



Well Now

Winter, 2003



UNIVERSITY OF OREGON

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Grrrls Get Buff: strength training for women

By Danielle Wallace

Allow me to state the obvious: A serious discrepancy exists in the ratio of the sexes in the weight room at the Student Recreation Center. But, let's get something straight. The weight room is not reserved just for the sweaty college guys.

Why then do so many college women fail to incorporate resistance training into their workout program? Is it the male dominated environment in the weight room? The lack of knowledge regarding the benefit of strength training? Let's debunk some myths about women and weight training and get some facts straight.

MYTH: Using weights will make me bulky!

FACT: Strength training will build lean mass in lovely proportion if the training routine is balanced

Unless a woman hits the gym determined (and probably augmented) to look like the cover girl on a body building magazine, it just will not happen. Most women are not training at levels of power lifters. The reason we don't bulk out is partly hormonal and partly because of muscle physiology. On average, men produce 10 times more testosterone than woman. And as we know, one of testosterone's jobs is to stimulate skeletal muscle development and increase muscle size (hypertrophy). Because the average man is larger and has more lean mass than the average woman, he can generate more force in the weight room and stimulate a greater training effect.

MYTH: Strength training won't get me in as good of shape as a cardio workout!

FACT: Strength training, when combined with cardio workouts, will make you leaner, stronger and healthier than cardio alone.

Attention ladies! Strength training helps women develop stronger

bones and connective tissues. It helps control weight by increasing lean muscle mass, allowing you to burn more calories even when you are at rest. Strength training also offers protection against osteoporosis!

MYTH: The weight room is scary because there are so many guys!

FACT: Okay, this can be true if you go unprepared and during very busy times.

Go to workout in the mornings between 7-9, and the weight room is virtually empty. Fridays and weekends are also a good choice because the weight room is open all day. Also, wearing headphones helps ward off any possible interruptions (this works!)

MYTH: No one is here to help me learn to lift the weights correctly.

FACT: The Student Recreation Center offers awesome fitness services that include inexpensive fitness training. Also, the Student Recreation Center provides FREE fitness orientations that include a group tour of the strength training center. For any additional information about personal training call E.L.T. Coordinator, Michael Cross at 346-1171.

MYTH: I have an injury so I shouldn't be lifting weights.

FACT: Some times weight bearing exercise is a vital part of rehab-



Author Danielle Wallace pumps what she preaches

itation.

It's important to consult a medical professional before you begin a strength training program. The University Health Center employs physicians, physical therapists and athletic trainers that specialize in sports related conditions. You can make an appointment for a complete physical at 346-2770. If you have an injury, you will need a physician referral for physical therapy. The Health Center's Sports Medi-

cine/Physical Therapy is located in two sites: in the Health Center and in the Student Recreation Center. For more information about making an appointment with a physical therapist, call 346-4401.

The Student Recreation Center and the Health Center want to see you in good mental and physical shape! Take advantage of these great services. And ladies, start hitting the weights for the good stuff.

A New Men's Center on Campus

By Annie Dochnahl

Common experience and campus data agree. Compared to their female counterparts, college men generally take more health risks (think alcohol, sex, violence and suicide) and wait longer to seek care. For example, here at UO, men make up about 80% of the student conduct cases but are the minority at the Health and Counseling Centers. The Men's Center hopes to change that.

As of last term, the University of Oregon has launched a Men's Center. You won't find it in an

actual space yet, but you will find enthusiasm for locating a home for the Center.

Why a Men's Center?

The Men's Center, now an ASUO recognized organization, is the outgrowth of research that was conducted on campus three years ago by UO faculty, staff and students. The research examined what UO men considered to be their greatest health concerns, important barriers to addressing their health concerns and suggestions for how the university can assist them to

take better care of their health. The results were published in the May 2000, Journal of American College Health and a brief summary follows.

Men's Top Health Issues and Concerns:

- Alcohol and other drug use
- Personal fitness
- Maintaining desired weight/Nutrition (tie)
- Anger management
- Maintaining relationships (friendship and romantic)

Factoids

Orthorexia Nervosa is a term coined by Steven Bratman MD that describes "a pathological fixation on eating proper, pure or superior foods." Orthorexics obsess over what to eat, how to prepare their food and look down upon those who eat unhealthy foods such as non-organic or junk food. This behavior is the focus of their life and their self worth is based on what and how they eat. Although it is a useful concept to define, this is not a medical diagnosis.

—www.amred.com

Increasing folic acid in your diet can reduce the risk of colon, rectal and breast cancer. Foods high in folic acid include fruits, vegetables and enriched grain products.

—www.cancer.org

This year, it is estimated that 555,500 people in the United States will die from some form of cancer. Of those deaths, 154,900 will be the result of lung cancer and 40,000 will be from breast cancer.

—www.cancer.org

Anorexia has the highest mortality rate of any mental illness.

—www.nationaleatingdisorders.org

One million boys and men struggle with eating disorders including anorexia, bulimia, binge eating disorder, or borderline conditions.

—www.nationaleatingdisorders.org

81% of ten year olds are afraid of being fat

—www.nationaleatingdisorders.org

Most fashion models are thinner than 98% of American women

—www.nationaleatingdisorders.org

91% of women recently surveyed on a college campus had attempted to control their weight through dieting

—www.nationaleatingdisorders.org

95-100% of Asians, 60-80% of African Americans, 50-80% of Hispanics, and 6-22% of Whites, are lactose intolerant

—American Family Physician, vol. 65 issue 9

These are the most common foods that causes allergic reactions: Milk, eggs, peanuts, tree nuts (walnuts, cashews, pecans), fish, shellfish, soy wheat.

—The Washington Post, June 25, 2002

Gonorrhea strikes 150 per 100,000 in the US, versus just three per 100,000 people in Sweden and 18 per 100,000 in Canada.

—www.condomania.com

Left untreated, sexually transmitted infections can cause infertility, cancer, birth defects, miscarriages, even death. And individuals in the US suffer 10 to 50 times more sexually transmitted infections than people in other developed countries.

—www.condomania.com

Contraception — A menu of choices



Student models Ortho contraceptive patch and vaginal ring. Both contraceptive methods are available at the UO Health Center.

By Ronalyn Malasig

Contraceptives in various forms have been around for thousands of years. The earliest known illustration of a man using a condom during sexual intercourse, for example, is a 12,000-15,000 year old cave painting in France.

These days we have a plethora of contraceptive choices. Devices such as the condom, diaphragm, cervical cap, IUD, and the pill have been on the market for years, while the patch (by Ortho) and the intravaginal ring (by Organon) were recently introduced in the United States. Allow me to shed some light on these last two contraceptive newcomers.

Ortho Evra, the contraceptive skin patch, is the first weekly hormonal form of birth control. Since its approval by the Federal Drug and Food Administration in November 2001, many clinics, including the University Health Center, have started to offer this method to women. Similar to a Band-Aid, the patch is a 1 3/4 inch square shaped adhesive patch that a woman can place on her abdomen, upper outer arm, upper torso, or buttocks. Its three layers include a protective outer layer, a middle layer, which contains the hormones and adhesive, and a clear liner that the woman peels off to expose a sticky layer. Like oral contraceptives, the patch contains the hormones estrogen and progestin, and works on a 28-day cycle. Three patches are used in a month; one per week for the first three weeks and then no patch for the 4th week. By wearing the patch, the hormones inhibit a woman from ovulating and aid in the thickening of a woman's cervical mucus, therefore preventing sperm from entering the womb.

Another method of contraception recently introduced to the market, is the intravaginal ring. It's called the NuvaRing, and is a flexible circular contraceptive vaginal ring that contains the hormones estrogen and

progestin. The ring is inserted into the vagina and is left there for three weeks and then is removed for the 4th week. The same process is then continued the following month. The NuvaRing provides the user with a continuous low dose of hormones in the body.

According to Colleen Jones, one of the nurse practitioners at the University Health Center, the most common form of contraception prescribed on campus is still the birth control pill. Both the patch and ring, however, are convenient if students don't want to take a pill every day. Like the pill, the patch and ring are 99% effective in the prevention of pregnancy when used as prescribed. The potential for side effects are similar to those of oral contraceptives.

The patch and the vaginal ring, like most contraceptives, do not prevent the transmission of sexually transmitted infections (STIs). And unfortunately, the prevalence rate of STIs is increasing among the teen and college students of America. According to Condomania, (www.condomania.com), only 23% of young adults know about chlamydia, the most common bacterial STI which strikes an estimated 4 million Americans a year. Statistics also indicate that one in every 100 sexually active adults between the ages of 15 and 49 worldwide is infected with HIV, and only one in 10 knows he or she is infected (UNAIDS Report, November 25, 1997).

Fortunately, the University Health Center offers a program called FPEP (Family Planning Expansion Project), which provides qualified students with free contraceptives, contraceptive counseling, and an annual women's exam. STI testing can be covered when combined with contraceptive management, or pregnancy tests. To apply for FPEP or to get more information on issues regarding contraceptives, STIs, or health in general, visit the Health Center or check online at healthcenter.uoregon.edu.

What is emergency contraception?

By Ratha Chan

My friend calls me at one a.m., frantic and frightened. She tells me that she and her boyfriend had sex and the condom they used broke. She is terrified that she might become pregnant and does not know what to do. She says she loves her boyfriend, but they are not ready to have a baby right now. I try to calm her down and ask her if she's heard of emergency contraceptive pills? She tells me no.

It's surprising to me how many women don't know about emergency contraception (EC) or that it's available here on campus. EC, also known as "the morning after pill," is a back up

hormonal vaginal that is used after having unprotected vaginal intercourse. Do not mistake EC with RU 486, sometimes called the "abortion pill," since EC will not terminate an established pregnancy.

Women can take emergency contraceptive pills for many reasons: contraceptive failure, choosing unprotected intercourse, or in case of sexual assault. EC shouldn't be the primary method of contraception, but used as a back up method when other methods fail or, like the name suggests, as an emergency.

At the UO Health Center, EC is typically provided as "Plan B", a brand that is a progestin-only pill. Plan B is similar to regular birth control

pills, but the amount of hormone in each pill and the dose is different. EC disrupts ovarian hormone production and prevents egg implantation in the uterine lining. Plan B is taken in two doses, 12 hours apart and works best when the first dose is taken within 120 hours, or five days, of unprotected vaginal intercourse.

While most women tolerate EC well, some experience nausea and vomiting, breast tenderness, irregular bleeding, fluid retention, dizziness, and headaches. Menstrual patterns are often altered. If symptoms last more than 2-3 days, or if you haven't had a normal period in three weeks, call your health care practitioner.

EC can be obtained by prescription at UO

Health Center, through your regular doctor, or at family planning clinics. The cost for EC is very low and for students who qualify for FPEP (Family Planning Expansion Project) contraceptive services are free. I encouraged my friend to go to the Health Center to get an EC prescription and to if she qualifies for FPEP.

Health Center nurse practitioner Wendy Lang thinks it is a good idea for sexually active heterosexual females to have EC stored at home, just in case it is needed. The sooner after unprotected intercourse EC is taken, the more effective it is.

For more information about emergency contraceptives, FPEP or to schedule an appointment at the Health center call 346-2770.

What can I do? helping a friend with an eating disorder

By Christine Misbaugh

I started with missing leftovers, jars of peanut butter, and other foods disappearing. She ate a watermelon every three days and kept no food of her own in the house saying it was too tempting for her. Even though I knew she had a problem, I wasn't sure what to do about it. The bathroom smelled suspiciously of strong perfume and she ran panicked to the toilet from time to time. It was horrible watching her walk around like a zombie going to the gym despite my concerns, but every time I talked to her she swore she was fine. As a result of this and more, the summer we were supposed to enjoy became a sad memory of the past.

This situation is unfortunately all too common for many college students. The National Eating Disorder Association estimates that 6 to 16 million people in the US suffer from anorexia, bulimia, compulsive overeating, and other eating disorders. The prevalence of such disorders is often even more pronounced on college campuses. As University Health Center Physician Donna Scurlock points out, eating disorders on campus is a function of both social influences as well as individual circumstances. However complex the causes may be, it is likely that most everyone has experienced or has heard about someone who struggles with an eating disorder.

It can be very frustrating to watch a friend hurt her or himself and feel like there is nothing you can do to help. This difficulty is acknowledged by Kristen Olmos, Registered Dietitian at the Health Center. She emphasizes, that while you cannot change someone or make them seek treatment, you can learn about disordered eating. In this sense, it is possible to influence a friend so that they are motivated to get help. Being a supportive friend, a good listener, a positive role model, and learning about the signs, symptoms, and treatments for eating disorders are great starts for those concerned

about someone with an eating disorder. Becoming aware of resources available on campus is extremely helpful in encouraging a friend to take action for themselves. Knowing what to expect when confronting or talking to them about their problem can also help you deal with the situation without becoming overwhelmed. It is crucial to remember to take care of yourself and not become consumed by the problem or tempted to be a hero.

A few years have passed since the ill fated summer with my friend. At the time my knowledge focused largely on knowing the signs and confirming there was a problem. A more productive approach might have been to learn about options, describe them to my friend and let her think about them as she was ready to deal with her problem. In this way, I could be supportive and available if she chose to get help.

- Here at the UO, there are several resources available through the Health and Counseling Center. Don't hesitate to learn more about them so you can help your friends.
- Health Center medical staff (346-2770); physical exam and referrals to additional services
- Registered Dietitian, Kristen Olmos (346-2794); dietary recommendations and meal planning
- Peer Health Education library; books, brochures and other materials on body image and eating disorders
- UO Counseling Center (346-3227); confidential workshops and drop-in hours for individuals with eating disorders and their concerned friends.
- Eating Disorders Team: Psychologists, Physicians, Exercise Physiologist, and Dietitian working as a team to comprehensively understand and treat individuals with eating disorders.
- Eating Disorders Awareness Week: winter term and aims to increase awareness on campus. Call the Peer Health Education Office for more information (346-4456)
- Check out www.nationaleatingdisorders.org

“...eating disorders on campus is a function of both social influences as well as individual circumstances.”

Taking Care of Those Pearly Whites

By Kimberly Ito

Has it occurred to you that your one pair of teeth are supposed to last your entire lifetime? Many people take this simple realization for granted, and in turn fail to take proper care of their one and only pair of teeth. There is more to caring for our chops than just brushing.

Think about all the reasons you want to hang on to your strong teeth (e.g. look good, eat hard foods, enjoy a pain-free mouth) and then read on.

You may be brushing your teeth twice a day, but there are other factors to consider. Type of toothbrush, technique, and when you brush, for starters. After gathering information and speaking with Debra George, dental hygienist, at the University Health Center's Dental Clinic, I have learned better ways to care for my teeth. Using a toothbrush that has soft bristles with an effective plaque removal design is the best way to go. Brushing twice a day is good, but brushing after meals is even better. Make sure your toothpaste contains fluoride for preventing cavities. Replace that toothbrush every three months.

Although the equipment you use to brush is important, technique is also extremely important. It is best to pay close at-

tention to the hard-to-reach places, as well as the gum line. You also want to make sure that you brush for about two minutes, in a circular and gentle motion, careful to not press too hard. Brushing your tongue is helpful in removing bacteria and promoting fresher breath.

Debra explained many adverse dental side effects of smoking. The toll tobacco takes on your teeth and gums has a lifetime effect. Tobacco use increases the prevalence and severity of periodontal disease. It is in your mouth's best interest to not smoke at all.

Our University Health Center's Dental Clinic is a valuable gem. Jan Halvorson, the dentist, and the hygienists are friendly, professional, and extremely knowledgeable. Making appointments is easy (simply call 346-2791). The location is totally convenient and the costs are most affordable.

Seeing a dentist on a regular basis is essential when it comes to taking care of my health and that is why I encourage you to go too! Once there, you'll learn a whole lot more than you've ever expected!



Author, Kim Ito, brushes up on knowledge of dental health at the University Health Center dental clinic.

Social smoking or smoke screen?

By Maria Guerrero

Pop Quiz:

What is the definition of a "social smoker"? Is it people who:

A. Justify to themselves they are a soft smoker so they don't have to admit that they are bonafide smokers.

B. Leach cigarettes from their friends because there too cheap to fork out the \$4.50 per pack.

C. Smoke only when they drink but drink every Friday and Saturday night.

D. Are very close to being fully addicted to tobacco.

E. Some combination of the above.

You won't likely see this question on any quiz, but the notion of what makes a social smoker is fascinating to me. According to the 2002 University Health Center's Student Health Survey, 22% of students use tobacco, many of whom consider themselves social smokers.

First let's review what happens when you pick up that cig and bring it to the curves of your lips.

You are breathing in over 4000 toxic chemicals, many of which cause cancer. Ever heard of carbon monoxide, arsenic, methanol, and hydrogen cyanide? These are a small sample of toxins that you breathe in while you smoke tobacco. The tar in cigarettes is the black sticky substance that contains many other toxins and is the main cause for throat and lung cancers. Yellowish brown stains show up on smoker's teeth, fin-

gers, clothes and the ceilings of their homes.

Let's not forget nicotine, the addicting agent in tobacco, which is thought to be more addictive than heroine. This conclusion comes from recognizing that craving and physiological changes happen quickly to most individuals who smoke tobacco. It's physiologically difficult to remain a "social smoker" and avoid full on addiction.

Nicotine is also a stimulant and as such can not possibly confer the relaxation that so many smokers claim that tobacco provides. Nicotine stimulates the nervous system, increases heart rate, raises blood pressure and constricts small blood vessels under your skin. The last effect is what causes wrinkles. When a smoker goes to sleep, they often experience nicotine withdrawal. Research suggests that nicotine is linked with difficulty falling asleep and problems waking up. Research also suggests that smokers may experience more nightmares.

Reviewing all this, let's not rationalize that being a social smoker is benign. Halt an unhealthy situation before it takes deeper root. Why not join the 78% of students on campus who don't smoke at all? Make an appointment or stop by the Health Center and pick up a free Quit-Kit for tips on quitting tobacco.

For more information on smoking cessation, contact Health Educator Paula Staight at Pstaight@oregon.uoregon.edu



Peer Health Educator, Cara McCarthy promotes the Great American Smoke-Out on campus.

Additional compounds in cigarettes and other places they are found

- (Source: American Lung Association)
- Carbon Monoxide (car exhaust)
 - Ammonia (floor cleaner)
 - Arsenic (rat poison)
 - Butane (lighter fluid)
 - Hydrogen Cyanide (gas chamber poison)
 - Toluene (industrial solvent)
 - Acetone (paint stripper)
 - Cadmium (car batteries)
 - Formaldehyde (preservative for dead bodies)
 - Naphthalene (moth balls)

Boiling Water 101:
An Introduction to Cooking

Wed. 4-5:30
Feb. 5-Feb. 19
University Health Center, Cafeteria
Call 346-2794 to register.

Learn basic skills to prepare quick, nutritious and delicious meals! If you feel like you have no time, money or creativity then this is the workshop for you. Class is limited to seven students. Cost is \$15.

Quit Kit

Quitting tobacco is the healthiest move you can make! Pick up a "quit kit" from a Health Center practitioner or from the Health Ed Office.

Smoking Cessation Workshop

Tue. Jan. 28
4:00 - 5:30 pm

University Health Center Medical Library

Gather information and resources to help you quit for good. Aids such as the patch, zband, gum and behavior strategies will be discussed.

CPR Certification

Mondays 5-9 pm
Jan. 27 or March 3

Health Center Cafeteria

Heart saver course with two year certification. Register at 346-2770.

Free Cholesterol Screening

Every Tuesday
9:30-11:30 am

UO Health Center, Health Education Office

Simply drop by, no appointment necessary.

Health Info Tables at the Student Rec Center

Wednesdays 3:00 - 5:00 pm

Jan. 15 - Healthy Resolutions

Jan. 29 - Contraception

Feb. 12 - National Condom Week

Feb. 26 - Healthy Body Image

Spring Thing III

March 5, 3-5 pm

Health & Fitness Fair at the Rec Center.

To register for or to learn more about these workshops, check out the University Health Centers website at <http://healthed.uoregon.edu> You can also call 346-4456 or stop by the Peer Health Education Office on the first floor of the University Health Center.

A new look at SEX in the U.S.



By Cara McCarthy

How, when and where did you first learn about sex? Were you comfortable enough to discuss it openly? Did you feel you were given accurate, realistic information? Did you feel that you had been given the responsibility to make whatever choices felt right for you?

These are the main questions of the "Rights, Respect, Responsibility" (RRR) Initiative, founded by Advo-

cates for Youth and currently being adopted by organizations, from church groups to grade schools, across the nation. The idea behind the campaign is this: provide affordable, confidential family planning services; establish sustained, realistic media campaigns; educate people with information based on scientific research; and create an open dialogue between parents, youth and educators. This is a radically different way of addressing sexuality in our culture but has proven to be

a very successful approach in other countries.

For the past 5 years, Advocates for Youth has sent a team of educators, health care workers and youth to Western Europe to study the media, public health policy and philosophy regarding sex in those countries. What they have seen on their study tours to Germany, France and the Netherlands is that sexuality in these countries is viewed as a natural and healthy part of being human. People are encouraged to talk openly with parents, educators and clergy members and are given accurate and realistic information so they are able to make their own, educated decisions about sex. Sexuality is addressed repeatedly in the media in a normal, positive and often humorous light. Family planning services are accessible and affordable. And, instead of being urged to abstain completely from sex, people are encouraged to delay sex until they are emotionally, physically and socially ready. In these countries the message about sex is simple and repeated time and time again by parents, educators and the media: safe, responsible sex or no sex.

What results from this approach is teens in these countries wait an average of 1 1/2 years longer than U.S. teens to have sex

for the first time and a decrease in rates of unintended pregnancies, abortions and sexually transmitted infections (STIs) among people of all reproductive ages. RRR is working to bring this European model of sexuality education home to the United States.

Since 1997, \$500 million United States dollars have been set aside for use in "abstinence-only until marriage" education, although no research has proven this to be an effective strategy. The driving force behind RRR is the realization of a society where people are valued to make their own choices about their sexuality and public health policy is grounded in scientific research. This would be a society where encouraging healthy sexual attitudes and behaviors is regarded as a community responsibility.

Access to free or low cost health care is one of the core values of the RRR campaign and the University Health Center is a great place to get information on contraception, STI's and other sexual health issues. Call for an appointment or stop by to see if you qualify for free family planning supplies and services under the FPEP grant. For more information about "Rights, Respect, Responsibility" go to www.wecandobetter.org or www.advocatesforyouth.org.

A New Men's Center on Campus *continued*

Men's Top Barriers to Obtaining Health Care

- Need to conceal vulnerability and be independent
- Lack of knowledge/misinformation about services
- Lack of time/not feeling susceptible to health concerns (tie)

Men in the UO study offered numerous suggestions for how the university could help guys attain better health, one of which was the development of a Men's Center.

What will a Men's Center do?

The goal of the Men's Center is to help men develop health promoting habits by increasing utilization of support services like those at the Health and Counseling Centers. Ideally, the Men's Center will eventually be housed in a centrally located area such as the EMU. Services envisioned include a health library with information about campus resources, discussions, activities and mentoring opportunities aimed at health outreach with campus men.

How is it being received?

In order to demonstrate to the ASUO that students support the idea of a Men's Center, a diverse group of students (n=260) was surveyed last spring. 93% were in support of Men's Center, 89% felt men would benefit from a Men's

Center, 86% believe that women would benefit from a Center, and 86% would refer a friend to the Men's Center.

Getting Involved

George Hanawahine, doctoral student in Family and Marriage Counseling, is currently the director of the Men's Center. He observes, "Men are socialized from the time they are born to be strong and tough. This often results in men attempting to solve most of their problems on their own. In society it is evident that men are privileged at many different levels, therefore some believe men don't need services that help or benefit them. Statistics clearly show that men have serious social, health and emotional needs, therefore the mere existence and success of the Men's Center would help legitimize this need."

Like the ASUO Women's Center, the Men's Center is governed with by-laws, a diverse advisory board and officers that provide guidance and decision making for the Center. The Men's Center web site (<http://www.geocities.com/rpscotty/UOMC.htm>) offers more on the philosophy and answers to frequently asked questions about the Center. To become involved or learn more about the Men's Center, contact George at aghanawah@darkwing.uoregon.edu.

...here at UO, men make up about 80% of the student conduct cases but are the minority at the Health and Counseling Centers. The Men's Center hopes to change that.

Winter 2003 Contributing Writers and Peer Health Educators



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