

Main Street

CONTINUED FROM PAGE 1

North Main Street is a primary commuter route from Columbia's northeast suburbs and downtown, as well as a connection to Interstate 20.

Piper's criteria for improving the corridor include four aspects: safety, security, access and aesthetics. Focusing on the road and the area near the road, the streetscaping will involve four major changes to the area.

First on the list of modifications

are those for pedestrians. The city will replace the sidewalks, add brick-layer crosswalks and install Intelligent Transportation Systems crosswalk packages. Those packages comprise crosswalk signs that include countdowns; microwave detectors, which detect the presence of pedestrians; and improved lighting.

The city will also realign several intersections to make them easier to cross.

Other improvements will be geared toward bikers. Some of the funding will be used for a need-based helmet giveaway for area res-

idents. Stripes will be added to travel lanes so that bike riders know where to ride.

Bus riders will see new and more numerous bus shelters, benches and turnouts. Routes will be clearly marked on signs to help riders find their way.

The street itself will be expanded to add turnoff lanes. North Main Street has only periodic left- and right-turn-only lanes at intersections. The programming of the traffic lights will also be modified so that their timing is more appropriate for the traffic.

Planners for the North Main Street Improvement Project hope

the street changes will improve the Level of Service rating of North Main intersections. The LOS grade ranks intersection performance — it records the average time that motorists are stopped at traffic lights.

Several North Main intersections, which commonly have wait times of 40 or more seconds, have received failing grades by LOS standards. If all goes according to plan, after the project's completion in 2006, seven street intersections will be out of the red, four with a grade of A.

The city even plans to rezone some of the street. "We're floating an idea about an overlay district to address signage, to complement what's being done," said Chip Land, the city's deputy director of zoning.

An overlay zone would reduce highway-style commercial development by outlawing large-sign advertising, he said. Businesses would be encouraged to use backlot parking and build their offices closer to the street.

Not all the residents of Eau Claire, the suburb near North Main, support the change. Several residents expressed their dissension at a public meeting



As part of a project to beautify North Main Street, the city will replace sidewalks and add brick-layer crosswalks and bike lanes.

PHOTO BY PETER GIOIELLO/THE GAMECOCK

Monday.

Some complained that the beautification would increase traffic along the intersection of Main Street and Sunset Drive. One said he saw backups from the area going back to Elmwood Avenue from 3 to 6 p.m. daily.

Another said the technological improvements will take place only along the corridor of Main Street and would not extend past the street; he wanted the changes to also benefit nearby neighborhoods.

Others said the meetings would never bring the project to fruition.

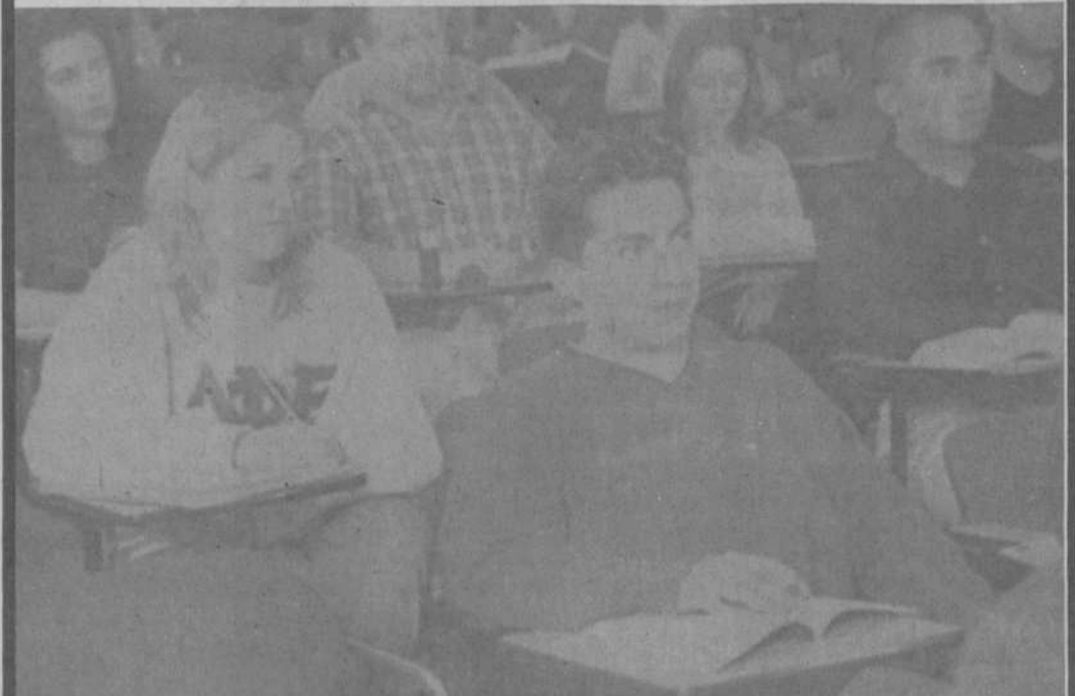
The counsel has been discussing the changes since 1999.

"The reason we have so many meetings is to get their input," Piper said. "This counsel could, if you wanted, plan it all without input and be done in three months."

"People are always against change," he said, "and they always want their specific problem fixed."

Barring major problems, the project will begin in 2004 and finish soon after 2006, Piper said. Comments on this story? E-mail gamecockdesk@hotmail.com

What is little Johnny - and Deborah, Ali, Sarala - learning about religions in school?



Religious Intolerance in Our Multi-Faith Society

[a free public event]

October 26 7:00 - 9:15pm. Gambrell Hall Auditorium, USC

October 27 2:00 - 9:15pm. Law School Auditorium, USC

For more information call, 803.777.4522 or visit, www.cla.sc.edu/RELG/partners/pind/pindspec.html

This event is offered by the U.S. Conference of Religions for Peace as part of a national series of 12 symposia on diversity issues funded by the Rockefeller Foundation. Event collaborators include Partners in Dialogue, the Department of Religious Studies at the University of South Carolina, and the South Carolina Humanities Council.

Film to hold casting call in Walterboro

The feature film "Radio," starring Cuba Gooding Jr. and Ed Harris, is holding an open casting call Oct. 24 and 25 between 2 p.m. and 8 p.m. at the Quality Inn in Walterboro for male football and basketball players.

All applicants must be male and between the ages of 18 and 25, must have at least high-school experience in their sport, and must not be NCAA colle-

BRIEFLY

giate athletes. Interested players are advised not to cut their hair because of the 1970s time period the film tries to capture.

Players chosen for significant positions will be paid.

"Radio" will be filming in Walterboro, S.C., through December.

The movie is based on the true story of a T. L. Hanna High School coach, played by Ed Harris, and a mentally handicapped man, played by Cuba Gooding Jr. Their relationship causes their small community in

Anderson, S. C., to divide, then alter their preconceptions and finally unite once again.

The creators of "Radio" are also involved in such other feature films as "Finding Forester," "The Rookie," "Varsity Blues," "Summer Catch" and "Hard Ball."

The Quality Inn at 1286 Sniders Highway (Highway 63), is located off Interstate 95 at exit 53. Interested players may call the Player Hotline at (843) 538-6335 or log onto www.reelsportsolutions.com.

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Moving from anger to action

BY ALLYSON BIRD
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Yossi Klein Halevi was the first member of his family in New York City to be born after the Holocaust, and his father was a survivor who hid in a forest hole. "My father was an angry survivor. The anger included most of the non-Jewish population," Halevi said. "I saw the world through the constricted lens of my father's hole in the forest."

Halevi is an Israeli journalist and citizen of Jerusalem who writes regularly for the Los Angeles Times. He joined Rhett Jackson, a local United Methodist church member, and Imam Omar Shaheed of Masjid As-Salaam to lead a panel discussion at the College of Nursing. The three explained their personal escapes from religious prejudice. The panel was part of the Solomon-Tenenbaum Lectureship titled "From Exclusion to Embrace: A Jew, A Christian and A Muslim Tell Their Stories."

Halevi began the discussion describing his childhood.

His entire neighborhood had been composed of "similarly traumatized people" such as his father. Halevi would even cross the street before passing the nearby church as a child. To him, it represented hatred toward his faith.

"Many Christians don't realize how Jews fear Christianity and especially the cross," he said.

As a teenager, Halevi joined the Jewish Defense League, which he candidly names a radical group of the '60s and '70s. Although Halevi accused the league's leaders of racism, he stayed involved because his people were being represented.

"We felt a deep sense of betrayal against the American Jewish population, ... which had not done enough to save the Jews" during the Holocaust, he said.

Halevi learned in college that his mentality was skewed, he said, and he eventually fell in love with and married a Christian woman who later converted to Judaism. He moved to Israel in 1982.

"It was the great Jewish adventure of our lifetime, and I didn't want to be a spectator," he said. It was in Israel that he discovered that "rage was no longer

Depo-Provera[®] Contraceptive Injection

medroxyprogesterone acetate injectable suspension

DEPO-PROVERA[®] Contraceptive Injection (medroxyprogesterone acetate injectable suspension, USP)

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

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

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

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

Method	Lowest Expected	Typical
DEPO-PROVERA	0.3	0.3
Intrauterine (IUD)	0.2*	0.2*
Fertility sterilization	0.2	0.4
Male sterilization	0.1	0.15
Oral contraceptive (pill)	0.1	3
Combined	0.1	3
Progestin only	0.5	3
IUD	0.1	3
Progestin	30	3
Copper T 380A	0.8	12
Condom (without spermicide)	2	18
Diaphragm (with spermicide)	2	18
Cervical cap	6	18
Withdrawal	4	18
Periodic abstinence	1.9	20
Spermicide alone	7	21
Vaginal Sponge	9	28
used before childbirth	6	18
used after childbirth	3	18
No method	85	85

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

*From "No-parasit" package insert.

Who should not use DEPO-PROVERA Contraceptive Injection?
Next all women should use DEPO-PROVERA. You should not use DEPO-PROVERA if you have any of the following conditions:

- if you think you might be pregnant
- if you have any vaginal bleeding without a known reason

Birth control you think about just 4 x a year.

- if you have had cancer of the breast
- if you have had a stroke
- if you have or have had blood clots (phlebitis) in your legs
- if you have problems with your liver or liver disease
- if you are allergic to DEPO-PROVERA (medroxyprogesterone acetate or any of its other ingredients).

What other things should I consider before using DEPO-PROVERA Contraceptive Injection?

- 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, and about 93% of those who become pregnant will do so in about 15 months, and about 97% 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 constant 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, 53% of the women studied reported no menstrual bleeding (amenorrhea) after 1 year of use, and 66% 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 regular monthly growth of your uterine lining 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. Unrecognized 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.

Other Risks

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

What symptoms may signal problems while using DEPO-PROVERA Contraceptive Injection?

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

What are the possible side effects of DEPO-PROVERA Contraceptive Injection?

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

2. Other Side Effects
In a clinical study of over 3900 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**
Cytosine (aminoglycosides) 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 1 week 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.

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