

SYNAPSE

Learning the ropes as an OSHA intern

By Kathryn J. Rezens

I spent the months of August and September in hot, muggy Washington, D.C., crime capital of the world, where decisions are made (sometimes incorrectly)... Washington D.C., home of the Smithsonian Museums, Psing Psing and Ling Ling, the Bureau of Engraving and Printing, the Lincoln and Jefferson Memorials, cherry trees that blossom in the spring, and that great metro system... Is this beginning to sound like an excursion with me as the tour guide? Although touring was high on my list of priorities (with the Star Trek exhibit way at the top), I went to Washington because I'd been selected as an OSHA Nurse Intern.

I completed the didactic and clinical requirements for my Masters degree as an occupational health nurse practitioner in June. The UCSF School of Nursing offers a "dual" degree. The adult nurse practitioner program consists of education in areas such as pharmacology and medical management in adult primary care. Clinical requirements include a full year in the primary care setting (for me, this was in UCSF's Ambulatory Care Center's General Medicine I), as well as specialty clinic rotations in areas such as dermatology, gynecology and orthopedics. We were trained to provide comprehensive primary health care to the adult population.

The occupational health portion of my education was quite comprehensive, from the microscopic level — learning the specific duties of the occupational health nurse in the work setting — to the macroscopic level: the purpose and functions of the Occupational Safety and Health Administration (OSHA). Coursework included toxicology and industrial hygiene courses, where we made visits to various sites, identifying workplace hazards and suggesting appropriate solutions (called "controls"). Because we were also nurse practitioner students, we completed clinical rotations in occupational health. This included an industrial clinic setting where we treated acute workplace injuries, and a comprehensive occupational health setting, where we performed full workups of employees with more complicated and/or chronic work-related injuries or illnesses. For these comprehensive workups, a thorough work history was included in the history and physical examination.

Occupational health nurse practitioners perform functions such as assessing workers with acute and chronic exposure to workplace hazards; performing preplacement, annual and periodic physical examinations; diagnosing and prescribing for work-related illnesses and injuries; performing health screening; providing health counseling; and coordinating worker compensation programs. Occupational health nurse practitioners deal directly with all employees, accommodating job tasks and design as needed, and helping employees cope and deal with their job duties and responsibilities.

Since the worker population is so varied and includes teens and young adults, employees of various cultural and ethnic backgrounds, pregnant women, older adults and employees such as epileptics and diabetics, this task may become quite challenging! Occupational health nurse practitioners often work collaboratively with safety specialists, industrial hygienists and physicians. In other words, occupational health nurse practitioners perform a variety of functions with a multidisciplinary team.

Each year, six to eight OSHA nurse interns are selected from a national pool of candidates to participate in the annual nurse

Continued on page 2

Student Scrubs Soap Stars



Fourth-year medical student Jacqui Calkin upheld the honor of the University of California San Francisco against Jill Larson of *All My Children* and Michael Sabatino of *Days of Our Lives* in the Wheel of Fortune's "College Soap Challenge," Nov. 11.

"Setting Back the Birth Control Clock"

Contraception in the 1990s: Carl Djerassi's Perspective

By Sonia Nagy

Two weeks ago, the Food and Drug Administration (FDA) approved Depo-Provera for use as an injectable contraceptive, 26 years after the Upjohn company first sought FDA approval of the drug. With the introduction of Depo-Provera, American women will have a grand total of three chemically-mediated contraceptive methods from which to choose, the other two being Norplant and the birth control pill (in its various permutations) first developed by Syntex in 1951.

Scientific research into steroid contraception flourished throughout the '50s and '60s, and by the end of that era approximately 13 major pharmaceutical companies were involved in some form of contraceptive research. Fifteen years later, however, only four companies remained actively involved in the field, and by 1988, emphasis on contraceptive research had fallen off so drastically that it was not listed among the top 35 research topics for U.S.-based pharmaceutical companies during that year.

How did this once-thriving field of research become so unpopular so quickly? Why is it that development of new contraceptive methods in the United States is at a virtual standstill and approval of new drugs is so difficult to obtain? This situation is unique to the U.S. among developed nations. Depo-Provera has been used as a contraceptive device for more than 10 years in 90 countries, including Great Britain, Germany, France, Norway, Sweden and New Zealand.

According to Dr. Carl Djerassi, the "father of the pill" who led the Syntex team that first synthesized a steroidal oral contraceptive in Mexico City 40 years ago, research and development has been inhibited by the rigorous testing to which potential contra-

ceptives must be subjected for FDA approval. Djerassi says that the "vociferous protestations" of women's groups, together with the thalidomide tragedy of the early 1960s, played a significant part in the institution of the FDA's strict standards.

The discovery that thalidomide use during early pregnancy could result in malformed babies led, in 1962, to the Kefauver-Harris Amendments to the Federal Food, Drug, and Cosmetic Act. The amendments specified that any new drug approved by the FDA must have demonstrated efficacy as well as safety. In his autobiography, *The Pill, Pygmy Chimps, and Degas' Horse*, Djerassi writes that the ambiguous use of the word "safe," combined with increasingly strict requirements by the FDA, "seriously inhibited the introduction of new contraceptives: contraception is generally considered to be the practice of a healthy person, whom regulatory agencies... are not prepared to expose to potential risks that might be tolerated in respect to an individual suffering from a disease."

Djerassi adds, "during the 1960s, contraceptive advances were even more affected by the flowering of three of contemporary society's most beneficial movements: the women's movement, environmental protectionism, and consumer advocacy. All three were intrinsically suspicious of technology and even science, and all three depended largely on the uniquely American litigation system to further their aims. While successful in many important respects, this litigious approach also caused unintended damage, most notably in ultimately reducing the future contraceptive choices open to women

Continued on page 4

Kimsma describes how euthanasia is handled in Holland

By Steve Heilig

The recent campaign surrounding Proposition 161, which would have legalized "physician aid-in-dying" in California, brought unprecedented attention to this controversial "right to die" issue. The narrow defeat of the initiative does not mean the issue is going to disappear, however — especially if one UCSF medical student has her way.

Chris Carlucci, a student in the Berkeley/UCSF joint medical program, was a nurse before entering medical school. "I'd always been interested in death and dying, and one of my most vivid cases was an AIDS patient — before we really knew what AIDS was. I had to turn him in bed and give him injections, and each time he screamed. He never really had an opportunity to say what he wanted, and I felt we were contributing to his suffering rather than helping him."

At Berkeley, Carlucci began studying bioethics under Thomasine Kushner, professor in the joint program. She became particularly interested in physician roles in euthanasia, especially as practiced in the Netherlands, where doctors may take an active role in ending patients' lives within strict guidelines. At a meeting sponsored by the International Bioethics Institute, an educational organization co-founded by Kushner and UCSF medical professor William Atchley, Carlucci met Dutch physician and philosopher Gerrit Kimsma, who lectures widely on the subject. She subsequently spent the summer of 1992 in Holland studying the euthanasia issue with Kimsma, and returned the favor by co-sponsoring a lecture by Kimsma at UC Berkeley on Monday, Nov. 9.

Dealing with death

Kimsma pointed out that many of the difficulties people have with death in modern times stem from the very advances in medical technology which allow us to prolong life in some form. "In Holland, the issue of physicians actively helping patients to die first appeared in legal cases in the 1970s, and physicians were found guilty of doing this but given minimal sentences. There was recognition of a general public sentiment in favor of a dignified death."

By the early 1980s, said Kimsma, this recognition had grown to the point where the Royal Dutch Medical Association's (RDMA) ethics committee, of which he is a member, drafted guidelines for physicians who wish to take an active role in euthanasia, defined as any act of a physician to end the life of a patient upon the patient's request. Kimsma admitted that this effort caused a rift among the Dutch doctors, but that the RDMA guidelines have been sent to every Dutch physician and have become accepted as a part of normal medical practice for those who wish to perform euthanasia.

Under the guidelines, physicians may use whatever medications and route of administration — usually either the swallowing of pills or liquid or by injection — that they wish to bring about a patient's death, but must report any such action to local legal authorities as, contrary to a widespread impression, "active" euthanasia is still illegal in Holland. An investigation ensues to determine if the guidelines were followed and the patient's death purely voluntary, and the physician is not prosecuted if that is found to be the case. Kimsma noted that the Dutch Ministry of Justice has formally accepted the guidelines and this quasi-legal process.

How often does euthanasia occur? Oppo-

Continued on page 2

ASUCSF Executive Board opposes student fee hikes

By Jacques Slaughter

In response to the recent meeting at UCSF with Student Regent Alex Wong, the ASUCSF Executive Board voted unanimously to oppose any type of student fee increase or differential fee. (The University of California has discussed the possibility of imposing higher fees on the already financially-burdened professional students of the dental, law, medical, and veterinary schools, as well as an across-the-board fee increase aimed at all UC students.) The board also approved a resolution for our campus to join other UC campuses in stating this opposition. The resolution will be presented at the Nov. 19-20 UC Regents meeting.

In other business, Steve Leonoudakis, a representative of Outdoors Unlimited, told the Board about some of the programs and services OU has to offer. They can provide group skills training in everything from Emergency response/first aid courses to team-adventure-challenge workshops to moonlit sea kayaking trips on the Bay. OU can also help with party or retreat planning, and can help you make reservations and find the best bargains. OU wants to hear from students with ideas, feedback, or questions. Call 476-0417, or stop by the office in MU

245E to check it out.

In addition to the already extensive list of intramural sports at UCSF, Intramurals will be expanding to include badminton and Wallyball (volleyball in a racquetball court) in the near future. Millberry Intramural Programs and Club Sports is looking for student representatives to bring ideas and feedback to a new Recreation Sports Council, which will meet monthly. Jennifer Beauchamp and Alan Tower can be reached at 476-0356 or behind the fitness desk on the lower level of Millberry.

Relax, the quarter's almost over!!! The ASUC is sponsoring a TGIF party on Friday, November 20, from 5:30 to 7:30 p.m. in the Plaza Grill.

The board approved an additional fee request to support the CHE Fall Reception Banquet and Dance on Nov. 7. The South Asian Students Association received funding for Diwali Celebration November 23, 6-8 p.m. in C701. The Vietnamese Students Association will sponsor Cinema Nights after midterms every quarter and received funds to serve authentic Vietnamese beverages and appetizers. They also requested funding for Vietnamese Music Appreciation Nights once each quarter.

OSHA Nurse

from page 1

internship at the OSHA headquarters in Washington, D.C. Our orientation included a worksite visit with an OSHA compliance officer (we were asked to bring steel-toe boots for a potential visit to a construction site); observation of a congressional hearing concerning a worker health and safety issue; and collaboration with OSHA professionals to analyze and resolve at least one occupational health and/or safety concern.

During my internship I completed an individual project and a group project (with a nurse intern from UCLA). My individual project was to conduct a "Hazard Communication Curriculum Survey" of various universities. "Hazard Communication" is the federal standard also referred to as the "worker right-to-know" law; it requires employers to notify employees of worksite chemical hazards and protective measures. The purpose of my survey was to assess what students like myself had learned about this federal requirement.

The group project entailed preparing a presentation to key OSHA personnel, including Acting Assistant Secretary of Labor Dorothy Strunk, informing them of the legal scope of practice and various services provided by nurse practitioners. There was great interest in our subject, and we had to schedule three sessions to accommodate all of the OSHA officials wishing to attend the presentation. Our ultimate goal was to inform these professionals about nurse practitioners and encourage them to include occupational health nurse practitioners when writing health and safety standards and making policy decisions.

My nurse intern colleague and I have created a paper to supplement our presentation. It will be distributed to OSHA regional offices across the country. We also plan on submitting this paper for publication to inform business and other health and safety professionals about nurse practitioners, and more specifically, occupational health nurse practitioners.

I am currently completing the final requirements needed to receive my Masters degree in Nursing from UCSF. Once this is done, I am considering accepting a position as an occupational health nurse practitioner in Washington, D.C. It will be tough to leave San Francisco, since I have spent the last five years of my life here. I feel that working at UCSF as a registered nurse has provided me with a solid nursing background. I've also gotten a comprehensive advanced education and clinical training as an occupational health nurse practitioner. I am extremely grateful to UCSF for all of these learning opportunities, and hope to take with me the professionalism that I associate with the Medical Center and the School of Nursing.

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Announcements

Nominations Sought for MLK Awards

Nominations are being sought for the Dr. Martin Luther King, Jr. Awards to be given in Jan., 1993. Three awards are given annually—one each to a faculty/academic member, a staff member and a student. Any member of the campus community can nominate someone. For more information and nominating forms call Pauline Bowden at 476-0733. Deadline for nominations is Nov. 25.

Winter Registration packets

Winter packets will be mailed Nov. 13. Please make sure the Registrar's office has your correct address. You may register by mail until Dec. 1 or in person Dec. 3 and 4. Students are subject to a \$50 late registration fee after Dec. 4.

Dr. Antonio Velasco, Nov. 12

The Department of Family & Community Medicine with the Family Medicine Student Interest group presents 1992 Family Physician of the Year, Dr. Antonio Velasco, Thursday, Nov. 12, 6 to 8 p.m. in HSW-303. Refreshments!

Panel on Torture, Nov. 17

Amnesty International at UCSF presents a panel of international speakers discussing "Torture: the responsibility of health professionals," Tuesday, Nov. 17, noon to 1 p.m., S-664.

Bashu, The Little Stranger, Nov. 18

The Iranian Cultural Organization presents a free showing of *Bashu, The Little Stranger*, a film by Bahram Beizai, in Farsi with English subtitles. Wednesday, Nov. 18 at 7 p.m. in Cole Hall.

Brown Bag on the Return of Tuberculosis, Nov. 18

Is TB making a comeback? A review of the clinical and infection control aspects of the situation with Dr. Charles L. Daly and Dr. John E. Conte, Jr. HSW-300, Wednesday, Nov. 18, noon to 1 p.m.

Native Health Rights in the Americas, Nov. 19

On Thursday evening, Nov. 19, 7:30 p.m. at The New College, 777 Valencia St., the Committee for Health Rights in Central America will sponsor a panel to look at healing and health rights for the indigenous people of America. For info contact Michael McAvoy, 861-4168.

Euthanasia

from page 1

nents of the practice have raised the spectre of many people being killed in secret and against their will. Kimsma disagrees with this image. "It's not as if physicians would go around with a syringe in their hand, killing off people everywhere, as was portrayed here in California in the media campaign against Proposition 161." He cited the Rummelink report, a review of all 130,000 deaths in Holland in 1991, which showed that only about 2,700 were by euthanasia.

"For most physicians, euthanasia is an event which rarely comes to their attention," Kimsma said. "Many get no such requests, and few get more than three in a year. Almost half have had none at all."

"For most physicians, euthanasia is an event which rarely comes to their attention," Kimsma said. "Many get no such requests, and few get more than three in a year. Almost half have had none at all. As for the widespread allegations that the elderly have the most to fear in becoming victims of unrequested euthanasia, this is not the case, for the reports show that the most common age group is the middle aged, who are suffering from degenerative diseases like multiple sclerosis or AIDS."

Kimsma acknowledged some troubling issues. The Rummelink report indicated that about 1,000 cases had been done without the patient's request. For the most part these involved severely ill or malformed children whose parents did not want their suffering to continue. "I do not advocate euthanasia without patient request," Kimsma said, "but I can imagine being faced with cases where it is the only alternative for a humane end to life."

Another problem is the underreporting of cases, and Kimsma noted that perhaps only 25% of cases are currently reported by doctors. "Many physicians are afraid of the strain of a legal investigation, not only for themselves but for the family of the patients. They see this as a private act. But I wish my colleagues would be more open about it. We need to be brave about what we do when we think it is right. With more education, they will."

Teaching the art of death

Kimsma's institution, the Free University of Amsterdam, was one of the first in Holland to teach ethics, including euthanasia, to medical students. "We do not teach euthanasia as a distinct subject, but as death and

dying, including hospice, religious, and counseling issues," he said. "We make it clear that euthanasia is not a replacement for care, but part of a spectrum of decisions at the end of life."

"Students need to be aware of the medical, legal, and ethical issues, or they're going to botch the job," he continued. "You shouldn't be insecure, but you should feel uneasy, because it is never an easy thing to do. But you must also know how to perform euthanasia in a decent, medically effective manner." Kimsma's students are given extensive readings on the topic and a six-hour session on death with role playing, case studies, and literature analysis. Finally, they are instructed in how and when and where to prepare the medications themselves.

Most important, said Kimsma, is the issue of communication—with patients, families, and anyone else involved. "Most people know very well that they do not wish to suffer at the end," he said. "The question to ask is 'How would you want the end of your life to come?' And you find that patients have thought a lot about this before you ask. Still, it opens up a well of thought, emotion and experience. And for those who do not want to talk about it, you have to respect that."

"Euthanasia is not something done during a doctor's office hours. It requires a relationship on the brink of being very personal, and it takes time for the proper communication. And time is a rare commodity in medicine, but you have to take it if you are going to practice euthanasia at all."

A model for the United States?

Kimsma voiced mixed feelings about whether the United States should legalize euthanasia, as Proposition 161 would have done. "I think we have a good system in Holland, a good middle way. Although some people feel that from a legal point of view it is a monstrosity, I think our case-by-case review is a good thing. It forces the medical profession to be open about it, as it should be. Euthanasia is a final act; you cannot go back on it."

He added: "We do not yet know enough about how things are going to legalize it. Thus in Holland I would not support legalization, although some of my colleagues would disagree." Noting that last week's issue of the *New England Journal of Medicine* contained proposed guidelines for physician-assisted euthanasia, Kimsma opined that, "If you are going to change the law here, you should hold on to the case-by-case review system. And you would certainly need a lot of education, both of the public and of doctors."

OPINION

Editorial

The Dawn of a New Era?

Last week, the American people went to the polls in record numbers to vote for a change. They voted to put a Democrat in the White House for the first time in over a decade. Here in California, they voted to send two women to the Senate. While this election will surely change politics as we know it, will it necessarily lead us into an era of rekindled hope and prosperity? The answer to this question lies not with the politicians we have put in office or the propositions we have passed. Rather, it lies with the very people who decided it was worth the effort to cast a ballot on November 3rd.

Conscientious citizens were responsible for the changes that will take place in Congress and the White House come January. Good citizenship does not, however, end with voting. Those people who voted must also see to it that the issues and causes they fought for during the election are given top priority now that the election is over. History tells us that we cannot rely on politicians to make good on all the promises they make during the campaign. Therefore, it is our responsibility to both remind them of the issues that are most pertinent to us, and offer solutions to the problems at hand.

Consider, for example, health care. During the election, access to health care was one of the most important issues discussed by local and national candidates. California even had on its ballot a proposition (166) that would have forced employers to provide coverage for all of their workers. However, the controversial proposal was rejected. Instead of fretting over the loss of Prop. 166 or passively hoping that a health insurance program will be enacted by our representatives in office, we need to actively support legislation (like the Petris Bill) that will provide health care access for everyone.

Our political involvement must not be limited to the six months prior to an election, for the success of our society depends on how committed we are to changing it. If we fail to get involved now that the election is over, we will simply fall into the cyclic trap we experienced during the past decade: no important issues are resolved; the finger of blame is pointed at the politicians; and finally, new representatives are elected to office and the cycle begins anew.

Letters

ASUCSF opposes fee hikes, differentials

To the Editor:

I have sent the following letter to the UC Regents, c/o J.W. Peltason, President of the University:

The Associated Students of UCSF is strongly opposed to a differential fee for professional students, and we are opposed to any increase in fees for the University of California general student population.

The Executive Board of the ASUCSF respectfully submits the following resolution, in response to both the possibility of differential fees being taxed onto the already financially-burdened professional students of the dental, law, medical and veterinary medical schools, and the possibility of an across-the-board fee increase aimed at UCSF students...

The student body feels very strongly about these issues.

**Brian Shue, President
Associated Students of UCSF**

Resolution adopted by the Associated Students of UCSF (11/4/92)

Whereas: Professional students who are forced to bear significantly higher fee burdens will be less likely to take jobs in the lower paying areas of public service.

Whereas: Professional students who are

forced to pay higher fees will be less likely to take jobs in the under-represented areas of the state.

Whereas: Future college students with goals of attending a professional school, where minority and low-income students are traditionally under-represented, may be discouraged from attending UC when faced with the rising cost of fees.

Whereas: Professional students will less likely be willing to donate their services after graduation in volunteer efforts, given the greater amount of fees they may face.

Whereas: Increasing student fees and/or implementing a differential fee increase does not solve the long range problem of meeting continuing budget deficits or looking to solidify the financial well-being of the UC system.

Therefore it be resolved: The Associated Students is vehemently opposed to any type of differential fee imposed on professional students and is also strongly opposed to any fee increases directed at the general UC student population. ASUCSF urges both President J.W. Peltason and the UC Regents to reconsider this issue and think about the profound effects this issue will have on the future of the students.

Bud E. Luv doesn't inhale anymore

To the Editor:

In honor of a close friend being treated at UCSF for lung cancer, Peter Cooperstein, owner of Amici's Pizzeria, is hosting a benefit on Monday, Nov. 16. The evening will include a pizza dinner at Amici's (2033 Union St. at 7:30 p.m.) and entertainment by Bud E. Luv, who parodies a Vegas-style lounge performer, at approximately 9 p.m. The event ought to be a lot of fun and the full ticket price (\$50 per person and \$75 per couple) will be donated to UCSF.

Be forewarned that Bud E. Luv's publicity photo shows him with a cigarette—a rather macabre prop in conjunction with our benefit. He no longer uses the cigarette in his act, and asks that it be cropped out of the photo.

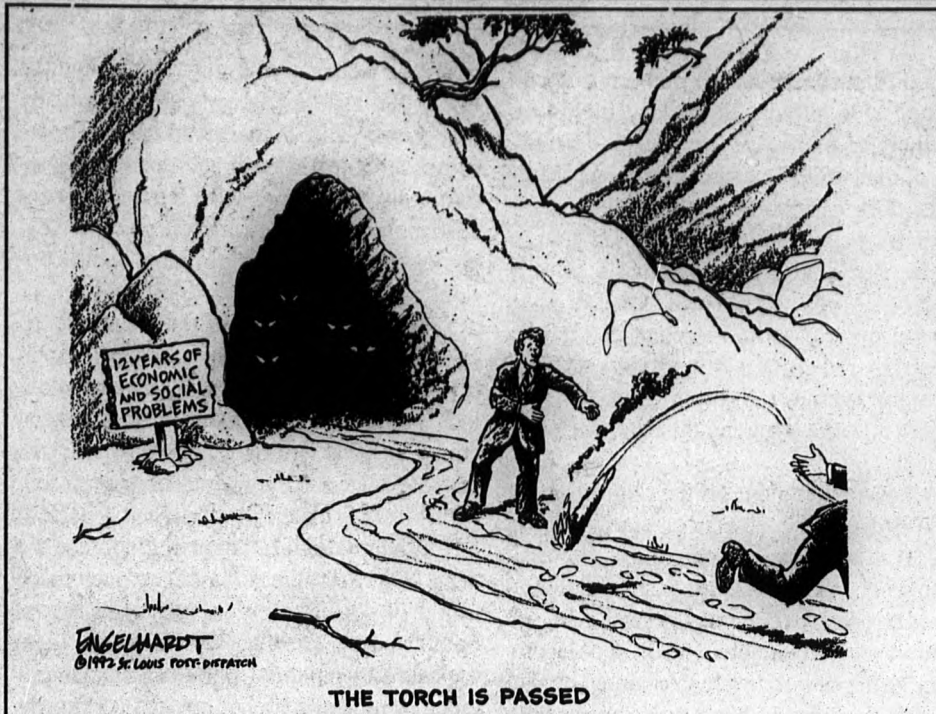
For more information or tickets,

contact Peter or Karla at Amici's Pizzeria, 885-4500.

Gini Gardner, Director

UCSF Development Communications

PS: The couple's ticket price is available to any two people attending the event together. Advance ticket reservations are recommended. Amici's will validate parking tickets for one hour of free parking at the Union St. Plaza Garage next door.



THE TORCH IS PASSED

Can a Relationship Survive Medical School?

By Audrey Lee

As the second-year committee began to prepare for the first-year medical school orientation we wanted to give them some truthful statistics. We all remembered during our first-year orientation being told that only one relationship had survived the full four years of medical school in what was then the current graduating class. "We found this statistic hard to believe" and so decided to conduct our own survey. The questionnaire was answered by students in our class at the beginning of the second year of medical school. The results have not been analyzed statistically, so take them for what they are worth. We hope to continue taking this survey after each successive year.

The questionnaire asked students to use their own definition of significant other. Percentages are based on 107 responses.

55% responding entered UCSF with a relationship

44% of those pre-existing relationships ended during the first year

Reasons why pre-existing relationships ended:

19% said it was related to medical school

15% said it was due to distance

65% indicated it was due to other reasons

We also asked about relationships that began during the first year of medical school. The number of students responding to this question was slightly less at 103.

36% started a relationship during the first year

32% of those new relationships ended during the first year

Reasons why new relationships ended:

0% said it was related to medical school

8% said it was due to distance

92% indicated it was due to other reasons

From the Bookshelf

Who Survives Cancer?

By Howard P. Greenwald

University of California Press

"The most important studies of class and cancer survival are those indicating not only that class influences survival chances but also that class explains away any impact of race. Nobody disputes that some racial minorities—blacks, American Indians, and Filipinos, for example—face higher risks of mortality when they contract cancer. But a strong consensus among researchers is emerging that the lower socio-economic status associated with membership in these minority groups explains the unfavorable odds faced by their members. Race itself is not the cause..."

"[In the Seattle Longitudinal Assessment of Cancers Survey] people in the higher socioeconomic categories seem more likely to survive five years than those in the lowest

category. When all cancers are combined, people in the highest three categories—those with the highest combination of dollars of family income and years of schooling—all appear more likely to survive than those in the lowest category.

"How much of the advantage evidenced by relatively well-off people can be explained by diffuse factors such as the patients' assertiveness, support at home, compliance with medical regimens, general self-care, management of complications, nutrition, better interpersonal relations with health professionals, access to more skilled physicians, or better hospitals? This study can make only a few educated guesses. Some people in high-class positions survive longer because they obtain routine physicals. Better access to high-quality and perhaps more intense medical care may also contribute to their relative advantage, as may better advice about the benefits and hazards involved in specific treatment choices."

synapse

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Contraception

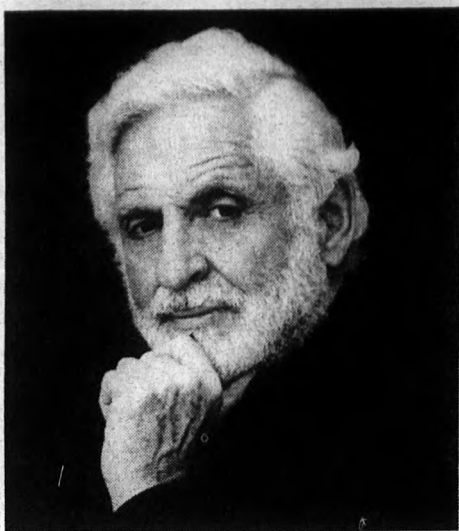
from page 1

and men."

Reports of side effects of the Pill had begun to appear by the summer of 1962, and a consumer backlash ensued. The reports cited cases of pulmonary embolisms, clotting, vein inflammation and fatalities due to complications of these disorders. (The initial formulation of the Pill consisted of high-dosage synthetic steroids which mimicked the activity of progesterone and estrogen to inhibit ovulation. By the late 1960s, these dosages had been lowered significantly.)

In 1969 the FDA's Advisory Committee on Obstetrics and Gynecology concluded that in the U.S., one in 2,000 Pill users could develop blood clots, and 25 in 1,000,000 users would die as a result of a thromboembolism. Djerassi concludes that, due to the low incidences of complications, epidemiologically sound assessment of risks associated with use of the Pill could never have been performed in small clinical trials. "The safety of a new drug is hardly ever determined with any degree of assurance until after it has been marketed," he explains. "The purpose of these early and relatively short-term clinical explorations... was to determine the appropriate dosage, to demonstrate efficacy, and to uncover acute side effects in humans that were unlikely or impossible to be detected in the type of animal toxicology then customary in all new drug research. Questions of long-term safety... can be studied only through epidemiological surveys on huge groups available once a drug is on the market."

According to Djerassi, "an informed and highly motivated minority of women" became increasingly disturbed that the Pill had been approved without any apparent rigorous investigation of potential long-term side effects. "It angered those eloquent women that virtually all the original chemical, biological, and clinical work on the Pill had been conducted by men," Djerassi contends. "Rather than seeing this situation as yet another instance of the exclusion of women from many areas of science and medicine, they saw a sexual conspiracy focused on an intimate aspect of their own sexuality. When the first large-scale, postmarketing, epidemiological studies documented some of the Pill's less obvious deleterious side effects, women who earlier had objected to being used as human guinea pigs asked, 'Why wasn't the Pill tested more thoroughly?' The fact that in the final analysis a female contraceptive must be tested in women and not just animals, and that most experimenters at that time were men, only exacerbated women's feelings of being helpless and exploited."



Carl Djerassi

The FDA and the pharmaceutical industry were subjected to intense scrutiny in the "Nelson hearings" of early 1970. Held before the Senate Subcommittee on Monopoly of the Select Committee on Small Business, and led by Senator Gaylord Nelson, testimony in these hearings ultimately led to the development of strict regulations for drug testing which had a lasting impact on contraceptive research and development specifically and on the pharmaceutical industry in general. Djerassi contends that "the combination of anti-Pill women activists and... [the Nelson hearings]... inadvertently caused the startling deterioration in contraceptive development which began around 1970. These critics indulged not only in bitter condemnation of the pharmaceutical industry which had invented and promoted the Pill, but also in incessant rebukes of the most underfunded regulatory agency of them all, the FDA, and in the process terrified it. The FDA's predictable response of hypercaution had long-lasting consequences... Women's concern, politicians politicizing the subject, the FDA's response, 10-year toxicology in primates... their combination in a real-life context struck me as extremely counterproductive. Ultimately, they only penalized the very constituency that most stood to benefit from continued and even expedited research in contraception."

Political implications?

As Depo-Provera makes its way onto pharmacy shelves, many women's groups have already voiced concerns about the safety and testing of the contraceptive agent. Although animal studies indicate an increased risk of breast cancer, a World Health Organization study has concluded that Depo-Provera does not significantly increase the risk of breast, liver, cervical, ovarian or endometrial cancer. (The results of the WHO study were instrumental in persuading the FDA to approve the drug for contraceptive use in the

United States.) There are numerous documented side effects, however, including weight gain, menstrual irregularities, cessation of menstruation after one year of use in up to 50% of women, fatigue, weakness, dizziness, headaches and abdominal pain.

The National Black Women's Health Project —one of several groups that oppose Depo-Provera — predict that it will be used by judges or parole officers seeking to control women's fertility. They fear the impact that the drug might have on poor women.

Asked to comment on the opposition to Depo-Provera (which echoes opposition to his Pill more than 20 years ago), Djerassi responded, "I think it is preposterous that it would be used for compulsory birth control. If you object to that, then you must object to every birth control device. You must object to IUDs, you must object to Norplant, you must object to everything but a once-a-day pill... There are lots of things we have that can be used coercively. That doesn't mean we should oppose them; we simply should be more intelligent on how to use them... [while we] safeguard the rights of individuals."

No new ingredients

The prospects for advances in alternative birth control methods for women are dim. No new active progestational ingredients have been added to the current formulations of the Pill since the 1960s and none of the active steroid components of the Pill are currently manufactured in the U.S. (At least three new steroid ingredients were synthesized in Europe in the 1980s. Desogestrel, the pill prescribed most widely in Europe, is not available in the U.S., partially due to manufacturers' fear of liability. This is despite the fact that its steroidal components are present in the lowest dosages of all oral contraceptives, and have an "improved metabolic profile compared with the other progestational ste-

Male contraception was something that at one stage interested Syntex very much, but we did not pursue it because it seemed like a hopeless proposition commercially, as well as trying to get it through the FDA.

roids currently available to American women.")

In his autobiography, Djerassi laments that "the United States is the only country other than Iran to have set back the birth control clock during the past decade."

Asked if he personally had ever been interested in developing a male Pill, Djerassi responded: "Male contraception was something that at one stage interested Syntex very much, but we did not pursue it because it seemed like a hopeless proposition commer-

cially, as well as trying to get it through the FDA. We were a relatively small company that simply could not spend all of its resources on birth control and that was something that other companies learned; essentially none of the large pharmaceutical companies are now working in male contraception."

The major concerns of the pharmaceutical companies involve, of course, a fear of litigation. Recalling the early consumer backlash against the Pill, many pharmaceutical companies fear that side effects and risks that cannot be detected during pre-marketing clinical trials of a male Pill might come back to haunt them years after men begin to use the drug. Djerassi agrees: "men are even more afraid of possible interference with sexual potency. Just consider the resulting legal exposure to potential liability suits: impotence or prostatic cancer are two conditions commonly associated with aging in males, but is it not likely that many a man on his Pill might then blame one or the other condition on the contraceptive he had been taking during the preceding decades of his reproductive life?"

Unfortunately, while manufacturers have lost interest in contraception, the issue of "birth control" in the broader sense has become more important than ever. Successful and effective contraceptive birth control has not been achieved —a fact confirmed by abortion rates that continue to grow in this country and around the world. The fact remains that abortion is one of the most frequently practiced methods of birth control worldwide, with approximately 50 million procedures being performed each year. Only the Pill and sterilization can claim wider use. If currently available methods of birth control were properly used and available to all who desired them, and if women from different cultures had a wide variety of contraceptive methods from which to choose, then the question of whether abortion should be universally available would almost be moot.

President-elect Bill Clinton has stated that upon his inauguration as President, he will make it a priority to approve the use of RU-486 as a method of termination of pregnancy. RU-486, like Depo-Provera, has been used widely in other developed countries for years, but the political climate in the U.S. has precluded its use here. Much of the opposition to and debate surrounding RU-486 involves widespread fear that it will be used as a method of contraception. Djerassi decries what he terms an "obsession in our country about making abortion illegal or legal... which I think is almost indecent. What we should do is focus on how to make abortion unnecessary. No one, I think, least of all any woman, really wants an abortion; she would really much rather prefer that these things were unnecessary, but in the meanwhile we have to do something to make things easier for women."

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Murder on the high C's

The Death of Klinghoffer
By John Adams
at the San Francisco Opera House
Nov. 19, 22, and 24.
For tickets call 864-3330

By Betty Yen

An elaborate collaboration of music, drama and dance made its much awaited San Francisco debut when John Adam's second opera, *The Death of Klinghoffer*, played to a full house at the War Memorial Opera House Nov. 7. Based on the 1985 hijacking of the *Achille Lauro* cruise ship and the subsequent killing of a passenger, Leon Klinghoffer, the opera departs from the tradition of looking back into history and mythology for its subject matter, taking instead something that is much more recent.

Controversy has dogged the opera since its world premiere in Brussels on March 1991; an extreme charge of glorifying terrorism was leveled at one point. "*Klinghoffer*...is not a political tract," explains Peter Sellars, director/producer, "the opera deals with much more than just the actual events; as all art does, it transcends the reality and is actually more on what people perceive as worth living and dying for."

Many elements of *Klinghoffer* are unusual and innovative. Rarely has an opera seen such close collaboration between not only the traditional composer-librettist team, but also choreographer and producer. Librettist Alice Goodman, who worked with Adams on his first opera *Nixon in China*,

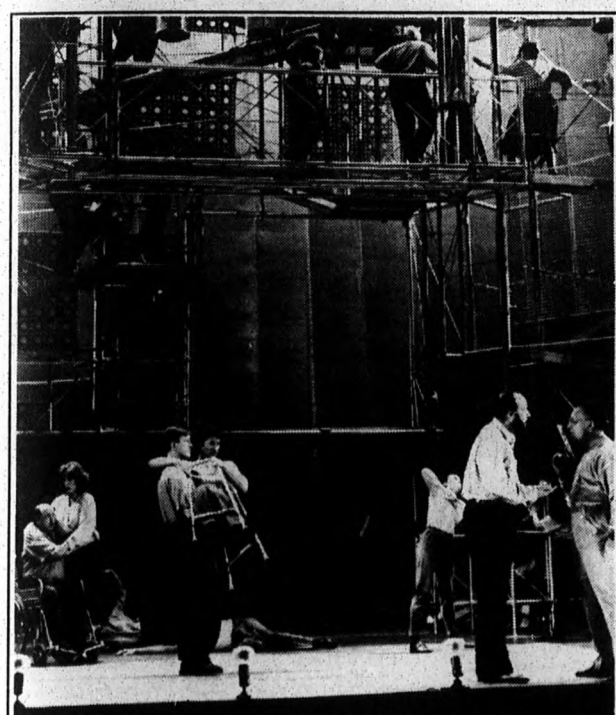
incorporated both Hebrew religious verse and Islamic philosophy into the text. Dance —by choreographer Mark Morris and his company— is an integral part of the opera, representing concrete entities such as the characters and the crowds, as well as abstract elements of love and life. Although grotesque and sparse, the set is very hi-tech and contemporary: a large screen is set center stage, as the singers are actually filmed while they sing and projected on to the screen during the opera. All these features are will synthesized under the direction of Sellars, known for his provocative yet indignant staging of many operas, most recently Mozart's *Don Giovanni*, *Così Fan Tutti* and *Marriage of Figaro*.

The plot has two levels. The hijackers and the Klinghoffers interact in the chaotic, emotional present, while everyone else speaks of the hijacking in the past, as if being interviewed. There is no actual ship to be seen, but rather, a symbolic steel, cage-like structure dominates the stage.

Set in two acts with a prologue, the opera is punctuated by choruses that open and close many of the scenes. These numbers reflect the collective reality which goes on in spite of each person's life story—the Ocean chorus and the Day chorus. Two of the most moving pieces in the entire opera open the prologue: a chorus of exiled Palestinians and one of exiled Jews, with news footage playing in the background. All the performers are austere dressed in blandly colored street clothes—there is no distinction made between

the Palestinian terrorists and the passengers, emphasizing the need to look beyond the superficial. Allowing each character to speak from his/her own point of view, Adams has written only a series of solo arias for the main characters. The music is characteristically Adams, with its repetitive and rhythmic "minimalist" drive, tempered with sections of great lyricism.

A compact two-and-a-half-hours (and at only \$6 for standing room), *Klinghoffer* is a must see. It is much more than an opera; in addition to the dark and intense plot, there are many other elements to take in, all tightly interwoven. Adams has convincingly conveyed the pandemonium and emotional strain of the hijacking, not merely from the view of the victims, but also of the perpetrators.



The cast of *The Death of Klinghoffer*. L to R: Baritone Sanford Sylvan (in wheelchair) as Leon Klinghoffer, contralto Shella Nadler as Mrs Klinghoffer, mezzo-soprano Janice Flety as the Swiss Grandmother, baritone James Maddalena as the Captain and tenor Thomas Young as Molqi.

It's Delightful, It's Delicious, It's Delovely

Cole!

Written by Alan Strachan & Benny Green
Directed and Choreographed by Bick Goss
With Riette Burdick, Carl Danielson, Michelle E. Jordan, Joseph Lustig, Jim Newman, and Cathy Susan Pyles
At Theatre On The Square, 450 Post St. 415/433-9500

Tues-Sat 8 p.m., Sun 7 p.m., Sat & Sun 2 p.m. Through the end of November
Matinees are \$30 orchestra, \$25 balcony with \$3 off on rush tickets.

By Jeanine Yanamaka

If you come to see *Cole!*, you will find none of the typical mainstays of today's musical theater. No elaborate moving sets, no actors dressed as animals, no falling chandeliers, and no complex, psychologically motivated plot (in fact, no plot at all). What you will find is an empty two-level stage, a piano, and six entertainers expertly showcasing songs worth singing.

The object of *Cole!* is to re-introduce the inimitable Cole Porter, composer and lyricist, to a society sadly lacking the wit, polish, and elegance of his songs. To further this goal, the sextet present over fifty of Porter's songs interspersed with biographical mate-



rial and some of the more impressive hoofing to hit the stage in a while.

Although the show begins a trifle slowly with some of Porter's earlier and substandard tunes, it quickly delves into the main body of Porter's catalog, including such well-known standards as *I Love Paris*, *Night and Day*, and *I Get a Kick Out of You*, as well as some lesser-known songs *Dizzy Baby*, *Most Gentlemen Don't Like Love*, and *You Don't Know Paree*. (Medical students might be particularly interested in *The Physician*—the only song in the reviewer's memory that contains a rhyme for "appendix veriformis.")

Continued on page 6



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A Decent Flight

Passenger 57
starring Wesley Snipes
and Bruce Payne
Directed by Kevin Hooks

By Hector Cardenas

Action movies come and go, and leave memorable quotes behind. Arnold's trademark is, "I'll be back." Chuck Norris said, "I'll hit you with so many rights that you'll beg for a left." And now, the new inductee into the Quote Hall of Fame is Wesley Snipes. The quote: "Have you ever played roulette? ...Always bet on black!" The setting: on board an airplane that has just been hijacked.

Wesley Snipes stars as John Cutter in the new film *Passenger 57*. Cutter is one of the best anti-terrorist experts in the world, who finds himself trapped in the air with a planeload of passengers and five very nasty terrorists. As the movie opens, we find out that Cutter has lost the edge. He is dealing with a lot of internal anger because his wife was killed in a stickup, and he is still blaming himself for her death. He has retired from the action and now spends his time teaching self-defense tactics to bodyguards, watchmen, and, of course, flight attendants. One of his old friends sets up a job for him in Los Angeles, as the airline security expert. A new job, a new life, Aa chance to be a part of the action once again. Just a quick trip to the coast, right?

Wrong. Enter the bad guys. The chief adversary is Charles Rane (Bruce Payne). Known as the "Rane of Terror" by intelligence forces, he has masterminded four airplane bombings in the past year. He has recently been captured and is being transported to Los Angeles for trial. How is he getting there? By plane of course. Unfortunately, en route to L.A., his buddies show up

and alter the flight plan considerably. Now it is up to Cutter to stop them.

Along the way, Cutter gets some help from Marti Slayton (Alex Datcher), a flight attendant who is mean enough to fight back. Cutter forces the plane to land, then proceeds to wipe the floor with the terrorists. Unfortunately, there are a few incongruities in his methods. When Cutter and Rane first meet, Rane displays disdain for the passengers' lives by killing one to prove a point. When Cutter gets away, we are left to wonder why he does not simply go on killing passengers until guilt causes Cutter to surrender. Also, when the police capture Cutter and believe him to be a terrorist, someone forgets to bring the handcuffs. He easily escapes this police interference and continues with what he does best: whuppin' bad guys.

If you can forget these little lapses of logic, you will still be able to enjoy some great action scenes. Wesley Snipes is a good martial artist, and gets some wonderful hands-on fight sequences to demonstrate why he is the best. The stunts are pretty good, including one scene where Cutter dangles from the bottom of a landing plane. But the real enjoyment of the film comes from the one-liners delivered by almost everyone. Cutter and Rane have some good exchanges, and Cutter's friend Sly Delvecchio (Tom Sizemore) is a great sidelines commentator. However, the gold medal for best one-liners goes to Ernie Lively, who plays a Louisiana police chief who has to deal with Rane's demands. His character single-handedly boosts the energy level when the film tends to fail.

This movie will not win any Oscars, but it can be good for a post-exam action film. If you're looking for a movie with some violence, some humor and a plot that does not require much brain strain, fasten your seatbelts and bet on Wesley Snipes in *Passenger 57* to deliver.

Rating: \$3.50 Just under the price of a matinee, because there was one time check during the show. Don't pay full price.

Teacher, Leave Those Kids Alone

Waterland
Starring Jeremy Irons,
Sinead Cousak, and Ethan Hawke
Directed by Stephen Gyllenhaal
At the Clay Theater
2261 Fillmore at Clay, 346-1123

By H. Paul Chin

Perhaps you don't have particularly distinct memories of your high school history classes (and perhaps that's why you're involved in the health sciences right now). But what if your world history teacher told good stories, personal stories about when he was in high school, a teenager in wartime England, and how he used to go to an abandoned barn with a certain female classmate of his... would you remember history then? How about if this teacher—say his name was Mr. Tom Crick (Jeremy Irons)—kept telling these stories about his past, about sex, love (lust), murder, and, yes, history, back in his homeland, in the Fens of the British coast, and he wouldn't stop telling you these stories?

You might start thinking that he's retelling his past not for your sake, but for his, spending your (valuable) class time as therapy time for himself. Would you not think it strange? Perhaps it has something to do with the repercussions of his actions—you know, doing things in the barn, on the train on the way to school, anywhere, but without any latex (it's 1942 England, you know)—and the effects on his present life as a school teacher, but more importantly as a husband, a would-be father, and a remorseful figure in the flow of history, his own history.

Then you might think back to English Literature class in high school or wherever (some time in your distant past, when you actually had time to read for pleasure), and you might remember reading this complex novel called *Waterland*, by Graham Swift, and you realize it was about a high school teacher named Mr. Tom Crick who was grappling with his haunting memories of youth in the Fens. You remember reading it and thinking, "What a wonderful book, but how could it be made into a movie?" (as did producer Katy McGuinness). You realize that the movie will have to be complex, like the book, full of flashbacks and time-changes. You might think a capable director like Stephen Gyllenhaal (*Paris Trout*) could direct such a movie, and make the flashbacks seem natural and smooth, almost compelling the viewer back to the Fens. You also realize that the role of Tom Crick is a challenge, as well, and you immediately think of Jeremy Irons, who played Claus von Bulow in *Reversal of Fortune* (and won an Oscar for it). You realize Irons is the perfect guy to give an



Tom Crick (Jeremy Irons) with Price (Ethan Hawke).

understated, precise, yet moving performance in the pivotal role of Tom Crick. You'd also want a good cinematographer, like Robert Elswit, who could do justice to the flat, serene beauty of the Fens, and give it a romantic, haunting quality that really makes Mr. Crick's past, and his struggles with it, very vivid.

And then you realize that, in order for a complex, artsy movie like this to succeed (and "succeed" in the Arts still means "sell big in the U.S. of A."), you might have to put a bit of Americana in there, somehow. Then a brilliant idea hits you: why not move Mr. Crick's class, and adult life, to Pittsburgh, PA? This gimmick, which certainly wasn't in Swift's novel, would add useful distance between Mr. Crick's romantic past and ugly present, and would surely make the film more accessible to the American movie-going public. And who cares if this maneuver turns some critics off? They'll probably love the rest of the movie, anyhow.

Rating: a \$6.95 out of \$7.

Cole! from page 5

While all the cast members give solid performances, Cathy Susan Pyles is a particular standout, giving hilarious comedic treatments to *Laziest Gal in Town* and others. The highlight of the show may be the number *Let's Step Out* in which she and Carl Danielsen skillfully execute a frenetic routine of combined singing, tap-dancing and piano playing.

In short, stay away from *Cole!* if you're in the market for visual spectacles, full of period costumes and 100-membered choruses. If, on the other hand, you long to be transported to a very special time in American musical history, if you want to visit a long-departed world of charm and glamour, if you wish to be back in the days when people, whose only worry was surviving the interim between "boy meets girl" and "boy gets girl," danced to *Begin the Beguine* in top hat and tails, then go to *Cole!*. It will take you there, *In the Still of the Night*.

Jeanine Yanamaka is a first-year medical student.

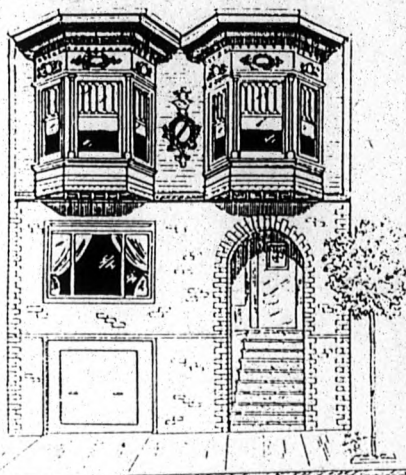
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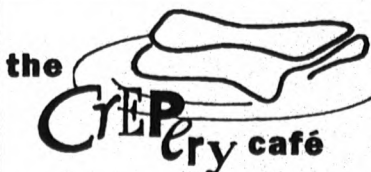
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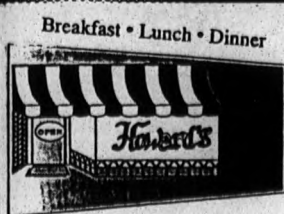
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Do you believe in Magic?

By Gary Tom

Topping all other news in the sports world this week, was Earvin "Magic" Johnson's announcement that he was going to retire once again. Magic's decision wasn't due to a physical inability to play, but rather involved the controversy surrounding his affliction with the HIV-virus. Magic played 12 seasons in the NBA, providing excitement to basketball and enhancing its popularity (and revenues).

With his ear-to-ear smile and overall charisma, Magic exemplified the true meaning of a winner. As a sophomore at Michigan State, Magic carried his Spartan team on to capture the 1979 NCAA Championship. A year later he went pro and led his Los Angeles Lakers to the NBA Championship. More titles and several most valuable player awards followed. Then, a year ago, Magic shocked the world when he announced that he contracted the HIV-virus through heterosexual contact and that he was retiring.

Magic's love of basketball led him to rethink his decision. He proved that he could still compete with the world's best, starting in last year's all-star game (without playing a single regular season game) and then leading the USA Olympians to a gold medal in Barcelona.

This, however, was not enough. He wondered whether he could lead his Lakers to another title. He had almost completed the exhibition season when he made his decision.

Comments made by fellow NBA players contributed to Magic's re-retirement. His

Olympic teammate Karl Malone stated that he and many other players were concerned about contracting the virus, even though they understood the possibility was ever so remote. A number of players suggested having mandatory testing throughout the NBA, citing their right to know if they may be at risk. Some might call this ignorance, but even though the chance of getting the virus is remote, it is still finite.

Magic also felt that if other players feared contracting HIV through contact with him, they might play differently, altering the outcome of a game. But some players did want to see him run "the show" again. Chris Mullin, for example, said that he honestly didn't worry about becoming infected with HIV by playing basketball with Magic.

There were other factors contributing to Magic's retirement, and we may never know their relative importance. He was troubled by rumors that he'd had gay encounters. He faced lawsuits from women who claimed he had infected them with the virus. He said he wanted to be remembered for his prowess as a player, not as a "sideshow." He had widespread business interests to attend to, and a wife and child.

Magic Johnson's saga is important to us all, basketball fans or not. We can learn much about how different people react when they are exposed to an HIV infected person and how a "minute possibility" means different things to different people. We can see that much of our fear stems from the unknown. We can appreciate the importance of education about HIV and AIDS.

Earvin "Magic" Johnson has learned these things by living them, and intends to pass on his experience using the same creativity and innovation with which he made his presence felt in the sports world. Let's hope he can have the same impact on AIDS education that he had on the game of basketball.

Intramural Athlete of the Week

Roy Hammond

Team: " ?'s "

Sport: Basketball (Beta-Closed)

School: Medicine II



Even though they lost to the Airballs 68-56, Roy helped keep his team in the game until late in the second half. The loss was the first one of the season for the " ?'s " and Roy did everything he could to prevent it. Everywhere you looked he seemed to be in the middle of the action. Not only was Roy the leading scorer, but he also ripped down numerous rebounds on both the defensive and offensive ends, and made his presence felt defensively by picking the ball several times from the opposing team that is known for their speed and great ball-handling skill.

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Two cafes to study at...

This Java is Jammin'!

Jammin' Java
701 Cole St.
668-5282

Open 7 a.m. to 11 p.m. every day

By Greg Arent

Study in the Haight? You bet! Jammin' Java is a neat little cafe that opened less than a year ago on the corner of Cole and Waller

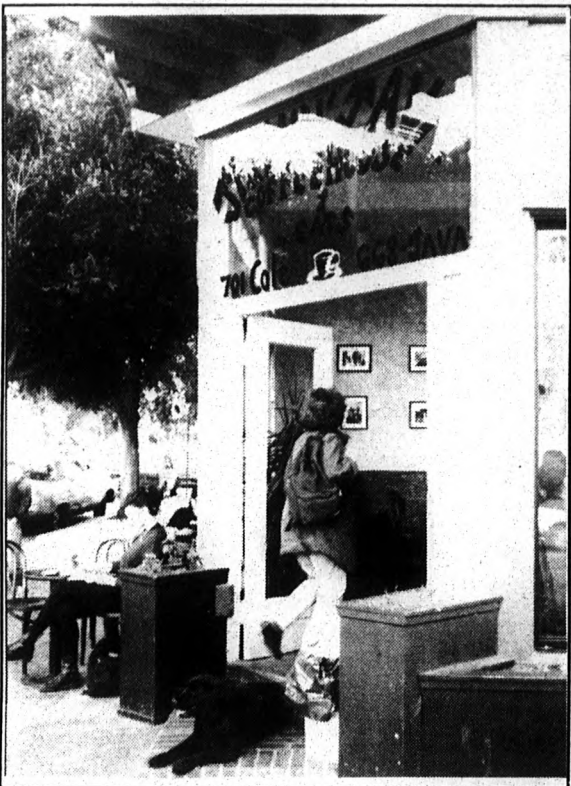


PHOTO BY ERIK GRAYLER

and has become a hit with the Haight intellectuals. (Yes, some people in this community do study, or at least pretend to.) Just a five-minute walk from Haight and Ashbury —and a 15-minute walk from campus— it's a great place to study if you want to get away from UCSF and the all-too-familiar Tart-to-Tart.

Situated on a corner, two of its walls are sliding windows that allow plenty of natural light and fresh air into the establishment. (Thank God, given the number of smokers.) Another wall is studded with the works of local artists, creating a bohemian atmosphere.

There are plenty of tables, both inside and outside, and the friendly staff is always making sure that they are clean. The music

varies, depending on the mood of the workers, and is never played too loud. Many of the patrons are either reading, playing chess, or people-watching, so loud conversations are a rarity. The cafe is a block off Haight, so the street is pretty quiet (and safer). All in all, there aren't too many distractions.

The variety of drinks on the menu is overwhelming, ranging from the house coffee and espresso drinks to Italian sodas and *borgias*, which are mochas with "flavor." The food list is equally extensive, with a ton of pastries, pies, and yummy-looking cakes. Of course, I chose the coffee (the large for \$1.25, \$.50 refill), and honestly, their special blend was the best coffee I have ever had —strong, bold, aromatic, with a nice kick. Truly Jammin'! The refill was even stronger. My fellow reviewer had

a latte (\$1.75) that he claimed was a bit too light. The menu prices are pretty reasonable, ranging from \$1-\$3.95.

So if you want to get away from school, see some interesting people, have some *great* coffee and put in some good studying time, head on over to Jammin' Java at the corner of Cole and Waller.

A RELIGIOUS EXPERIENCE

The Crepery Cafe
86 Carl St., 566-4433
Open Mon-Sat 9 a.m. to 10 p.m.
Sundays 9 a.m. to 9 p.m.

By Deepa Setty

In cozy Cole Valley lies a charming little cafe known as The Crepery. Started this April by co-owners Maurice and Paul Magannam, this coffeehouse features wonder

I immediately noticed how pleasant, clean and airy the inside atmosphere was. Colorful mythological iconography adorns the walls, as the cafe features local artists every month. Music played softly in the background. I felt very comfortable as soon as I entered, and even more so later, as the owners are quite friendly and personable.

The house crepe specialties are the Chicken Jerusalem (artichoke hearts, mushrooms and capers); turkey with turmeric topped with cranberry chutney; and, for the vegetarian, spinach with feta with toasted almonds and a tomato concasse. After great contemplation, I chose the Chicken Jerusalem —and let me tell you, it was quite a religious experience! All crepes come with a salad and are under \$6 —a great deal. For daily brunch (9 a.m. to 2 p.m.) a variety of creped omelettes are offered, including Mexican and seasonal vegetable.

All food and desserts are made "in house." I highly recommend the Grand Marnier (three warmed vanilla crepes with grand marnier butter and lingonberry preserve) for dessert. Also tempting were the fresh strawberries and cream and

the hot brandied bananas (all under \$4).

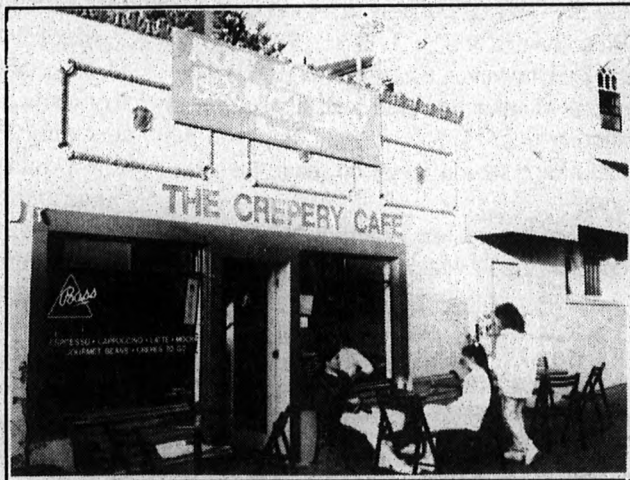
The coffees are inexpensive as well — around \$1 with free refills. One house specialty is the "depth charge," which is a cup of coffee with a shot of espresso (a popular drink around midterms, I am told).

When asked how the unusual idea of crepes and coffee came together, owner and chef Maurice Mogannam replied, "I kept hearing how people were sick and tired of all-American food and how expensive it was to buy a decent meal, so I decided to open up a new vogue California Cuisine cafe." Judging from the steady flow of customers, the Mogannams have created a success.

I recommend the Crepery to one and all. The ambiance is enlightening, the food delicious and the prices very reasonable. It's a great place to people-watch, hang out and read a good book —and especially to have a great meal. As an extra incentive, pick up a coupon at the cafe and receive any two dinners for the price of one.

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What are you waiting for? I'll see you there.



PHOTOS BY ERIK GRAYLER

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Employment

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Postdoctoral Fellows

Postdoctoral Fellow/Research associate: To study enzymes of *Toxoplasma gondii*. Must have Ph D. and strong background in enzymology. Must have good experience in DNA cloning, expression and cell culture techniques. With minimal supervision should be able to carry out experiments to study structure/activity relationships of enzyme inhibitors and test them on infected cells. Research experience should be supported by suitable publications in peer-reviewed journals. Salary depends on experience. Send C.V. and names of three references to: Dr. Tag Mansour; Dept. of Pharmacology; Stanford Medical School; Stanford, CA 94305-5332.

Childcare

SHARE CARE - Our wonderful babysitter comes to our Inner Sunset home (close to UCSF) 8:30 a.m. - 5:30 p.m., M-F. She cares for our son (18 mo.) and another toddler whose

family is moving away. We would like to share babysitting with another lucky toddler. For more information, call Judy (476-2797) or Sam (476-4805).

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Research Subjects

SLEEP RESEARCH: Are you planning a pregnancy in the next year? Would you like to participate in a sleep study in your own home? Because some of the major complaints of pregnant women are fatigue and lack of energy, Dr. Lee, nurse researcher at UCSF, is conducting a study which involves recording sleep EEG patterns before, during and after pregnancy. Financial compensation. For more information call 476-4435.

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