have come out against educational cutbacks and are encouraging UC students to share their views with their state legislators.

The student organizations are arguing that

- 1. Students have nowhere to turn in order to meet increased educational costs:
- federal low-interest loans are being threatened, and
- the state will not be able to afford increases in financial aid to offset the fee
- 2. Professional students in particular are ill-equipped to bear the costs of a differential tuition:
- · the full-time nature of graduate health training programs leaves students with no time available for outside
- 83 percent of UC graduate students are on loans or financial aid, as opposed to only 45 percent of undergraduates; 61 percent of UC grad students are "financially independent" from parental support, in contrast to 18 percent of undergrads;

- the future income-generating power of health professionals is of little consolation to students who currently are struggling to pay the costs of their training. Medical students are not yet doctors, dental students are not yet dentists. etc.
- 3. Adverse impacts of tuition will be:
- economically disadvantaged students will be disproportionately affected, further impairing UC's affirmative action programs;
- · the profound degree of debt necessitated by higher tuition will affect the nature of students' future practices. Students forced to take out a \$10,000 HEAL loan, for example, with no government interest subsidy, will find themselves with a debt at the end of their training of \$40,000-\$50,000. Such indebtedness will discourage students from lesser-paying primary care fields, and will provide incentive for high medical and dental fees.
- 4. Fair taxes for raising state revenues in-
- oil severance taxes;
- sin taxes on liquor, cigarettes, etc.;
- · "split roll" property taxes assessing commercial and domestic property at different rates.

These student organizations urge that you write your legislators and let your concerns be known.



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Ancient birth control method finally tested in U.S.

By Carrie Topliffe

When 30-year-old Sandi Mitchell claims to have "tried every birth control method there is," she means it. She quit taking birth control pills after gaining 15 pounds and didn't have a menstrual period for the next three years. While using the IUD, she developed a pelvic infection which kept her bedridden for weeks.

Today Mitchell has joined thousands of women across the country who swear by the cervical cap — an ancient method of birth control which is being rediscovered in the United States, but remains unapproved by the Food and Drug Administration (FDA).

The cap is convenient and inexpensive, with a long history of use and popularity abroad (it's sold over the counter, without prescription in some countries), but U.S. pharmaceutical manufacturers don't appear interested. Cervical caps available at U.S. women's health centers participating in an FDA study are imported (see also story, page 5).

"What we have gleaned from testimony before the FDA," says Lisa Tackley, a trained lay health worker who has fitted hundreds of women in the last two years, "is that once the Pill and IUD came into use they were heralded as the ultimate, and the cervical cap — which had been manufactured here for a very short time — was totally discarded. It just wasn't as profitable."

Meanwhile, women who are fed up with the Pill and the IUD are contacting centers participating in the FDA study—the only places where women in this country can obtain the cervical cap. In the San Francisco Bay Area, for instance, centers are booked one to two months in advance.

The cap looks like a small diaphragm and also is a barrier method of birth control. With a small amount of spermicide, the cap covers the small outcropping of the uterus known as the cervix, forming an airtight seal through suction. Insertion and removal are more difficult than with the diaphragm, the principal objection even of satisfied users, but it's less likely to be felt during intercourse and can stay in place up to 36 hours. Clinical studies suggest the cap is 93 percent effective in preventing pregnancy.

There are dozens of centers and some individual physicians who will fit the caps, most of them on the east and west coasts. Women who receive them must follow FDA protocols signing waivers and completing questionnaires.

Clinics are candid in pointing out

drawbacks: if the cap should become dislodged, it is more difficult to feel than the diaphragm, and the woman may be unprotected should this happen. And certain long-term effects are not known: what effects may be caused by prolonged pressure, lack of air or suction on the cervix? What is the effect of spermicide on the cervix over a period of 36 hours?

Officially, the FDA classifies the cervical cap as creating a "significant risk" for its users, an automatic designation before approval, but one practitioners who fit the caps criticize as too harsh.

Ironically, the Dalkon Shield IUD recall and news about the harmful side effects of birth control pills are responsible for the harsh scrutiny being given the cervical cap.

Before being granted FDA approval, the cap must be stringently tested, a costly task that ordinarily would be assumed by its manufacturer. In this case, there is no U.S. manufacturer willing to undertake this expense, perhaps because the cervical cap is too ancient to patent. There may be other reasons the cap is not being pushed, despite positive feedback from users.

At a regular weekly educational session for interested women at Buena Vista Women's Services in San Francisco —

mandatory before women are assigned appointments — a health worker pronounced the group typical of those who are fitted at the clinic. There were students, professional women in their forties, a woman accompanied by her husband and new baby.

When the health worker told the group that because of certain reasons, including health history and prospective continued residence necessary for the FDA study follow-up, perhaps one in four of the women in the room could not be fitted, an audible collective gasp arose.

"This is my last chance," groaned one woman. "I won't get an abortion and I can't use those other things, so what's left, abstinence?"

For those who feel there's nothing left but abstinence or reproduction, the cap may be worth investigating.

As demand increases, consumers may see a proliferation of cervical cap suppliers even prior to the expected FDA approval, which will not come for at least three years. The National Women's Health Network (224 Seventh Street S.E., Washington, D.C., 20003) has information about the locations of current cervical cap providers.

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Benefits, risks of 'super contraceptive' to be reviewed

Continued from page 1

cern about possible vascular side effects. But, he added, doctors were "between a rock and a hard place" with some patients who "forget to take the pill, can't tolerate intrauterine devices (or) have partners who aren't responsible."

Brenda Johnson, a spokesperson for the University of Minnesota Hospitals, said, "We are using (Depo-Provera) mainly on mentally handicapped (women) when it is used as a contraceptive."

Barbara Anne Moore, a young black mother, said the St. Paul (Minn.) Ramsey Medical Center had recommended "the shot" to her for birth control. "They told me women in England had used it for years," said Moore. "I figured women in England must know what they were doing."

A spokesperson for the medical center said that its policy is to "administer the drug to some patients who request it, if they meet certain medical requirements, review the medical research and are aware of potential side effects, and sign a consent form."

Moore said she returned a month late for her second shot, and it was given to her without a pregnancy test. When doctors later discovered she was six months pregnant, Moore recalled, "They asked me would I keep it, and I said yes. But when they told me there was a 90 percent chance it was deformed, I felt real bad. There wasn't anything I could do if it was going to be deformed."

After the abortion, Moore asked in because of the FDA's 1978 denial or apvain to see the fetus. She learned later proval for contraceptive use, which end-

that according to hospital records it showed "substantial growth anomolies."

Moore is suing Upjohn for manufacturing and distributing a dangerous product and the medical center for administering a dangerous product as well as for discrimination. Her attorney, George Morrow II, said, "It's primarily low-income women and not the matrons of Edina (a wealthy Minneapolis suburb) who are receiving Depo-Provera."

In 1978 the FDA was on the verge of approving Upjohn's application to make Depo-Provera available for contraceptive use, when several consumer groups and some congressmen who had learned of the unfavorable animal studies of the drug came out in opposition.

The FDA subsequently denied the application. Donald Kennedy, FDA commissioner at the time, cited a number of factors in the decision, including disruption of menstrual bleeding patterns, continued infertility in some women after discontinuation of the drug's use and weight gain. Kennedy also pointed to animal tests indicating a risk of breast and uterine cancer, as well as the risk of birth defects or unknown long-term effects to unborn fetuses.

Because Depo-Provera is legally on the market for the treatment of renal and endometrial cancer, it is available all over the country. (The FDA can only regulate the way manufacturers market a drug, not the way doctors use it.) There has been no systematic monitoring of adverse effects in women receiving Depo-Provera because of the FDA's 1978 denial or approval for contraceptive use, which end-

ed the drug's experimental status.

An estimated 5 million women currently receive the drug abroad. England recently banned the drug for long-term contraceptive use, and Zimbabwe and Nicaragua also have acted to check its use. But the World Health Organization and International Planned Parenthood are on record favoring Depo-Provera and actively promote its use in developing nations.

Of dozens of doctors interviewed, however, only two were aware of the uterine cancer and high death rate in Depo-Provera animal studies. Steven Minkin, former UNICEF nutrition chief in Bangladesh, commented: "A review of the family planning literature suggests that the medical community is poorly informed about the harmful effects of the drug." He saw one reason for this in Upjohn's failure to make experimental data

'A review of the family planning literature suggests that the medical community is poorly informed about the harmful effects of the drug.'

Dr. Edwin McDaniel, who heads the world's largest Depo-Provera program at Chiang Mai, Thailand, said: "It is my opinion that the 1978 rejection in the United States has gone a long way toward depriving millions of women in other parts of the world of one of the safest, most convenient and most acceptable methods of child spacing and family limitation thus far developed...."

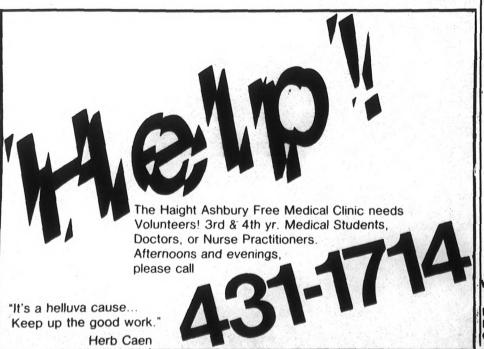
Another birth control authority, Dr. Elizabeth Connell, professor of obstetrics and gynecology at Emory University in Atlanta, stated recently the FDA's failure to approve Depo-Provera for contraception is a "tragic story for American women" and noted that studies of thousands of women at Emory's Grady Family Planning Clinic showed no link between the drug and cancer.

available at an early stage. "They restricted access to safety test data," he said, "and thereby increased the desirability of Depo-Provera in the minds of many physicians and family planning professionals."

Joseph Haywood, a spokesperson for Upjohn, counters that results of the tests have been widely publicized in the United States and abroad. He noted that they also are summarized in the packaged inserts for Depo-Provera as required by FDA regulations.

The new hearings, Haywood said, are expected to review all of the evidence about the benefits and risks of Depo-Provera assembled over more than 20 years, including clinical reports filed with the FDA.

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SFGH needs volunteers for long-term cervical cap study

By Errol Lobo Editor

The family planning center at San Francisco General Hospital (SFGH) recently has become a major participant in a multi-center study to determine the efficacy of the cervical cap as a means of birth control. The four-year study, the only one of its kind in the country, originated at the University of Southern California, School of Medicine and is funded by the National Institute of Child Health and Human Development, a branch of the National Institute of Health (NIH). At present, there are six major hospitals located in Los Angeles, San Diego and San Francisco participating in the study.

According to Ron Freziers, the chief coordinator of the study, the response has been much better than expected and at present there are about 500 volunteer subjects taking part in the study. However, there still is room for more volunteers. Each participant is randomly assigned into one of two groups, the test group which includes all those who will use the cervical caps, and the control group which includes all those who will use the diaphragm — the more commonly used barrier contraceptive in the United States. "The study is unique," says Fraziers, "and is one of the few ever to definitively compare the efficacy of two different barrier contraceptives.'

Preliminary studies

Preliminary studies done under the auspices of Dr. Gerald Bernstein, a principal investigator in the study, has shown that in the majority of cases, the cervical cap can be worn for 72 hours without any problems. Usage of the cervical cap for more than 12 hours during menses

case, overuse may lead to odor and issue of Contraception). prevention of normal menstrual secretions, which may disturb the normal environment at the cervix.

All cervical caps are not good

From the preliminary studies mentioned above, it also has been observed that a certain type of cervical cap should not be used. This type of cap, known as the Vimule cap and manufactured by Lamberts of London, has been shown to cause serious lesions of the cervix. In fact, the Federal Drug Administration is in the process of sending letters of warning to various family planning centers and physicians throughout the country warning them about the side effects of using the Vimule cap. (For additional information on the side effects of the Vimule caps, see a recent paper publishhowever, is contraindicated. In the latter ed by Dr. Bernstein in the November

Volunteers still are needed

Those interested in taking part in this study are urged to get in touch with the Family Planning Center at SFGH. According to Kathy Jones, R.N., the coordinator of the program at SFGH, all participants will be asked to come in for medical evaluations every three months. In addition, participants will be required to maintain a daily dairy of any problems they may have with the contraceptives. The center will assume responsibility for treatment and costs of any medical problems directly resulting from use of the contraceptives during the study. They will not, however, assume financial responsibility should a pregnancy occur.

Women interested in participating in the study should contact Memphis Blue at 648-7600 Monday through Thursday between 9 a.m. and 2 p.m.

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4.	1	47		20		4		40	Loot	2:30
				0.00	Loot	8.00	Vanya	8.30	Garden	
	Vanya	8:00	LOOL	8:00	1.000	0:00	vallya	6.30	Garden	6.50
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* 31	FEBI			2:00		3 8:00	Vanya	4	Vanya Vanya	2:30 8:30
* 31	FEBI	RUA	RY	2:00		3		4	Vanya	2:30

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stand.

Ten years after ruling, abortion rights still under fire

Continued from page 1 continue to provide abortion funding.

attacks on abortion rights also have been mounted by conservative politicians since the Hyde amendment. The Supreme Court currently is studying appeals which could have important national impact on efforts of states and localities to chip away at abortion rights as they now

The cases involve legal challenges to state laws in Virginia and Missouri and a local statute in Akron, Ohio. All three would require that abortions after the first trimester be performed in hospitals a move which could make the procedure more difficult and costly to obtain, but is of questionable medical value. In addition, the Missouri and Akron laws, if upheld, would require parental or judicial consent before minors could obtain abortions.

requires a 24-hour waiting period and infetus "is a human life from the moment of conception," and that the abortion procedure "can result in severe emotional disturbances." Critics of the requirements say they would turn the doctor into an adversary rather than an advisor. The court is expected to rule on the cases sometime this spring.

In 1981 and '82, measures sponsored

language declaring "the life of each human begins at conception." Because Numerous state and federal legislative the Supreme Court based its 1973 decision on a specific avoidance of this determination - which is the subject of heated controversy - the Helms' wording would have reversed Roe vs. Wade. If passed, the measures also would have resulted in permanent elimination of federal funding of abortion, abortion referrals and training, and coverage of abortion by federal health insurance. Currently, Hyde amendment restrictions must be renewed on a yearly basis.

An additional bill proposed by Senator Mark Hatfield (R-OR) is now in committee. The Hatfield bill would make funding cuts similar to Helms'. It also would mandate appeals of abortion-related cases directly to the U.S. Supreme Court - which could set up a possible reversal of the 1973 decision. The strategy behind this provision is to bypass potentially A further feature of the Akron statute liberal lower courts and give the conservative, 1983 Supreme Court a chance to structs physicians to tell women that the overturn the relatively liberal, 1973 high court's ruling.

A final legislative action, sponsored by Senator Orrin Hatch (R-UT), would create a constitutional amendment stating that abortion is not a constitutionally protected right. This would void the 1973 decision, which cites the guaranteed right of privacy. The Hatch amendment would allow a simple majoriby U.S. Senator Jesse Helms (R-SC) were ty vote in Congress to outlaw or restrict narrowly defeated. Both contained abortion, and would permit state laws if

Related events include dance, rally

January 21, Friday, 9 p.m. to 1 a.m.: The Northern California Pro-choice Coalition presents a "come as your were in 1973" dance and comedy night. It will be held at the First Unitarian Church at 1187 Franklin Street in San Francisco and will feature The Choral Majority, Whoopee Goldberg, Tom Amiano and Lea Delia. The charge is \$5 to benefit the Coalition. For more information call 328-5792.

January 22. Saturday, 12 noon to 2 p.m.: An abortion rights rally will kick off the formation of the Marin County Coalition for Reproductive Rights. It will be held at the Isabelle Cook School, 1000 Sir Francis Drake Blvd., San Anselmo. For more in-

January 23, Sunday, 4-6 p.m.: The California Abortion Rights Action League will host a reception for Sarah Weddington, a special assistant under President Jimmy Carter, who successfully argued the Roe vs. Wade case before the Supreme Court, which led to legalization of abortion. It will be held at 3504 Clay Street, and will cost \$35. Call 751-0300 for information.

January 23, Sunday, 2-4 p.m.: The Action Committee for Abortion Rights presents a Roe vs. Wade Forum at the Women's Building, 3543 18th Street in San Francisco.

nuary 24. Monday: This will be a special day of lobbying in Sacramento for abortion rights. For information or transportation, call the Committee to Defend Reproductive rights at 552-2000.

more restrictive than the federal. In order to amend the constitution, two thirds of state legislatures must also give approval. The bill is slated for discussion by the full Senate later this month.

Polls support choice

But majorities in Congress and most state legislatures have thus far held off on such extreme measures, presumably fueled by opinion polls which consistently have shown most Americans to be prochoice. Here in California, a wide variety of bills aiming towards restrictions on abortion went down to defeat last year. The bills ranged from limitations on insurance and Medi-Cal funding of the procedure, to laws forbidding the killing of a fetus, to a parental consent requirement for minors seeking abortions.

National Abortion Rights Action League's Northern California affiliate Director Patty Kates reports that "right to life groups are getting frantic because they're losing. We defeated 24 bills in Sacramento last session.'

Increasingly, the sense of frustration felt by anti-abortionist activists as a result of legislative set-backs has given birth to violent attacks on abortion clinics and personnel. Sensational firebombings of clinic facilities and even a week-long kidnapping of an Illinois clinic director made headlines across the nation in 1982. Figures from the National for the next ten years.

Abortion Federation, which represents 250 clinics nationally, and Planned Parenthood Federation, which has 37 abortion clinic affiliates, indicate the number of violent attacks across the country in 1982 to be equal to the entire number of attacks during the three years ending in 1979, the last major outbreak. (See Synapse, September 30, 1982 for a complete report.)

The pro-choice response seems to be one of stiffening resistance and determination, with some clinics offering emergency training in preparation for the attacks, which are expected to continue.

Despite the defeat of so many bills in the state house last session, Californians can probably expect to see a similar onslaught in the coming year. "We now have a governor who is blatantly antiabortion," says CDRR's Wolfson. "He has made it no secret that he would like to make it as difficult as possible to obtain an abortion."

Even with the Hyde amendment, abortion advocates and the women's movement as a whole have cause to celebrate the turning back of many fierce challenges over the course of a decade. But it's clear that there will be no time for complacency, and that viligant protection of "the fundamental right of personal choice" will be the only sure thing

'Pro-life' politicians vote 'anti-children'

While the 97th Congress was busily debating various versions of the Human Life Amendment and spending time deciding whether or not Congress was qualified to decide when human life begins, a number of other bills more basic to the survival of children were being acted on. The voices raised most loudly in "defense of the fetus" belong to such Senators as Paul Laxalt, Jesse Helms, John East, Orrin Hatch and Strom Thurmond. These voices were noticeably absent in defending children's rights. An examination of the voting records of these senators on issues pertaining to the lives and welfare of children who are already born leads us to the conclusion that for the leadership of the so-called "pro-life" movement, life stops dead at birth.

Senators Laxalt, Helms, East, Hatch and Thurmond voted NO in 1980-81 on

services to children.	
Issue	Vote
Increasing money for school	
unch programs	NO
Restoring funding cuts for educa-	
tion and other social programs	NO

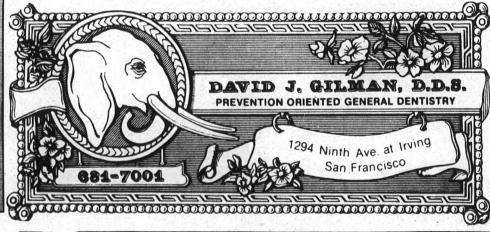
Maintaining social security for

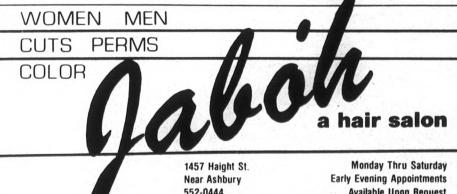
child welfare programsNO Maintaining programs for welfare children under foster care, child welfare services and adopting children with special needs NO

These same "pro-life" senators were active in the fight to win approval for President Reagan's 1983 budget. As a result of this budget in the next five years the U.S. government will be spending \$1.6 trillion to feed the arms race at a cost of \$20,000 (or \$4,000 each year) to each American household. These budget priorities mean that more than 750,000 pregnant women will become ineligible for a federally supported prenatal nutrition program. One hundred thousand families will no longer get day-care services. Over one million people will have food stamp and Medicaid benefits eliminated or seriously reduced. The Summer Feeding Program, which last year fed meals to about one million poor children, will be eliminated by the summer of 1983.

They say they're pro-life. We ask,

-Committee to Defend Reproductive

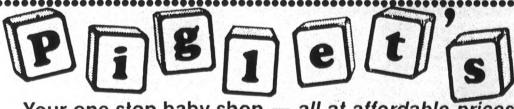




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Vital Signs



Study finds physicians misled by drug advertisements

Fresh criticism of drug advertising by pharmaceutical firms has gained the attention of the editors of British journal Lancet in a recent issue. Studies of physicians' prescribing habits seldom have yielded unequivocal evidence of how the gargantuan advertising budgets of drug houses may mislead practitioners into prescribing drugs of unproven efficacy. But if the onslaught of glossy graphics in medical journals does not affect prescribing behavior and drug sales, why have the manufacturers opted for ad campaigns so rich in flash and poor in useful information?

Simply put, such advertising apparently works: Lancet editors cite evidence that "distribution of prescriptions and local journal advertisements were similar and apparently related." Nevertheless, several polls of physicians have found that they deny being influenced in prescribing practices by drug advertisements.

New evidence, however, shows that the doctor's left hand may not know why the right writes: 85 Boston physicians recently were asked to rate the importance of drug ads in influencing their prescribing habits. While a solid majority claimed the influence was minimal and published studies much more influential, their beliefs about specific drugs were found to be molded more by a manufacturers' claims than by published studies. When asked about the value of certain widely advertised drugs, a significant fraction of the doctors believed the claims of advertisers despite widely published studies refuting their effectiveness. For example, 80% of the physicians believed propoxyphene (Darvon) to be more potent than aspirin as an analgesic despite "overwhelming weight of published evidence" to the contrary.

The findings jeopardized the belief that only a "deranged few" of the doctors are influenced by such advertisements and create a new ethical dilemma for the editors of medical journals which depend heavily upon pharmaceutical advertisement revenues.

Lancet, December 4, 1982

Hepatitis B carriers at increased risk of alcoholic liver disease

Chronic carriers of the hepatitis B surface antigen, even though they lack symptoms, may be at greater risk of developing liver damage due to alcohol intake, according to a recent study published in *Lancet*.

Nearly 300 subjects with evidence of chronic carriage of the viral antigen were followed for three and one half years by a team of Italian investigators. One hundred and fifty matched controls were simultaneously followed. Both groups were questioned regarding alcohol intake, and screened for physical and biochemical signs of ethanol-induced liver damage.

At every level of alcohol consumption, from zero to 80 grams of ethanol per day, the hepatitis antigen carriers were found to have significantly more impaired liver function than controls.

Given the uncertainty of what caused the liver deterioration in the hepatitis group, the authors concluded that it would be prudent to "suggest complete abstinence from ethanol for hepatitis B surface antigen carriers."

Lancet, December 4, 1982

Announcements

One-day symposium on occupational lung disease

A one-day seminar for nurses and others responsible for health and safety in the workplace will be held Wednesday, February 9, from 8:30 a.m. to 4:30 p.m. at UC Extension Center, 55 Laguna St., San Francisco. The program will examine the overall magnitude of the occupational lung disease problem, and will address the prevention, identification and follow-up of occupationally related lung disease. Demonstrations of equipment used in the diagnosis and prevention of occupational lung disease will be included. The seminar is sponsored by the American Lung Association of San Francisco, the Northern California Occupational Health Center and the Occupational Health Clinic at San Francisco General Hospital. The program has been approved for 6 C.E. Credits. Registration is \$30. For more information, call 642-5507.

Campus Survival Guide offers classified section

The 1983/84 issue of the Campus Compendium (Survival Guide for Employees) is scheduled for publication this spring. The compendium will include a classified section listing locally available services. If you provide a service such as photography, catering, typing, house cleaning, baby-sitting, music lessons, moving and hauling, or a professional service in any field and are interested in further information, call Carol or Sandy at ext. 3022. Rates are extremely reasonable in this publication that will reach the entire campus.

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Intramurals Rocky IV — softball league champs



The 1982 Intramural Softball League Champions were described as exciting, dramatic, hilarious. Players who never played before combined with players who had played for years to form a team that made miraculous catches, batted timely hits, and executed kamikaze-like base running to defeat teams that were stronger, faster, and younger.

After losing their opening game of the season, Rocky IV came back without a loss to win the weekday league, and went on to win the league playoffs. Shown (left to right), back row: Bob Tyler, Kevin Welch, Bob Obana, Fred Kirtchmar. Front row: Peter Bloomburgh, Al Naklowycz, Richard Nakamura, Steve Sinn, Fred Waldman, Ed Hom. Not in picture: Jim Watson, Joann Nakamura.

For information about the league, call Wayne or Joel, MU Recreation, ext. 1800.

Special issues still need writing readers

The following is a schedule of specialissue *Synapse* planned for the winter and spring quarter, 1983:

February 3 and 24 — the Synapse will contain special sections devoted to Black History Month. Articles, photographs and illustrations are being solicited focussing on Blacks in the health care fields.

March 3—in commemoration of National Women's Day, the Synapse will concentrate on women's issues, contributions and concerns, particularly in the health care fields.

March 10—the literary issue, will contain

poems, plays and short essays and stories contributed by the UCSF community-atlarge.

May 5—Cinco de Mayo—special sections of this week's paper will be devoted to issues related to Chicanos in the health care fields.

The staff encourages contributions from all Synapse readers for these special issues. Those wishing to contribute should call the Synapse office for information regarding deadlines, copy form, length and other details, or drop by to talk with a staff member. (Phone 666-2211, address 1324 Third Avenue, between Irving and Parnassus.)





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MU Calendar

Friday, January 21

FILM: "The 16th International Tournee of Animation. A festival of 20 awardwinning fiction and fantasy films from around the world, highlighted by Academy Award Winner The Fly, History of the World in 3 Minutes Flat, UBU, and winners from major festivals at Zagreb in Berlin. 6:30 and 8:30 p.m., Cole Hall Auditorium, \$2.25/1.75/1.25.

Friday, January 21

MUSIC: A Program of Baryton Trios by Joseph Haydn, with John Hsu, baryton; Robert Bloch, viola; and Thomas Stauffer, violoncello. A leading exponent of the viola da gamba, Professor Hsu hails from Cornell University and is a specialist in French Baroque viol music. Joining him are members of the Robert Bloch String Quartet, in residence at UC Davis. 8 p.m., Hellman Hall, S.F. Conservatory (19th Ave. and Ortega St.), \$3/\$4.

Wednesday, January 26

LECTURE: Smoking Blues: or Why Quitting Is Worth It. According to the Dept. of HEW, approximately one fourth of this country's population smokes, and 37 million people will die prematurely from it. This "talk" will look at new approaches, what encourages childen to smoke, and what parents can do about it. 7:30-9 p.m., Toland Hall, FREE.

Wednesday, January 26

MUSIC: Saheeb. Swinging at the jazz/bluegrass crossroads, this new band in the Bay Area is comprised of Darol Anger and Mike Marshall of the David Grisman Quartet, Barbara Higbie of Dick Oxtot's Golden Age Jazz Band, and Dave Balakrishnan of the Tim Ware Group. Noon, MU Lounges, FREE.

Thursday, January 27

FILM: The Atomic Cafe. A blackly comic documentary feature on the nuclear age as seen during the fearful 50's composed of government civil defense films, animated cartoons and news footage. Plus short: If You Love This 24 Kirkham St., open 11:30 a.m.-1:30



Wednesday, February 2 - Music: Emanuil Sheynkman, mandolin and balalaika. In Russia, he is the leading exponent of classical mandolin, to which the first half of the program will be devoted, followed by a diverse program for the Russian balalakia. "Twilight" concert: 5 p.m. wine and cheese, 6 p.m. concert, MU Lounges, \$2 donation. Tickets will be available beginning January 24 at MU Central Desk. For information call 666-2571.

Planet. 5:45 p.m. only, Cole Hall Auditorium, \$2.25/1.75/1.25.

Friday, Janaury 28

FILM: The Atomic Cafe. See January 27 for description. 8 p.m. only, Cole Hall Auditorium, \$2.25/1.75/1.25.

Outdoors Unlimited

To participate in Outdoors Unlimited activities, sign up at the Outdoors Unlimited Center, and attend any pretrip planning sessions there may be. The Outdoors Unlimited Center is located at p.m. and 4-6 p.m., Monday through Friday. For more information, call 666-

Monday, January 24

Sign-ups begin for:

X-C Ski Trip, So. Tahoe, 2/5-6 Basic Canoe Clinic, 2/2-5 Basic Windsurfing Clinic, 2/8, 10, 12, 13

Monday, January 31

Sign-ups begin for:

Red Cross C.P.R. Clinic, 2/8, 10 Elephant Seal Watching, Ano Nuevo Merced, 3/20

State Park, 2/11 Whitewater Boating, Eel River, 2/12-13

Thursday, February 3

Yellowstone Ski Touring Slideshow and Trip Planning, 7 p.m., Millberry Union Madrone Room

Monday, February 7

Sign-ups begin for:

X-C Ski Trip, Trans Sierra, 2/18-21 Whitewater Boating, Middle Fork Eel River, 2/19-20 Big Boat Sail, San Francisco Bay, 2/19 X-C Ski Trip, So. Tahoe, 2/19-21

Monday, February 14

Sign-ups begin for:

Tidepooling Trip, Marin Coast, 2/26 Windsurfing Intermediate Clinic, 2/23,

Basic Canoeing Clinic, 2/23, 27 X-C Ski Trip, So. Tahoe, Intermediate, 2/26-27

Tuesday, February 22 Sign-ups begin for:

Broom Hockey, 3/3 X-C Ski Trip, So. Tahoe, 3/5-6 Moving Water Canoeing Clinic, 3/2, 3,

Marine Mammal and Whale Watching, Monterey Bay, 3/12

Kayak and Canoe Shoulder Seminar Begins, 7 p.m. Millberry Union Board of Governors Room

Monday, February 28 Sign-ups begin for:

Basic Climbing Clinic, 3/8, 12 Snow Camping Clinic, 3/9, 10, 12, 13 X-C Ski Trip, So. Tahoe, 3/12-13 Whitewater Boating, Upper Cache Creek, 3/12-13 Flat Water Boating/Tournament, Lake

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