

Eugene to view world humanity event

"You say you want a revolution,
well you know
we all want to change the world...
You say you got a real solution,
well you know
we'd all love to see the plan..."

John Lennon—Paul McCartney

By SALLY HODGKINSON
Of the Emerald

The World Symposium on Humanity isn't a revolution, but it certainly may be a plan that will change the world.

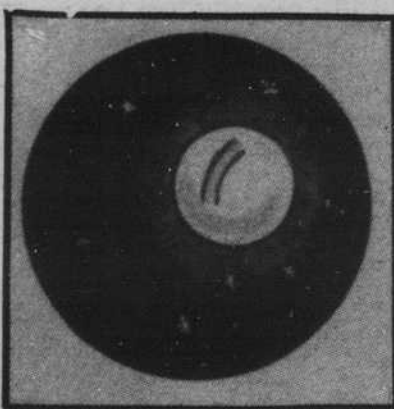
The April symposium will attract some of the world's most famous names in humanity, including

Buckminster Fuller, Ralph Nader, Marcel Marceau, Ram Dass and Elizabeth Kubler-Ross to discuss planetary issues.

The eight-day event will be held simultaneously in Toronto, London and Los Angeles with all three sites linked by a satellite system. Although Eugene lacks the television equipment necessary to tie into the satellite broadcast, local citizens will have a chance to view the event on video tape in the EMU Ballroom April 8-12.

A meeting for people interested in the symposium will be held today at 2:30 p.m. in the EMU Forum Room.

The symposium will work to ex-



pose people to ideas and thoughts in terms of planetary problems, solutions and culture, says Wayne Miller, a University student organizing the ballroom event.

"We don't want to be limited by the idea that we can't change anything," he says. "As long as people go around believing that they can't do something, they're not going to be able to do it."

Topics for the World Symposium will include space, human rights, magic, family, the future, dance, money, war, media and information, environment and politics.

The conclusions and action plans that emerge will be sent to world leaders and organizations.

Miller estimates the cost for the event at \$3,300. He is applying for a grant of \$1,500 from the Oregon Committee for Humanities and hopes to receive donations from local businesses and community members. Donations may be requested.

Community response to the symposium should be high, Miller says. "For a small town, this community has an incredible energy to it. A lot of things are going on."

Miller, who is also the assistant director of SEARCH, has been

working to bring the symposium to the University since December. "It takes an enormous amount of time, energy and organization to get people interested."

People either think it's a great idea or they are very skeptical, he says.

"Some people say, 'Hey, you can't do this, why are you wasting your time? Nothing is going to change.' To these people the only response I ever make is 'That's the attitude that we're up against,'" Miller says.

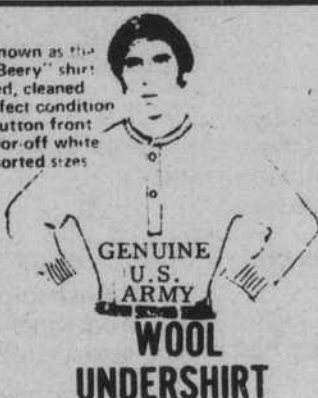
"The only thing needed to bring the World Symposium on Humanity to Eugene is people. Volunteers now number 'less than a handful,'" says Miller.

"You can have a negative attitude and be miserable in life or you can have a good attitude, love life and feed off its energy," Miller says.

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ask the sexpert

I have heard that the pill is unsafe for older women, or women who are heavy smokers. What about risks for young women? Are there any benefits to using pills?

A: We have good news and bad news. The pill has received much negative attention over the years, and unfortunately has not been put into perspective. The "risk" that pill manufacturers talk about include "major" side effects. There is a relationship between pill use and blood clot problems and heart attack. The risk of developing these problems increases with age (over 34 years) and heavy cigarette smoking. (Seems smoking isn't good for anything...) The risk of death, although still very small, is still five to 10 times greater than for non-pill users.

For a woman between 15-34 years, the risk of death is five per 100,000 pill users. Risk of death associated with birth control is lowest for women who rely on the diaphragm with cream or jelly or the condom, and who use abortion when contraception fails. (We don't believe there are any deaths due to condom use alone.) This rate is 0.3 per 100,000 women. There is some evidence that five or more years of pill use increases

the chance of developing a circulatory disease, even after use of the pill is stopped. Some women experience delays in beginning their menstrual cycle after pill discontinuation.

Overall, the major side effects are not likely to happen to women who have a healthy medical history. (No blood clots, no liver disease, no cancer of uterus. Some health conditions may be worsened with pill use, including migraine headaches, diabetes, asthma, and others.) It is imperative that women go to a doctor or clinic to obtain birth control pills for these reasons.

"Minor" side effects include weight gain, nausea, breast tenderness. These side effects usually disappear after three months of pill use. Now the good news: the pill is still the most effective contraceptive, which enables many women to reduce their fears about becoming pregnant unintentionally and therefore are able to enjoy sex more.

Many women report lighter periods, less cramping and bleeding. There are reports that women decrease the chance of developing a benign breast disease with pill use. And to repeat, for young women with healthy medical histories, the risk of developing a serious side effect is very slight.

I use a diaphragm for birth control and I've heard that the effectiveness can vary a lot. What can I do to make it really effective?

Good question! As the pill decreases in popularity, the diaphragm goes up. The biggest reason for failure is not putting it in every time. "Too much bother," "it interrupts," "embarrassing," are common complaints.

For those of you who don't know, the diaphragm is a small rubber cup which a woman inserts into her vagina before intercourse. She puts a tablespoon of contraceptive jelly into the cup before insertion and the jelly covers the opening to the uterus, thereby blocking the passage of sperm and killing them chemically. She removes the diaphragm six-to-eight hours after intercourse.

A diaphragm can be about 97 percent effective if you:

—have the right size and type to begin with — (that's mostly your doctor's responsibility, although you do need to be refitted after a pregnancy, an abortion, or a gain or loss of 10 pounds).

—check it for holes (we saw one with scotch tape all over it).

—put it in every time (even during your menstrual cycle).

—check it to make sure it's in place (it must cover the cervical opening to the uterus).

—always use a tablespoon of contraceptive jelly in it (one woman used grape jelly...tsk, tsk).

—put it in no more than two hours before intercourse.

—leave it in at least six hours after intercourse (or after the last act of intercourse, if you have intercourse more than once in six hours).

—and finally, add an extra applicator full of contraceptive jelly or foam before repeated acts of intercourse.

Not doing one of the above increases the chances of failure. Also, a diaphragm is more likely to fail if it has to deal with consecutive acts of intercourse, even if the recommended extra applications of jelly are used.

Your position during intercourse can also affect the diaphragm. The woman-on-top positions make it easier for the penis to slip under the rim of the diaphragm. In actuality, the way people usually use diaphragms (including not always putting them in), they are about 83 percent effective.

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