

**Class**

CONTINUED FROM PAGE 1

heads up the Bioterrorism, Surveillance, and Response Program at DHEC, told students how South Carolina would respond to a terrorist attack.

Peter Sederberg, Honors College dean and government and international studies professor, is scheduled to lecture twice this semester. Sederberg is well-known for his expertise in the terrorism field and has published many books about the subject. Three of his books are on the course's recommended reading list.

"I indicated that I would be willing to contribute because, as one of several faculty at this university that actually has done research in the area, I probably should be involved," he said.

In his first lecture, "Defining Terrorism: Rhetorical Club or Empirical Concept," Sederberg hopes to give the students a general overview of the topic and to "cast some light on a rather murky and obscure subject."

He described his second lecture, "Terrorism: Challenge and Response," as a "conceptual scheme for understanding the range of possible response to terrorist attacks, and how to determine what might be the more ap-

propriate one given the circumstances."

Other lecturers include history professor Dan Carter, religious studies professor Hal French, and special agent Mike Anders from the State Law Enforcement Division.

"As cities across the nation confront the risks from terrorist attacks, this course will help USC students explore the complexities of terrorism and understand the role they may play one day in the battle," Johnson said.

Comments on this story? E-mail gamecockdesk@hotmail.com

**POLICE REPORT**



Each number on the map stands for a crime corresponding with numbered descriptions in the list below.

**DAY CRIMES**  
(6 a.m.-6 p.m.)

- Violent
- Nonviolent

**NIGHT CRIMES**  
(6 p.m.-6 a.m.)

- Violent
- Nonviolent

**CRIMES AT UNKNOWN HOURS**

- Violent
- Nonviolent

refused medical treatment from the first responder and did not want to press any charges against anyone. Reporting officer: C. Taylor.

**6 ILLEGAL USE OF TELEPHONE, 614 BULL ST.** The victim said an unknown male caller called and asked for her by name and then repeatedly asked her if she still wanted to buy marijuana. The victim said she didn't know anyone by the name of "Jim," nor did she recognize the voice. A 3 a.m. pamphlet was issued and explained. Reporting officer: J. B. Coaxum.

**Wednesday, Feb. 13**

**7 LARCENY OF TOTE BAG, 710 ASSEMBLY ST.** The victim said someone took his gray tote bag from an unsecured location in the Coliseum. The bag had "Geneva" inscribed on it. Other missing items include a "Legal Terminology" handbook, a "How Well Do You Know Your Bible?" handbook, a pair of work gloves and one house key on a key ring. Estimated value: \$23. Reporting officer: J. D. Patterson.

**8 LOST PROPERTY, 1705 COLLEGE ST.** The victim said she had turned off her Nokia cell phone before class. After class she went to turn her cell phone back on and it was gone. Reporting officer: C. N. Ettenger.

**9 NON-SUSPICIOUS FIRE, 902 BARNWELL ST.** The reporting officer responded to a call of fire at Capstone Hall. The cause of the fire was built-up lint in a dryer in the laundry room. The fire was located in the basement and elevator shaft No. 1. The fire area was isolated and contained. Reporting officer: J. A. Clarke.

**Thursday, Feb. 7**

**1 ASSISTING OTHER AGENCY, LONGSTREET THEATRE** Florida State University Police Department requested information pertaining to visits of the Florida State University Debate Team from January 1998 through December 2001 in connection with a criminal investigation. Reporting officer: Snyder.

**2 SUSPICIOUS ACTIVITY, 315 MAIN ST.** The complainant said she encountered some "odd" behavior from two subjects in the Swearingin Engineering Center. The complainant provided a written statement. Reporting officer: J. A. Clarke.

**Monday, Feb. 11**

**3 LARCENY OF AIR COMPRESSOR, 1328 WHEAT ST.** Campus Recreation said

someone took a red and black "Sanhorn" air compressor from the pool area at the Blatt P.E. Center. Estimated value: \$525. Reporting officer: C. Taylor.

**Tuesday, Feb. 12**

**4 GAS LEAK, 712 MAIN ST.** The complainant said that there was a gas leak in the Jones Physical Science Center. The Health and Safety Department was notified. The Columbia Fire Department responded to the scene and checked the area. Maintenance shut off the gas to the affected area. Reporting officer: M. P. Moore.

**5 ASSAULT AND BATTERY, 1328 WHEAT ST.** The reporting officer arrived at the Blatt P.E. Center to find the victim a cut above his swollen left eye. The victim was very uncooperative and refused to tell what happened. The victim also

**Full Story**

CONTINUED FROM PAGE 1

Serving in Student Senate for the past two years, Bornemann doesn't plan to play around with his presidential powers.

"I think that in Student Government itself, (we need) to raise the accountability and productivity," he said. "I'm not going to be afraid to kick somebody off

of Cabinet if they are not doing their work. I'll tell you that right now. I want people that are on there who want to do their position, not just their title."

Born in Alabama, Bornemann lived there for two years before moving with his family to Greenwood, where his father now serves as the chamber of commerce director. Growing up in small-town USA, Bornemann spent most of his time playing golf and hanging out with friends.

"There wasn't much to do in Greenwood," he said.

Raised as a Presbyterian, Bornemann's older brother converted to the B'ahai faith while in college. "It seems like the fit for him," Bornemann said.

After graduating high school with a 3.8 GPA in a class of 20 students, Bornemann's claim to fame came was his 1480 on the SAT. Faced with a decision between Georgetown and USC, Bornemann decided he "needed someplace big," and came to Carolina.

Entering his senior year, Bornemann is running on the platform of "Building Foundations for the Future." He plans to enact a safe ride transport system in association with the Five Points Association, a plan he says is already in the works.

Along with his safe ride proposal, Bornemann takes a different view on perhaps the hottest topic of debate between students and administration — parking.

"I think there is not a lot we can do right now," he said. "What we really need to do is work with administration with the master plan and try to get them to change things within the next five to 10 years to stop taking away parking. ... If it were up to me, I'd pour the asphalt myself and cover up every green space on campus."

As far as long-term political aspirations, Bornemann sees himself involved in politics in some form in the future.

"I'm keeping it in the back of my mind," he said. "It's something that interests me, and something that I would definitely consider making a run for in the future."

**The Bornemann File**

- ◆ Third year student and marketing finance, age 20
- ◆ Birthplace: Decatur, Ala.
- ◆ Currently lives in Greenwood
- ◆ Family: Parents Len and Lynn Bornemann. Brother, Lee, 26, and sister, Debbie, 28
- ◆ Hobbies: Soccer, golf, basketball, tennis, eating, napping
- ◆ Past and present activities at USC: University Ambassadors, Business School Senator, Sigma Chi Fraternity, Judicial Board for Fraternity Council, Dance Marathon Morale Leader, Safety Committee, Clean Carolina Director
- ◆ Favorite Music: Classic rock, Led Zeppelin, Dave Matthews Band
- ◆ Favorite Book: "Undaunted Courage" by Stephen Ambrose
- ◆ Future goals: Law school, to study institutional or corporate law with a possible career in public service

**"Be there to bust a gut laughing"**

**Be at the Annual AAAS/CP Comedy Show**

**Tuesday, Feb. 19th, @ 7:00 p.m.**

**Showing at the RH Ballroom**

**LAVELL "Man Man" CRAWFORD**

**"MAN, MAN"**

**\$5 per student w. ID**  
**\$7 per non-student**

**Tickets available at the RH Info desk**

**Individuals with disabilities needing special accommodations please call 777-7130.**

**Global Communications Co.**

**Work Part Time**  
**Set Your Own Hours**  
**Work When You Want To!**

**Earn \$1000 to \$1500 a month**

**No Experience Required**  
**call 803-783-7108**

**Leave a Message and Phone #**

**Depo-Provera®**  
**Contraceptive Injection**  
medroxyprogesterone acetate injectable suspension

Birth control you think about just 4 x a year.

**DEPO-PROVERA® Contraceptive Injection** (medroxyprogesterone acetate injectable suspension, USF)

This product is intended to prevent pregnancy. It does not protect against HIV infection (AIDS) and other sexually transmitted diseases.

**What is DEPO-PROVERA Contraceptive Injection?**  
DEPO-PROVERA Contraceptive Injection is a form of birth control that is given as an intramuscular injection (a shot) in the buttock or upper arm once every 3 months (13 weeks). To continue your contraceptive protection, you must return for your next injection promptly at the end of 3 months (13 weeks). DEPO-PROVERA contains medroxyprogesterone acetate, a chemical similar to (but not the same as) the natural hormone progesterone, which is produced by your ovaries during the second half of your menstrual cycle. DEPO-PROVERA acts by preventing your egg cells from opening. If an egg is not released from the ovaries during your menstrual cycle, it cannot become fertilized by sperm and result in pregnancy. DEPO-PROVERA also causes changes in the lining of your uterus that make it less likely for pregnancy to occur.

**How effective is DEPO-PROVERA Contraceptive Injection?**  
The efficacy of DEPO-PROVERA Contraceptive Injection depends on following the recommended dosage schedule exactly (see "How often do I get my shot of DEPO-PROVERA Contraceptive Injection?"). To make sure you are not pregnant when you first get DEPO-PROVERA Contraceptive Injection, your first injection must be given ONLY during the first 5 days of a normal menstrual period. ONLY within the first 5 days after childbirth if not breast-feeding and, if exclusively breast-feeding, ONLY at the sixth week after childbirth. It is a long-term injectable contraceptive when administered at 3-month (13-week) intervals. DEPO-PROVERA Contraceptive Injection is over 99% effective, making it one of the most reliable methods of birth control available. This means that the average annual pregnancy rate is less than one for every 100 women who use DEPO-PROVERA. The effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of DEPO-PROVERA depends only on the patient returning every 3 months (13 weeks) for her next injection. Your health-care provider will help you compare DEPO-PROVERA with other contraceptive methods and give you the information you need in order to decide which contraceptive method is the right choice for you.

The following table shows the percent of women who got pregnant while using different kinds of contraceptive methods. It gives both the lowest expected rate of pregnancy (the rate expected in women who use each method exactly as it should be used) and the typical rate of pregnancy (which includes women who become pregnant because they forgot to use their birth control or because they did not follow the directions exactly).

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Intrauterine (Nupler®)	0.2*	0.2*
Female sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.1	3
Condom	0.1	3
Progestogen only	0.5	3
IUD		3
Progesterin	2.0	12
Copper T 380A	0.8	18
Condom (with spermicide)	2	18
Diaphragm (with spermicide)	6	18
Cervical cap	4	18
Withdrawal	4	18
Periodic abstinence	1.9	20
Spermicide alone	3	21
Vaginal Sponge		
used before childbirth	6	18
used after childbirth	9	28
Not used	95	95

Source: Trussell et al. *Obstet Gynecol*. 1990;76:558-567.

\*From Nupler® package insert.

**Who should not use DEPO-PROVERA Contraceptive Injection?**  
Not all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you have any of the following conditions:  
• if you think you might be pregnant  
• if you have any vaginal bleeding without a known cause

**What other things should I consider before using DEPO-PROVERA Contraceptive Injection?**  
You will have a physical examination before your doctor prescribes DEPO-PROVERA. It is important to tell your health-care provider if you have any of the following:  
• a family history of breast cancer  
• an abnormal mammogram (breast x-ray), fibrocystic breast disease, breast nodules or lumps, or bleeding from your nipples  
• kidney disease  
• irregular or scanty menstrual periods  
• high blood pressure  
• migraine headaches  
• asthma  
• epilepsy (convulsions or seizures)  
• diabetes or a family history of diabetes  
• a history of depression  
• if you are taking any prescription or over-the-counter medications

**This product is intended to prevent pregnancy. It does not protect against transmission of HIV (AIDS) and other sexually transmitted diseases such as chlamydia, genital herpes, genital warts, gonorrhea, hepatitis B, and syphilis.**

**What if I want to become pregnant after using DEPO-PROVERA Contraceptive Injection?**  
Because DEPO-PROVERA is a long-acting birth control method, it takes some time after your last injection for its effect to wear off. Based on the results from a large study done in the United States, for women who stop using DEPO-PROVERA in order to become pregnant, it is expected that about half of those who become pregnant will do so in about 10 months after their last injection, about two thirds of those who become pregnant will do so in about 12 months, about 83% of those who become pregnant will do so in about 15 months, and about 93% of those who become pregnant will do so in about 18 months after their last injection. The length of time you use DEPO-PROVERA has no effect on how long it takes you to become pregnant after you stop using it.

**What are the risks of using DEPO-PROVERA Contraceptive Injection?**  
1. Irregular Menstrual Bleeding  
The side effect reported most frequently by women who use DEPO-PROVERA for contraception is a change in their normal menstrual cycle. During the first year of using DEPO-PROVERA, you might have one or more of the following changes: irregular or unpredictable bleeding or spotting, an increase or decrease in menstrual bleeding, or no bleeding at all. Unusually heavy or continuous bleeding, however, is not a usual effect of DEPO-PROVERA, and if this happens, you should see your health-care provider right away. With continued use of DEPO-PROVERA, bleeding usually decreases, and many women stop having periods completely. In clinical studies of DEPO-PROVERA, 55% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 68% of the women studied reported no menstrual bleeding after 2 years of use. The reason that your periods stop is because DEPO-PROVERA causes a resting state in your ovaries. When your ovaries do not release an egg monthly, the regular monthly growth of the lining of your uterus does not occur and, therefore, the bleeding that comes with your normal menstruation does not take place. When you stop using DEPO-PROVERA, your menstrual period will usually, in time, return to its normal cycle.

2. Bone Mineral Changes  
Use of DEPO-PROVERA may be associated with a decrease in the amount of mineral stored in your bones. This could increase your risk of developing bone fractures. The rate of bone mineral loss is greatest in the early years of DEPO-PROVERA use, but after that, it begins to resemble the normal rate of age-related bone mineral loss.

3. Cancer  
Studies of women who have used different forms of contraception found that women who used DEPO-PROVERA for contraception had no increased overall risk of developing cancer of the breast, ovary, uterus, cervix, or liver. However, women under 35 years of age whose first exposure to DEPO-PROVERA was within the previous 4 to 5 years may have a slightly increased risk of developing breast cancer similar to that seen with oral contraceptives. You should discuss this with your health-care provider.

4. Unintended Pregnancy  
Because DEPO-PROVERA is such an effective contraceptive method, the risk of accidental pregnancy for women who get their shots regularly (every 3 months [13 weeks]) is very low. While there have been reports of an increased risk of low birth weight and neonatal infant death or other health problems in infants conceived close to the time of injection, such pregnancies are uncommon. If you think you may have become pregnant while using DEPO-PROVERA for contraception, see your health-care provider as soon as possible.

Some women using DEPO-PROVERA Contraceptive Injection have reported severe and potentially life-threatening allergic reactions known as anaphylaxis and anaphylactoid reactions. Symptoms include the sudden onset of hives or swelling and itching of the skin, breathing difficulties, and a drop in blood pressure.

5. Allergic Reactions  
Women who use hormone-based contraceptives may have an increased risk of blood clots or stroke. If a contraceptive method fails, there is a possibility that the fertilized egg will begin to develop outside of the uterus (ectopic pregnancy). While these events are rare, you should tell your health-care provider if you have any of the problems listed in the next section.

**What symptoms may signal problems while using DEPO-PROVERA Contraceptive Injection?**  
Call your health-care provider immediately if any of these problems occur following an injection of DEPO-PROVERA:  
• sharp chest pain, coughing up of blood, or sudden shortness of breath (indicating a possible clot in the lung)  
• sudden severe headache or vomiting, dizziness or fainting, problems with your eyesight or speech, weakness, or numbness in an arm or leg (indicating a possible stroke)  
• severe pain or swelling in the calf (indicating a possible clot in the leg)  
• unusually heavy vaginal bleeding  
• severe pain or tenderness in the lower abdominal area  
• persistent pain, pus, or bleeding at the injection site

**What are the possible side effects of DEPO-PROVERA Contraceptive Injection?**  
Weight Gain  
You may experience a weight gain while you are using DEPO-PROVERA. About two thirds of the women who used DEPO-PROVERA in clinical trials reported a weight gain of about 5 pounds during the first year of use. You may continue to gain weight after the first year. Women in one large study who used DEPO-PROVERA for 2 years gained an average total of 8.1 pounds over those 2 years, or approximately 4 pounds per year. Women who continued for 4 years gained an average total of 13.8 pounds over those 4 years, or approximately 3.5 pounds per year. Women who continued for 6 years gained an average total of 16.5 pounds over those 6 years, or approximately 2.75 pounds per year.

Other Side Effects  
In a clinical study of over 3,900 women who used DEPO-PROVERA for up to 7 years, some women reported the following effects that may or may not have been related to their use of DEPO-PROVERA: irregular menstrual bleeding, amenorrhea, headache, nervousness, abdominal cramps, dizziness, weakness, or fatigue, decreased sexual desire, leg cramps, nausea, vaginal discharge or irritation, breast swelling and tenderness, bloating, swelling of the hands or feet, backache, depression, insomnia, acne, pelvic pain, no hair growth or excessive hair loss, rash, hot flashes, and joint pain. Other problems were reported by very few of the women in the clinical trials, but some of these could be serious. These include convulsions, jaundice, urinary tract infections, allergic reactions, fainting, paralysis, osteoporosis, lack of return to fertility, deep vein thrombosis, pulmonary embolus, breast cancer, or cervical cancer. If these or any other problems occur during your use of DEPO-PROVERA, discuss them with your health-care provider.

**Should any precautions be followed during use of DEPO-PROVERA Contraceptive Injection?**  
1. Missed Periods  
During the time you are using DEPO-PROVERA for contraception, you may skip a period, or your periods may stop completely. If you have been receiving your DEPO-PROVERA injections regularly every 3 months (13 weeks), then you are probably not pregnant. However, if you think that you may be pregnant, see your health-care provider.

2. Laboratory Test Interactions  
If you are scheduled for any laboratory tests, tell your health-care provider that you are using DEPO-PROVERA for contraception. Certain blood tests are affected by hormones such as DEPO-PROVERA.

3. Drug Interactions  
Cyclosporin (immunosuppressant) is an anticancer drug that may significantly decrease the effectiveness of DEPO-PROVERA if the two drugs are given during the same time.

4. Nursing Mothers  
Although DEPO-PROVERA can be passed to the nursing infant in the breast milk, no harmful effects have been found in these children. DEPO-PROVERA does not prevent the breasts from producing milk, so it can be used by nursing mothers. However, to minimize the amount of DEPO-PROVERA that is passed to the infant in the first weeks after birth, you should wait until 6 weeks after childbirth before you start using DEPO-PROVERA for contraception.

**How often do I get my shot of DEPO-PROVERA Contraceptive Injection?**  
The recommended dose of DEPO-PROVERA is 150 mg every 3 months (13 weeks) given as a single intramuscular injection in the buttock or upper arm. To make sure that you are not pregnant at the time of the first injection, it is essential that the injection be given ONLY during the first 5 days of a normal menstrual period. If used following the delivery of a child, the first injection of DEPO-PROVERA MUST be given within 5 days after childbirth if you are not breast-feeding or 6 weeks after childbirth if you are exclusively breast-feeding. If you wait longer than 3 months (13 weeks) between injections, or longer than 6 weeks after delivery, your health-care provider should determine that you are not pregnant before giving you your injection of DEPO-PROVERA.

Rx only. CB-7-S

Pharmacia & Upjohn  
Pharmacia & Upjohn Company  
Kalamazoo, MI 49001, USA

Comments on this story? E-mail gamecockdesk@hotmail.com