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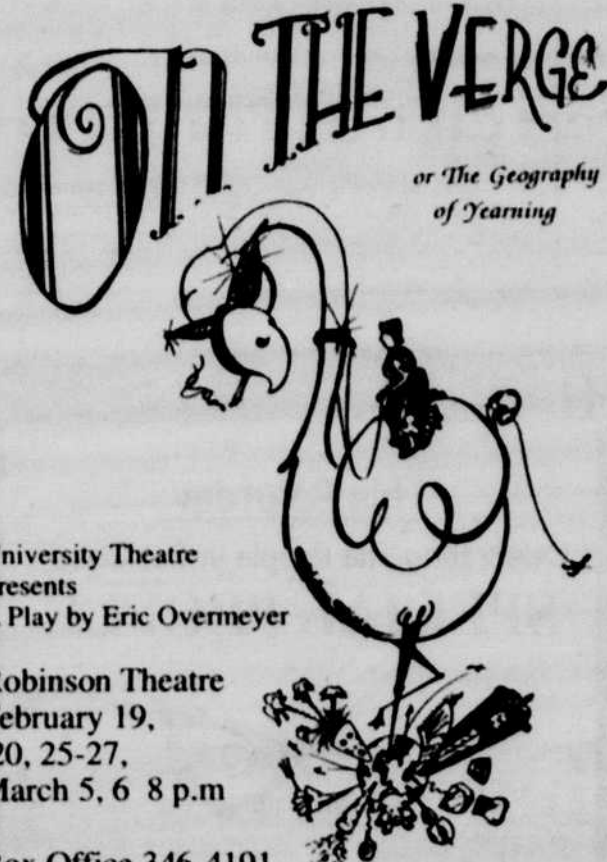
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## STUDENTS

Continued from Page 1

gender. "The way to decrease racial tension is through knowledge," Diaz said, "knowledge the University is denying to students of color, but, most importantly, to white students. If we are not educated about each others' history, there will always be a gap between us. We cannot have such a gap in the upcoming 21st century, when minorities will become the majority."

The students said they were also concerned the administration would use the cuts mandated by 1990's Measure 5 to justify cutting support services already stretched to the limit.

The administration responded to the charges with a press conference of its own, where Office of Multicultural Affairs Director Marshall Saucedo and Loraine Davis, vice provost for academic affairs, laid out steps the administration has taken to address student concerns.

"The students raised some of their perspectives," Saucedo said, "I think it's always healthy to have the other side of the coin as well. To give a bigger picture."

Saucedo said race issues have been a historical problem in the state of Oregon.

"If you look at student enrollment, you will see the numbers were quite lower just a few short years ago," he said. "We have made progress, albeit modest progress."

Saucedo said budget restraints make it difficult

**'The way to decrease racial tension is through knowledge; knowledge the University is denying to students of color, but, most importantly, to white students.'**

— Daniela Diaz,

Students of Color Building Bridges member

for the University to recruit minority faculty.

Davis said despite those constraints, the University has made tenure-track offers to 10 "under-represented" faculty and has so far received three acceptances and one rejection.

"We feel that given our current recruiting season, that is very positive from the perspective of the potential to increase our numbers in relation to minority faculty," she said.

Collins said the administration's response was typical of how it has dealt with the issue.

"The administration has taken a few areas that we discussed and has blown up those areas to act like they really are fulfilling the needs of students of color," she said. "This is a matter of priorities. Until this is a priority for (the administration), we're not going to stop fighting for these issues to be brought to light."

## ASIAN

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from a different culture. She said it is considered rude in Asian cultures to say no to a person.

Women are also safer in Asian societies, said Shigeoka, who came to the University from Japan in 1989.

"When I first came here everyone said, 'What are you doing walking by yourself at night?'" she said. "I didn't know any better. Back home,

you can walk alone at night."

Asian women do not understand they have to be more careful and do not know what to do when they are harassed, Shigeoka said. In Asian cultures, sexual harassment is not a common topic of conversation, she said.

Shigeoka said Asian women on campus should know they can talk to people about unwanted sexual behavior. She said women don't have to fill out official reports, but they should talk to someone if they

believe they have been sexually harassed.

The University offices of affirmative action, international education and exchange, the ASUO, student advocacy, student counseling, public safety and the dean of students will talk to Asian women who believe they have been harassed.

If women fill out an official report, the perpetrators who are students can be punished under the student conduct code, Robertson said.

## CONTRACEPTIVE

Continued from Page 1

the drug to leave her body, Jones said.

The biggest concern for women is the irregular menstruation the drug causes, Jones said. Several studies show that up to 60 percent of women stop having periods after their first year of using Depo-Provera, Jones said.

"Not having your period while on Depo-Provera is normal medically, but if she's going to be nervous about pregnancy the whole time, then it's not a good method for her," Jones said.

Weight gain is another concern, Jones said. Several studies show that up to 70 percent of women gain three to five pounds after their first year of using Depo-Provera, she said. However, Jones said, the studies could not determine whether the drug caused the weight gain, or if other factors, such as aging, did.

Other side effects, such as headaches and cramps, are less common, Jones said, but they should be considered before using the drug.

Studies dispute whether Depo-Provera increases the risk of cancer, Jones said.

"The majority of studies find no increased risk of breast cancer, though this continues to be discussed among the experts," Jones said.

Some women, such as stroke victims or pregnant women, can't use the drug, Jones said.

Women who want to become pregnant within the next 18 months should not use Depo-Provera, Jones said, because that's how long it takes most women to become fertile again after their last injection.

Nurse practitioners at the health center will talk with students interested in using Depo-Provera, Jones said. If the student seems to be a good candidate for the drug, the health center will order it for her, she said.

Depo-Provera works by keeping the egg cells from ripening and being released from the ovaries. Sperm entering a woman's body would find no egg to fertilize.

The drug also thickens the cervical mucus so that sperm have trouble getting through.

As final protection, the drug changes the lining of the uterus so that an egg that has been released and fertilized cannot stick to the uterus' walls and develop into a fetus.

The Federal Drug Administration approved Depo-Provera for contraceptive use in October. It has been available outside the country for almost 30 years. Now, it is available in more than 90 countries.

Depo-Provera provides no protection against HIV or other sexually transmitted diseases.

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