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Clockwise, A Golden Flash makes it to the big leagues. Works of art are created from ice. The University Emergency Medical Service continues a 20-year tradition.

About the cover: Inside the ambulance, student EMT’s John Clarke and Laura Stephens come to the aid of an assault victim. Photo by Chris Zimmer.
In a challenge against Mother Nature, students become . . .

The Outsiders

Story by Sheri Phillips

Today, sports consist of more than just football, baseball, basketball and hockey—where there are set rules and boundaries. And instead of taking on another person or team, some sports are a competition against the elements.

At Kent State, some students redefine what an athlete is as they climb, dive and fly into the great outdoors.

For those who love getting down-to-earth, rock climbing is a great sport to test skill and courage. Interested students can take the rock climbing class offered through the outdoor pursuits department in the School of Physical Education, Recreation and Dance. The class is taught by Candice Raines, an instructor in PERD and an Outdoor Pursuits specialist.

Raines has been rock climbing for about 20 years, and she says she became involved through her college outing club.

Though an enjoyable sport, rock climbing is technical in nature, Raines says. It involves skill and presents a personal challenge. She describes rock climbing as a technical skill coupled with a love of the outdoors.

Raines says modern sport climbing evolved out of World War II and exploded during the 1960s and '70s.

She says the popularity of the sport has lead to the development of indoor climbing walls, artificial climbing walls and training facilities all over the country.

Raines says that all the equipment needed for the class is top of the line, modern equipment and is provided by PERD. She says the only cost to the student is paying the university for the class credits.
She believes people who participate in rock climbing are willing to see life from a new perspective.

"These are people who have a willingness to try something new," she says. "They are individuals not afraid to do something out of the ordinary."

Molly Heffernan, a sophomore elementary education major, started rock climbing this past summer. She became involved in climbing through an Outward Bound program in the Blue Ridge Mountains of North Carolina.

Heffernan says she played team sports and was on a field hockey team, but she likes rock climbing because it is a personalized sport.

"It is a good individual sport where you can go at your own pace and explore on your own," she says. "It is very challenging and hard. It really isn't physically hard, but more mental, just thinking about climbing up a 40-or 50-foot rock."

But climbing rocks isn't the only way you can enjoy the outdoors.
The Kent State University Outdoor Club has existed for about 10 years. The club's activities include camping, backpacking, rock climbing, canoeing and white-water rafting. The club is open to all students, and the intramurals department provides the equipment.

Dan Froelich, one of the managers of the Outdoor Club, says the members plan their own activities for the semester, and there are regularly scheduled one-day and weekend trips.

Froelich says the club is good for students, especially those new to the university, to meet new people and for students who want more from their weekends than just going downtown. And he says that the club is also economical.

"The club appeals to the outdoors person," he says. "But it is for any level of experience and just for enjoyment. A person can spend just as much money going downtown as on our trips. Sometimes people don't have to spend any more than $5."

Sean Kelley, a senior aerospace flight technology major, has been a member of the Outdoor Club for about four years. He says the club is good for helping people get away from things and enjoying a little personal satisfaction.

"The club outings give me a chance to get back with myself," he says. "It helps to put things back in perspective. We usually do the same trips every year, but it is always a different experience—for better or worse."

Kelley also likes the idea that club activities don't limit participants.

"We don't have to follow any rules except the rules of mankind," he says. "We don't pollute the water or litter. And there are no time con-
Sean Kelley, left, an aerospace flight major, checks the diving gauges for Hasan Kahn, a computer science major.

People who join the scuba club can go through a four-week certification class to actually learn to scuba dive or participate in snorkeling or skin diving activities.

Froelich is also a manager of the scuba club, as well as a certified diver. He says the four-week certification course costs $250 and is offered through D & M Dive Shop in Akron. Students are required to pay for air refills, which he says would be another $10.

Overall, Froelich says the activity is well worth the money involved.

"It is a great water sport," he says. "How often do you get to see a dolphin or a shark up close?"

He says the club’s activities include open water dives and pool dives to orient beginners. The club also plays underwater hockey during its pool meetings. He says the club is planning day-long and weekend dives.

The club is planning a trip to Florida or the Bahamas over spring break for the students who were certified in the fall. Students beginning their certification in the spring are also eligible for the trip because they can make certification dives there.

Molly Masuicca, a sophomore biology major, began taking her scuba certification course in October.

She became interested in scuba diving because of her fascination with the ocean and sea animals. And she hopes to go to the Caribbean in the spring with her aunt and uncle.

Masuicca says that scuba diving makes her feel as if she is a part of the ocean world and is like nothing else.

"It is a totally different feeling when breathing underwater," she says. "It is amazing and strange to sit at the bottom of a pool and breathe."

Another aquatic group on campus is the Kayak Club. The club president, Mark Carris, thinks kayaking is a way to go beyond the academics in college to learn something that...
My parents told me three things while I was growing up: Never look a gift horse in the mouth. If it isn't broken, don't fix it. And never, ever jump from a perfectly good airplane.

Well, I've learned that nothing is ever free. A little preventative maintenance is a good idea. And as far as jumping from a perfectly good airplane...

I always wanted to sky dive, but the opportunity never presented itself until this past fall.

A friend mentioned that she and her brother were planning to sky dive. She wanted to know if I would watch her, but I figured I would rather jump.

I made tentative plans for a jump the following Sunday. I was determined to go solo on my first jump. But after talking with Tim Butcher, a 10-year sky diving veteran, I was convinced to do a tandem jump. This way I would get to free fall about one mile for about 42 seconds.

At 9 a.m. Sunday morning I was at Sky Park in Wadsworth, the home of the Akron Sky Diving Club.

Training started with an introduction to the parachute. This was intermingled with sky diving death jokes from some of the others. But Butcher said that only about one out of 800 chutes malfunctions.

After some explanation on plane exits, we went to the air strip and practiced the exit procedure in the plane, a four-seat Cessna. While waiting in line to try my exit, I noticed a NO WIMPS bumper sticker stuck to the side door jamb of the plane.

With all of the instruction behind us, our class drove over to the field where we would board the plane and land. Butcher introduced me to Tom Warner, the tandem instructor I'd be jumping with.

Warner explained how the tandem jump would work. He would wear the parachute, 52 pounds of it, and our harnesses would be hooked together. We would jump from 11,000 feet and free fall until about 6,000 feet. I would pull the rip cord releasing the chute. Then we would pilot the chute down and land right on our target. It sounded easy.

Warner was adamant, though, about stressing his two rules: Never grab onto him at any point during the jump. And relax.

We suited up, and he took me through our plane exit procedure. We were ready.

Once we reached our altitude, Butcher opened the plane door. No amount of time in a classroom and no explanation can possibly prepare anyone for the pure fear experienced the first time that plane door is opened and the screaming cold wind invades the plane.

This was it. As Butcher crawled out of the plane and clung onto the wing, waiting for us, Warner moved me into position and started hooking our harnesses together. With the door open and the cold wind tugging at me, I told myself, "Just tell them you've changed your mind."

Then Warner asked me if I were ready to sky dive. I answered "yes." He peeled my hands off the plane dashboard as we started our exit. NO WIMPS was the last thing I saw. Then it was just blue sky.

It felt like tumbling backward uncontrollably, but in an instant we leveled our fall.

I watched my altimeter religiously. The free fall was the fastest 42 seconds of my life. At 6,000 feet, I pulled the rip cord. There was a strong jerk as the parachute opened and slowed our descent.

Warner showed me how to fly the chute, doing some great 360-degree turns in the process. The ride down lasted six minutes.

The landing went pretty well, with the exception of our falling down. I wanted to know how soon I could get back in the plane and do it again.

—Sheri Phillips
people can carry with them throughout their lives.

The club dues are $10 a semester or $15 for a year. All of the equipment is provided by Intramurals, and most of the students' expenses are reimbursed.

Carris says the club goes kayaking at least once a week, weather permitting. He says the club also takes two or three weekend trips usually to Slippery Rock near New Castle, Pa. Here members get to do a little camping along with enjoying the water.

He says the club is for any level of experience because new members are taught in the pool after meetings, and then they are taken to Lake Hodgson in Ravenna, to the Cuyahoga River and to Lake Erie for experience before attempting a fast-moving river. The activity leads to a close bonding with others because of its non-competitive nature. He says no one is trying to prove anything to each other when they are out on the river kayaking.

"If a white water raft is a bus," he says, "then a kayak is a Porsche."

For some people, even the natural boundaries set by land and water are too restrictive. For them, the sky's the limit.

Lisa Konchar, a senior aerospace flight technology major, knows about the boundless enjoyment of flight. She is the president of Kent's Flying Club. She says that since some changes were made in the flight program a couple of years ago, any student who learns to fly through Kent State has to be an aerospace flight technology major. But the flying club is still open to all students, she says.

"About 95 percent of our members fly," Konchar says. "But we also have social members. They can't fly, but they can participate in other functions like seminars, parties and field trips to places like Wright-Patterson Air Force Base in Dayton and the Oberlin Air Traffic Control Center."

Just because students can't pilot a plane doesn't mean they can't enjoy flying with the club. If social members want to work out an arrangement with active members, they can help share the costs of plane rental and fly as often as they wish—as a passenger.

Club dues are $20 a semester, and any other expenses from plane rental. Members can have the fuel expenses reimbursed to them. Costs of a four-seat plane average $50 an hour to rent, she says.

Licensed flight students can rent the planes and take them anywhere they want—just for an hour flight, a weekend trip home or for a cross country flight, she says. The only stipulations are having a written re-

If a white water raft is a bus, then a kayak is a Porsche.'

Students have to want to learn, be patient and stick with kayaking to become proficient, he says.

"Kayaking can be the safest and the most dangerous sport in the world," Carris says. "It is the safest sport if you're careful and do things like you should. But it is the most dangerous sport if you're careless and attempt things you are not ready for."

John Bistransky, a kayak instructor for the club, has been kayaking for about eight years. He says the kayak becomes an extension of the kayaker's body, and control must be learned to make the kayak do what you want it to do. He prefers kayaking to white water rafting.

There is another way that man has indulged in flight, but it requires an important piece of equipment... a parachute. Sky diving is by far considered one of the most harrowing and exciting of sports today.

Tim Butcher, a 10-year sky diving veteran, is an instructor for the Akron Sky Diving Club at Sky Park
"This is absolutely the most thrilling sport you can participate in, except maybe alligator wrestling."

in Wadsworth. The club has existed for about 35 years.

For Butcher, things can't get any better than sky diving.

"This is absolutely the most thrilling sport you can participate in, except maybe alligator wrestling," he says. "Sky diving is not to impress your friends, not to impress your parents and not to impress Mother Earth. You sky dive to have fun. But it is very intense."

He says sky diving is safer now than it ever has been because of advancement in parachutes and equipment, especially with the development of the square, or rectangular parachute. Although he admits it takes about 100 jumps to lose the raw fear, he says fear can be reduced through good training and a good attitude.

Butcher says when sky diving fails to be enjoyable then it is time to quit.

He explained that there are two ways a person can make his or her first jump. First is a static line jump. The student attends a 4- to 5-hour class learning all of the basic dos and don'ts of the sport. Then the student jumps from the plane with the parachute attached to a static line that immediately pulls the chute open.

The other method is a tandem jump. Here the student is attached to an experienced jumper with a special harness. The student is guided throughout the jump. The advantage to this method is that the first-time jumper is going to experience a one-mile free fall.

Butcher said getting through the plane exit is the most critical and frightening part of the jump. Once the initial fear of the unknown is surpassed, the enjoyment of the jump helps the fear to be overcome and keeps a person coming back for more.

When asked to explain what it was like to jump from an airplane, Butcher says that he has a T-shirt that summed it up perfectly.

“For those who sky dive, no explanation is necessary. For those who don't, no explanation is possible.”

Physical fitness major, Patti Hankey, steadies the hot air balloon as it is being filled.
Kim feels as if she is stuck in an abyss, surrounded in darkness. She can see glimmers of color from high above, but she often cannot reach them. She is stuck. The world takes on a gray cast and no matter how hard she strains to escape the abyss, she cannot.

Kim, who asked that her name be changed to protect her privacy, is experiencing a deep state of depression. Her depression is cyclical. It affects her most often during the fall and winter months. During periods of severe depression, she feels her life is meaningless. She feels like she is watching the world go by and cannot keep up with it.

She often wonders, “Why me?”

Kim isn’t alone. About 10 million Americans suffer from depression every year, and depression is a significant problem among college students.

Alfred E. Grzegorek, associate director of University Psychological Services, says depression “is not a Kent State phenomenon.”

Suicide is the third highest cause of death among college students in the United States, and every day 15 students just like Kim kill themselves.

But those numbers don’t help Kim.

During periods of severe depression, Kim’s thinking becomes distorted. This is typical for severely depressed individuals. She often views the world through pessimistic eyes—the glass is always half empty.

“I think having depression is almost worse than having cancer,” Kim says.

“It’s just as much of a handicap. I would much rather have physical pain than the pain I have now.”

Grzegorek says one out of every 10 college students suffers from severe depression.

“College-age kids and older students, particularly male graduate students, are frequently at high risk for depression,” he says. “(This is because) there are very few support systems for this group.”

Kim has experienced cycles of severe depression. She was hospitalized three times during high school for severe clinical depression, anorexia nervosa and bulimia. On two other occasions, she took a knife and cut her
arm. The second incident was the most severe.

“It wasn’t really a suicide attempt,” she said. “It was an attempt to hurt myself so I could have physical pain to take away the mental pain.”

She says the anorexia was also caused by her depression.

“Anorexia is a death wish. I was down to 80 pounds, and my fingernails were blue.”

Socialization plays a significant role in how depression affects an individual and when they seek help. One in four women and one in 10 men develops severe depression, but those numbers are tempered by the fact that more women than men report the problem and seek help.

“Males are socialized to suck it up, get on with things, while women are more expressive of their feelings,” says Richard C. Rynearson, director of University Psychological Services. “Men tend not to come in until it (depression) becomes much more severe.”

Mary Dellmann-Jenkins, associate professor in Family and Consumer Studies, says, “Men are socialized to be able to stand up under pressure, to be self-reliant and not ask for assistance.”

She says the opposite is true for women.

“(Women are) socialized to be expressive,” she says. “(It is) OK for women to be dependent on people and ask for assistance.”

Kim was initially forced to get help by her mother, who took her to a psychiatrist because of her anorexia.

“My doctor issued me an ultimatum, ‘Gain 10 pounds or I’ll put you in the hospital.’ I refused to gain the weight.”

She was admitted to the Cleveland Clinic.

Depression is an illness, and like other illnesses, it has symptoms that are sometimes difficult to recognize. Individual symptoms can be caused by a myriad of things. But when symptoms accumulate and remain for more than a two-week period, depression has set in.

The symptoms include a noticeable change in appetite, a noticeable change in sleep patterns, a loss of...
interest in once enjoyable activities, fatigue, feelings of uselessness, hopelessness and extreme sadness.

During her bouts of depression, all of the luster disappears from Kim's life. She has all of those symptoms. She often feels as if she has no future. She worries her future will be affected by depression.

On the Kent State campus, there are places to go for help, including the Psychological Clinic in Room 303 in Kent Hall.

The Psychological Clinic has about 35 clinicians. These clinicians are clinical psychologists in training who are second- or third-year graduate students.

A large majority of the clinic's patients come in voluntarily, but some patients visit on referral.

The clinic does an intake or evaluation of prospective patients. This evaluation can be done in person or over the telephone. The intake procedure is designed to determine whether the clinic is the best place to treat the particular person.

The clinic uses several research procedures to assess the problem and its origin. All prospective patients during this intake procedure are given a free Minnesota Multiphasic Personality Inventory test, and they talk with someone about what is troubling them.

Kathy Stenroos, assistant director of the clinic, warns that there are many different types of depression, and the key is to try to figure out which type it is.

"A person might appear depressed, but may just be mourning a loss, which is bereavement," she said.

Stenroos says that in serious cases, where the patients may harm themselves or others, the clinic may not be the best place for treatment. The clinicians would then ask the patients' permission for a referral to UPS and escort them there.

The University Psychological Services, on the second floor of the DeWeese Health Center, has six full-time staff members, five of whom are psychologists. These six full-time members are augmented by three pre-doctoral interns in their last year of training.

Everything said during the sessions and the evaluation is confidential, with a few exceptions.

Grzegorek says in some cases a stay in the infirmary is suggested.

An infirmary stay may last from 24 hours up to three days. Grzegorek stresses that a stay in the infirmary is optional. A stay in the infirmary offers a reprieve from the rest of the university and helps patients deal with their concerns. There are limitations, however.

The infirmary doesn't offer long-term treatment. Grzegorek says UPS has the option to refer a patient into a local mental health center or to another mental health practitioner. Also, a patient may be able to obtain a temporary withdrawal from the university without penalty if needed.
After an infirmary stay, the patient is either referred to another mental health agency for more in-depth treatment, or sets up 10 to 12 weekly sessions with the counselor.

Kim says she has had about four therapists, but she has been seeing her current therapist for two years.

In the sessions with her therapist, Kim says she is candid and outspoken. Only in the safety of her therapist’s office can Kim discuss her innermost feelings.

“A lot of her (the therapist’s) approach is cognitive, to get me to understand that much of my thinking is distorted and to (help me) find coping skills and ways to control my masochistic impulses,” Kim says. “We talk about everything. Everything.”

Kim meets with her therapist once a week and sometimes twice a week when needed.

Pamela Flory, a human services specialist at UPS, says during the sessions the counselor attempts to “challenge the cognitive distortions.” To do this, the counselor may use a cognitive treatment combined with other treatments.

A cognitive treatment attempts to show the patients that what they are thinking is irrational and tries to instill a more positive thought pattern to prevent negative talk, which undermines the individual’s ability to cope.

Kim’s depression has affected her life so much that she feels as if she has failed because the depression has stifled her progress.

“If I have a bad day, sometimes I have to miss my classes. (It makes me) fear what’s going to happen when I graduate from college and I have to go out into the world and function everyday.

“It’s scary to have to go out and depend on myself to be a professional and try to deal with my depression. It’s like having two full-time jobs.”

Both Grzegorek and Flory say two problems commonly experienced by those who are depressed are loss of a relationship or a loved one, or a feeling of potential failure. But the basic thread that runs through depression is the feeling of a loss of control.

Kim rarely feels in control. Every day she feels that she has little control over what happens in her life.

Kim’s anorexia gave her a sense of control—what she put in her mouth. “There’s one thing you can control—what you put in your mouth.”

She says that this feeling of no control is very disheartening. “It’s like I have this monster or demon or awful thing I can’t really conquer.”

One of depression’s most destructive effects is its attack on the sufferer’s self-esteem and self-concept.

“(During depression) the self-concept takes quite a beating,” Rynearson says. Flory adds that a depressed person’s thought patterns are disturbed. The depressed think no one will ever want them, which only adds to the destruction of their self-esteem.
There are as many ways to treat depression as there are causes of depression. It is almost impossible to determine the exact mechanism that triggers a depressive episode, although scientists now believe genetics play a major role in some types of depression. Certain imbalances in the brain’s neurotransmitters can also cause it, according to the American Psychiatric Association.

But one of the biggest questions that faces scientists researching the cause of depression is which comes first, the chicken or the egg? Scientists still do not know if the imbalances cause depression, or if depression causes the imbalances.

Kim says she comes from a dysfunctional family with a history of depression. She is afraid of passing along a depression similar to hers. She doesn’t want to see that happen.

“I love children,” she says, “but I don’t know if I will ever have any.”

Depression is, however, the most treatable mental illness. The American Psychiatric Association says that 80 to 90 percent of all depressed people respond positively to treatment.

There are many treatments, and often more than one method is used. The most popular of these treatments is psychotherapy, an attempt to get at the heart of depression through open, two-way communication between the patient and the counselor.

Anti-depressant drugs, often used in conjunction with psychotherapy, are another form of treatment. There are four drugs that psychiatrists most often prescribe. Occasionally, these drugs may be coupled with other drugs to get the right combination. Drug therapy usually becomes fully effective after two or three weeks.

Like any other medications, anti-depressants do cause side effects. Some of these can be quite severe, but they do tend to decrease as the body adjusts to the medication.

Kim’s depression is physiological.
She has a chemical imbalance in her brain and is taking Prozac, an anti-depressant drug. In the past she has taken others.

“At one point I felt almost like a guinea pig. They would abruptly take me off one medication and put me on another.”

Kim has also been hypnotized. During hypnosis, she was able to remember things that happened to her as early as six to eight months old.

“(These memories were) just gut feelings, scenes with no dialogue played out before me.”

She also remembers feeling depressed as early as age 4.

“I remember one time, during a thunderstorm, I was wondering, ‘Why am I here? Why is the world here? What is the meaning of all of this?”

Kim is afraid she thinks too much. The drugs and the therapy sessions have helped her.

But is she cured?

“Applying the term ‘cure’ to depression is difficult,” Rynearson says.

“More appropriate is that the individual's depression is resolved and that they have returned to an adequate level of production,” he says.

Scientists believe that 50 percent of the people who have had a major depressive episode will have one or more again sometime in their life. Almost 30 percent of depression sufferers deal with it almost every day.

Right now, Kim feels better, but the fall and winter months are the worst for her.

“(I still feel) estranged from everyone else, like I’m some kind of alien,” she says. “I feel that my life experiences and perspectives are very different from other peoples' lives.”

She treats her depression like the handicap that it is.

But what if there was a pill, a wondrous pill that would cure a person’s depression?

“I would sell everything. I would do anything to get it,” Kim says. “It would be so wonderful if there was. I’d be the first one in line.”
FLYING LIKE AN

 Childhood dreams take Andy Harmon to the big leagues.

Above Andy Harmon’s bed hung a Philadelphia Eagles banner. It was the only National Football League banner in his room. But back then it didn’t mean a thing because people thought Andy was too skinny to play the large-scale, tough game of football and too little to have big dreams of playing in the professional leagues.

But Andy didn’t think so.

In fact, Andy did not begin to play organized football until his sophomore year in high school, and this was only after a lot of convincing and hard work on his part.

Andy’s mother, Melanie Harmon, recalls the day he told her he wanted to play football.

“There was this one place Andy would stand by the kitchen table when he wanted to ask me something serious,” she says. “I never realized he wanted to play football before this moment, and I wasn’t sure of what to say.

“He was so slender back then, and I was worried he would get hurt. In my heart I really wanted him to be interested in something else. But he just had this look on his face. So I asked Tom (Andy’s father) to get him some weights.”

Andy and his father started lifting weights together, and after a while...
he began to lift more than his dad.

"I knew that was my clue to fade out of the picture," Tom Harmon says. So Andy found a friend to lift with, and for two years they lifted together religiously, until the friend quit. But Andy stuck with it.

And when it comes down to it, emerging late in the world of football didn't hurt Andy a bit. At least the Philadelphia Eagles didn't think so when they drafted him as the 17th pick in the sixth round of the 1991 NFL draft, making him the 31st player ever drafted from Kent State.

After finishing his football days at Kent State, Andy left with a long list of awards and achievements, including: Mid-American Conference Defensive Player of the Year, honorable mention All-American for 82 tackles and nine sacks and All-MAC honors for 66 tackles and five sacks. Andy also showed versatility in shifting from outside linebacker to defensive tackle in his junior year as well.

Signs were appearing that Andy was destined to become something more than average even before his football days began.

"We always knew there was something special about Andy," his mother says, as she began the many tales of Tom and Andy's distance running and bike tours.

Andy's mother recalled a particular two-day bike tour from Columbus to Portsmouth along U.S. Route 23 that Andy, at age 11, participated in with his father.

"Andy wasn't content to be in the back of the pack with his dad," Melanie says. "Oh, how he wanted to be out front. At that moment, I thought this kid is really something else. I was truly amazed at his motivation.

"It's strange to think about it now because we never really talked about Andy becoming a professional
football player. Yet, there were small, subliminal things that made you wonder," she says.

"On his bed Andy had an NFL sleeping bag, and in 1971 at a garage sale, I happened to find the exact matching curtains for it. Also, hanging on the wall was a poster of Anthony Munoz (the 12-year veteran, Cincinnati Bengals Pro Bowl left tackle). In the exhibition game against Cincinnati earlier this season, Andy played Munoz "man for man," Melanie recalls with pride in her voice.

Andy doesn’t think it was destiny.

"I never said I was going to be a professional football player because you really don’t know," he says. "You just go out and play hard. That’s all you can do."

Surprisingly, for a rookie suddenly thrust into the fast-paced world of professional football, Andy is the same type of guy who was playing at Centerville High School and at Kent State’s Dix Stadium. He is as laid back and quiet as all of his coaches and friends remember him to be.

Bob Gregg, Andy’s high school football coach, describes him as “a very humble and caring young man.” The coach recalls a particular half time with a laugh.

"I was getting on Andy and yelling at him for something, and I think he just went to sleep,” he says. “That’s the way he was, always soft spoken, but he let everything show on the field. Andy was like an explosion, a silent bomb.”

During Andy’s first year at Kent State, he developed slowly yet steadily with the Golden Flashes, coached by Glen Mason, now head coach for the University of Kansas. Mason recalls the days when he was trying to convince Andy to choose Kent over other schools that were recruiting him, such as Eastern Michigan.

“We felt his potential was very overlooked, and we admired his work ethic and character,” he says. "So we went after him with that in mind.”

Mason says he remembers Andy as a player with a lot of emotion behind a quiet personality.

Brian Vogel, Andy’s best friend, roommate and Kent State teammate

Today, Tom and Melanie Harmon would like to think they had something to do with their son’s success and outlook on life.

"God helped us raise the boys (Andy’s older brother, Michael, is a pilot), but I think there was a little something else, too,” Melanie says.

“When Andy was younger, we sent him to seminars on ‘How To Make Decisions’ and ‘Developing Capable People.’”

The “Developing Capable People” seminar, taught by Dr. Steven Glenn, teaches families how to work together as a team.

Now on the Eagles team, Andy has had an impressive pre-season with several opportunities to show the coaches what he could do, thanks to the holdouts of Jerome Brown, Clyde Simmons and Mike Pitts. During the pre-season, The Eagles’ rookie head coach, Rich Kotite, told the Philadelphia Daily News, “I think he’s coming on real strong. He’s going to be a player for us.” Indeed, during the starting trio’s absence, Andy landed himself a spot on the team.

Andy has seen some spot playing time and is experimenting with special teams during kick-off returns.

“T’d say he’s a little ahead of where the staff thought he’d be at this juncture,” defensive line coach, Dale Haupt, told the Philadelphia Daily News. “We’re talking about someone who only more or less grew into the position two years ago.”

Andy told the Daily News he has room for improvement.

“I knew coming in that they had some great players,” he says. “But they are people to learn from. I try not to bug Reggie (White) too much. I might ask him what to do in certain situations, but you pretty much just watch, then go in there and bust your butt.”

Home for the holidays, Andy, center, enjoys the company of his brother, Michael, left, and his parents, Tom and Melanie.
Chainsaws and chisels help to create frozen masterpieces

Eventually, the ice will sit in the middle of a buffet table, adding the decorative touch that flowers can't. But now it sits outside Beall Hall's loading dock, slowly melting. Looking like nothing more than a gigantic ice cube, the block will soon be transformed into an elegant sculpture.

The artist behind this is Food Service Manager John Goehler, whose ice art can be seen every Sunday during brunch in the Schwebel Garden Room on the third floor of the Student Center.

On a cool autumn night, he can be seen outside Beall's loading dock guiding students through the carving process. He leads the ambitious ice sculptors in the cutting of the blocks. They observe his techniques, but he tells them the best way to learn is just by digging into the ice on their own.

"The ice block is your frame," he tells the students, "and you're painting a picture." Reluctantly, the students grab the ice picks and begin to chip at the ice. "You don't have to be an artist to do this," he says. "I can't draw anything."

Goehler teaches the students, hoping to train a few to assist him with the carvings Food Services does for special events. Most of the students are restaurant management and catering majors who want to round out their abilities.

"For students in food production, this is an enhancement for their backgrounds," Goehler says. "It's a part of the food business that's a little something different than working in the kitchen. And you can use your imagination."

Bonnie Stept, a senior hotel restaurant management major, says...
she began to carve because it appealed to her.

"I'm interested in catering banquets, and thought this might help me," she says while chiseling at the ice with her pick.

Goehler, who has been carving ice for 11 years, learned his craft at Lake Placid at the 1980 Winter Olympics. For two weeks, Goehler, along with about 30 other chefs from across the country, sculpted ice from 8 a.m. to 5 p.m.

He came to Kent 10 years ago.

"We (Food Services) used to do a lot of sculptures in the plaza in the middle of winter," Goehler says. "There would be about 20 to 25 sculptures of swans, eagles and Kent State logos spread out all over the plaza." He says the sculptures haven't been done for this type of display since 1988, but Food Services might start carving again this winter.

A rhythmic chipping sound can be heard as Goehler instructs the students how to pick at the ice.

"Get the feel of the ice," he says.
Robin Christman

After all the carving is finished, the final product is displayed on a buffet table.

"Don't be afraid of it. If you break it completely in half, that's life."

Kevin Temple, a senior hospitality service management major, looks at his block of ice, trying to determine what it is that he has created.

"It looks kind of like the Empire State Building," he says. Stepping back a few feet, he attempts to get a different perspective of his ice art.

"Actually, I don't know what it looks like," he says.

Goehler instructs the students to divide the block into squares.

"I want you to make a ball in one of the squares, a cone and then a hole through the third square. If you can master this, then you can carve anything in the book," he says, pointing to an ice carving book.

As the students chip at the ice blocks with picks, Goehler's chainsaw buzzes through his own block of ice. He begins to outline the body of an eagle.

After about an hour of picking at the ice and mastering the three figures, the students graduate to the chainsaw. Unlike the small picks they were using, the saw easily slices through the ice like a warm knife through butter, spitting out ice shavings.

Goehler admits carving with the ice pick is tedious, and he tries to use the chainsaw for as much sculpting as he can.

"I usually take two chainsaws with me when I carve now, because I learned from experience," he says. "When I did a carving for a friend's wedding out of town, I took one piece of ice in the truck, one chainsaw and no extra blades. It was about 90 degrees in July, and I was carving a swan. The saw broke, so I had to finish it by hand with an ice pick. It took me twice as long."

Goehler says he needs about 45 minutes to sculpt a swan or eagle. The size of his carvings have been as large and extravagant as a 15-foot dragon to simple ice baskets, small enough to place on a buffet table.

"In Lake Placid, we (the chefs) carved a 14-foot vodka bottle on Main Street," he says. "But mostly I do swans, fish or birds. Basically, real simple stuff."

The ice sculptures usually last up to eight hours on display before slowly melting and disappearing forever.

"The trick is to set them up and break them down without actually breaking them completely," Goehler says. "If we can do that and get them back into the freezer, sometimes we will use them over again."

Sculptures can be made up to a week in advance, but it's best to carve the ice on site to avoid any breakage that can occur while moving the pieces.

As the night comes to an end, the students added the finishing touches to their carvings. The ice blocks have been transformed into pieces of art: a Maltese cross, a basket, a swan, a beer mug and the letter "K." Unlike a painting, however, the creations can't be hung on a wall.

"It's like trying to save a snowball from the first day of winter," Stept says. "You can't save it. You just appreciate it for the moment."

Jeff Cechura, a junior food service management major, holds a clam sculpture steady for Schrader.
Emergency Medical Technicians, from left to right, Laura Stephens, John Hollo and John Clarke wheel a patient into Robinson Memorial Hospital.
For 20 years, the ambulance service has been the university’s lifeline

Story by Angela Wright

2:01 a.m. The urgent sound of the tones over the radio signals another emergency.

"University EMS. The squad is requested in the Wright Hall lobby for an assault victim," the dispatcher says.

2:04 a.m. The squad arrives on the scene and begins the patient assessment, stabilizing the airway, breathing and circulation.

2:22 a.m. The patient is secured to a backboard and placed in the ambulance. The squad is en route to Robinson Memorial Hospital in Ravenna.

2:33 a.m. The squad arrives at the hospital, and patient care is transferred to the emergency room staff. The Kent State University Emergency Medical Service, the first student-run emergency medical service in the United States, can trace its roots to a class project. James Levine, a senior criminal justice major, proposed that students be trained in emergency care, and on April 4, 1972, Kent State students formed the Volunteer Ambulance Service.

Prior to 1972, emergency care had been given by the Kent State University Police Department. The department began an ambulance service staffed with police officers trained in advanced first aid and CPR. In the event of a call, the officers on duty would drive their patrol cars to the Health Center and respond...
the scene in the ambulance. This was before the advent of emergency medical technicians.

In the early 1970s, the U.S. Department of Transportation developed a curriculum to train people in emergency medical care and established emergency medical technician certification. Kent State students were some of the first in the country to become certified. In its early years, the Volunteer Ambulance Service had recruited 300 to 400 workers. Today the University Emergency Medical Service remains a model for other collegiate emergency medical teams.

This spring, the Kent State emergency medical service will celebrate its 20-year anniversary, recognizing the thousands of Kent State alumni and students who have worked for the service over the years. Coordinator E. James Cole, is hoping to attract a well-known emergency medical service professional or national television personality as the keynote speaker for the reunion weekend.

"We're expecting national attention to focus on our service this spring," Cole says.

In January 1974, the Volunteer Ambulance Service was the spotlight on a television documentary when Kevin Tighe, the star of the television show "Emergency," came to Kent State to observe the ambulance service. He used the show as a training tool in the classroom for the crew. Cole says the crew was able to see different types of calls and the techniques used in each situation.

"What was going in the show 'Emergency' was state of the art during those times," Cole says. "The show was very similar to 'Rescue 911' today. Several in the emergency medical field are watching 'Rescue 911' on a regular basis and using it as a training tool also."

In June 1977, members of the ambulance service won the State of Ohio's Emergency Medical Service Competition and over the next few years, won several other national awards for excellence.

During the early '80s, the ambulance service experienced a steady decline in volunteer membership that left only 15 active emergency
‘When the rubber hits the road, you have to prove it to the patient.’

medical technician members. Several attempts were made during these years to gain more volunteers. It was readily apparent that the service ranks had dwindled to the point where it was impossible for the service to survive unless drastic measures were taken immediately. Starting on Sept. 21, 1987, the University Emergency Medical Service began paying a limited number of emergency medical technicians. Cole says the emergency medical service administration hoped this compensation plan might persuade more students to take emergency medical training and apply for employment with the service.

“It has taken so long to get emergency medical services off the ground in this country because of a lack of knowledge about the importance of pre-hospital care,” Cole says. “The field of emergency medicine has advanced tremendously in the last five years as a result of increased training, legislative action and a surge of incoming money in the mid-‘80s.”

According to Time magazine, “A generation ago, emergency rooms were dumping grounds for bad doctors and training grounds for young ones. But the experience of two world wars, Korea and especially Vietnam, taught doctors that saving injured patients depended as much on speed as on skill. Doctors refer to the golden hour after a trauma, before irreversible shock sets in, when lifesaving treatment is most likely to succeed.

“Beginning in the early ‘80s, states organized themselves into trauma networks and began tailoring training programs for physicians in emergency care as a specialty.”

Statistics from the American Hospital Association indicate that 42 million patients were treated by hospital emergency services in 1960, Continued on page 39

Top, While on call, EMT’s John Filburn and Cheryl Silva, take a break during their morning shift.

Left, On the sidelines at a Kent State football game, EMT’s Hollo and Clarke (kneeling), stand by for a possible injury.

More than 10 years later, Acquired Immune Deficiency Syndrome has claimed about 120,000 American lives. At least one million people in this country alone are infected with the human immunodeficiency virus, (HIV), the virus that causes AIDS. Most of them don’t even know it.

Despite what many people still believe, AIDS is not something that only homosexuals or intravenous drug users can get. The center reports that HIV infection and AIDS are now affecting women more than any other group in the population, accounting for 10 percent of all AIDS cases. The disease is also prevalent in children, racial and ethnic minorities and heterosexuals.

People between the ages of 20 to 29 are also being hit hard by AIDS. Through last July, nearly 40,000 cases had been reported. Since there is usually a period of several years before symptoms of the disease are apparent, many are contracting the virus while they are in high school or college.

Despite these statistics, college students, including those at Kent State, do not seem as concerned about AIDS as educators would like them to be.

Rick Lange, former director of the Akron-based multi-county AIDS network, which closed in October, has worked with AIDS awareness and people with AIDS since 1983. He says that along with the stereotypes that still exist, students do not worry as much about contracting HIV because they have a sense of immortality.

“(They think) they’re young and their life’s still ahead of them,” Lange says. “(They don’t think) they’re going to get sick. People don’t think that at 22, you could die.”

Renee Axiotis, health educator at the Office of Student Health Prevention in DeWeese Health Center, feels students are aware of the general risks and dangers of AIDS.

“I think they’re aware of the modes of transmission (and) they’re aware that there are people walking around this campus who are HIV positive,” she says. “I think they’re aware that you can’t tell whether or not somebody is HIV positive by the way they look. They’re not on the whole ignorant.”

Whether or not students are aware of AIDS, educators say many are not practicing safe sex. Axiotis figures about 25 percent of students use condoms regularly during sexual intercourse.

She says some of the reasons students give for not practicing safe sex are: ‘I’ve been with the same person for awhile, and I know they’re not seeing anyone else;’ ‘I don’t have sex all that often, so I’m willing to put myself at risk once every few months;’ and ‘I use a condom when I don’t know the person very well.’

“As if you can’t know someone with HIV very well,” Axiotis says. “As if people aren’t fooling around behind your back, and you don’t know it, or as if one sexual encounter every now and then won’t put you at risk of contracting HIV.”

Diane Kerr, an associate professor of health education, formerly with the Ohio Department of Health and the American School of Health Education, says drinking can also lead to risky behavior.

“One major problem that I see at college is excessive drinking, which really impairs judgment and leads people to do things they normally wouldn’t do, like having sexual activity with someone they don’t know very well,” Kerr says.

Health educator Marsha Rubin teaches a class on AIDS in which students learn to talk to their peers.
about the disease. Rubin says having students talking with each other is more beneficial than having them listen to educators or professors preach about AIDS awareness.

Former student Paul Dages took Rubin's class last spring and agrees that students find it easier to talk about AIDS among themselves.

"Those within their own peer group are more in touch with the pressures of today and how it is now," he says.

Dages said it is important to realize that AIDS is caused by risky behavior and is not the result of belonging to a certain risk group, as many students would like to believe.

"What that's saying is that if you're heterosexual, you're not at risk, which is bullshit," Dages says.

Rubin says student mentality is the primary problem.

"We think it doesn't relate to us," Rubin says. "And yet we know from (AIDS) literature that college students are the most sexually active group in the population. You're going to have more sex partners in your whole life between 18 and 24."

Axiotis says a university study was given to freshmen at Kent State a year and a half ago. Sixty-six percent of men and 61 percent of women reported being sexually active, which Axiotis says is comparable to national trends. And by the time students are seniors, she wouldn't be surprised if 90 percent are sexually active.

Depending on their behavior, students put themselves at risk once they engage in sexual activity or share needles. Lange says HIV enters the bloodstream in a relatively short amount of time.

"If you get the virus today, anywhere from a couple of hours to a couple of days (after the virus entered your bloodstream) you would be capable of passing it," he says. "The antibodies, your immune system's response, take anywhere from six weeks to six months."

Testing negative for the AIDS virus a few days after a risky act does not mean you are safe, Lange says. He recommends that people be re-tested six months later before assuming the virus is not present. If the second test is also negative, Lange says it is rare, but not impossible, for someone to be an HIV carrier. Actual AIDS symptoms, such as unexplained fatigue, unexplained fever or a sudden loss of weight, are not usually seen for several years, he says.

Dr. Ray Leone, a physician at the DeWeese Health Center, explained how HIV affects the body. He says the virus attacks a specific type of white blood cell, the T-4 helper cell, which normally fights off infections for the body. HIV enters the cell and then reproduces itself until the T-cell dies.

Once this happens, the virus is free to go to other cells and the process repeats itself. Over several years, the T-cell count, normally anywhere from 1,200 to 1,400, will decrease and the body's immune system will not be able to fight off common diseases. Today, zidovudine (AZT) and didanosine (DDI) are the only drugs approved by the Food and Drug Administration to combat HIV. However, the effectiveness of these or any other drugs prescribed to AIDS patients depends on the individual case.

Learning about HIV and AIDS is not enough to change people's behavior, though, says Linda Sinovitz, a health education professor who teaches human sexuality at Kent State.

"People know about things. They have the knowledge," Sinovitz says. "They may even have an attitude change, but the attitude change does not mean that they'll have a behavioral change."

Casey Thuman, a senior secondary education major, is co-chairwoman of Peer Awareness With Students, a student group that conducts programs around campus
Living with AIDS

Kent State University has about 25,000 students. A few years ago, the American College Health Association conducted research that indicated one out of every 500 college students is HIV positive.

That means that there probably are close to 50 students walking around Kent State's campus who are HIV carriers, and many of them don't know it. They don't show any signs of sickness, and they look just like everyone else.

Frank, whose name has been changed to protect his identity, is a junior studio arts major living in southeastern Ohio. Two years ago, Frank found out he had AIDS. His T-cell count was 76, a count his doctor told him was normal for someone 106 years old.

He has one to three years to live.

In 1974, Frank was in a serious car accident. Over the next 10 years, he had several operations on his legs and arms. He received a blood transfusion for his knee in 1983—a blood transfusion that contained HIV. Frank says he had no problems after the transfusion and never thought he was at risk. Then, in the beginning of the 1990 spring semester, he had a "flu that wouldn't go away." His temperature reached as high as 106, and he was losing tremendous amounts of weight. He went to his doctor, who told him to take an HIV test.

"I honestly thought nothing was wrong," Frank says.

When he called his doctor three days later to find out the results of the test, he could hardly believe it.

"It felt like I got hit in the face with a two-by-four," he says. "You just go numb." Frank was then sent to another doctor, who told him his T-cell count was 76.

"That was even worse," Frank says, who was then given AZT.

Frank decided to drop a number of classes, but he did stay in school and plans to return to Kent State or some university in the future.

As Frank thinks about his condition, he takes out a cigarette. He has been smoking since he was 12 and doesn't see any reason to quit now. After he inhales, he takes a deep breath. He says he gets depressed from time to time, although he is doing better than when he first found out.

"Every now and then, something will happen that will make me feel bad," he says. "You just hear a song that reminds you of somebody or see a book or movie that reminds you of something—the fact that you know you only have so long."

Frank says he is not afraid of death, but thinks about it from time to time. He talks about his T-cell count again.

Seventy-six.

"God, that's awfully low," he says in a sad tone while shaking his head. "That's awfully low."

Frank walks around a park near his hometown, talking about its history and pointing out how much it has changed. He looks at a beautiful amphitheater and remembers a concert he attended there when he was younger. He notices how certain buildings have been renovated for public viewing and how well the botanical gardens have been kept.

He really seems happy.

And, for the most part, he is.

It is unbelievable, and unfair, that he has AIDS. But there are thousands of people like him. And maybe a million more, some of them college students, who don't yet know they are HIV carriers.

Frank didn't know. And now he thinks about everyone he sees when he's walking around town, everyone who is riding the bus with him... everyone he comes in contact with.

"You are more dangerous to me than I am to you," he says. "You carry all kinds of germs that I can't fight off anymore... (and) it's hard to think that the next time (I) get sick, it may be the last time."

—Bill Canacci
on health education topics such as safer sex, sexually transmitted diseases and AIDS.

Thuman says students have more of a fear than an awareness of AIDS. She says students generally understand the dangers of the disease, but they still do not practice safe sex. She says students tell the group that putting on a condom “interrupts activity (and) takes too much away from sex or lovemaking.”

Axiotis, who is the adviser for the peer awareness group, says there are many factors that come into play that could change people’s minds about certain behaviors.

“All the knowledge in the world doesn’t prevent us from doing things,” Axiotis says. “I don’t know if there is one answer that will convince everyone in the United States that practicing safe sex is beneficial.”

During the 1980s, AIDS became an epidemic. Although there have been strides taken to educate the general public, the World Health Organization expects five to six million cumulative AIDS cases in the 1990s, compared with one million in the 1980s.

More than 10 years after AIDS was diagnosed, educators say college students still hold false stereotypes. They still are not practicing safe sex as much as they should be, and they still don’t understand how much at risk they are.

“They say ‘It can’t happen to me,’ ” Axiotis says. “(Or) ‘I know it’s out there—I know there are people walking around campus who have it, but I’m not going to run into one of those people, and I’m certainly not going to have sex with them.’”

Axiotis says students can contract HIV no matter how often they have sex.

“It’s not a virus that leaps out and says, ‘I’m going to take you,’ ” she says. “And I think the biggest frustration for educators is that students are really willing to listen, but absolutely convinced it won’t be them.”

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Know the Facts:

AIDS stands for Acquired Immune Deficiency syndrome and results in a breakdown in the body’s immune system. The disease is caused by the human immunodeficiency virus or HIV, which can live in the body for years before it is detectable.

HIV is found in blood, semen or vaginal secretions. It is spread when any of these fluids enter another person's bloodstream. Sexual contact or sharing contaminated needles while using intravenous drugs are the most common methods of transference.

Infected mothers can also transmit the virus to their babies during birth or while breast-feeding. Finally, anyone who received a blood transfusion before 1985 (when all blood banks began screening blood for AIDS) may also be at risk.

Some of the symptoms of AIDS include:
- Unexplained fatigue.
- Unexplained weight loss of 10 to 15 pounds in less than two months.
- Unexplained fever, chills and night sweats for more than two weeks.
- Unexplained swollen glands (lymph nodes).
- Unexplained persistent dry cough (not from smoking), shortness of breath or difficulty breathing.
- Unexplained diarrhea for more than two weeks.
- Creamy white patches on the tongue or mouth that cannot be scraped off.

Certain sexual behavior puts you more at risk of contracting HIV. The most dangerous activity is having anal or vaginal intercourse without the use of a condom. Unprotected oral sex can also be dangerous because bodily fluids can be exchanged.

In general, kissing is a low risk activity. The exchange of saliva does not appear to pass HIV. However, bleeding gums can be unsafe.

If you are not sure your partner is infected, use a latex condom. Do not use a petroleum or oil-based lubricant with the condom. Instead, use a spermicide that contains at least a 5 percent content of the ingredient Nonoxynol-9. You can get tested for the HIV virus at Kent State's DeWeese Health Center, which offers confidential testing for $16. Free anonymous testing sites in Ohio include:

**Akron:**
- Akron Health Department. 177 S. Broadway. (216) 375-2960.
- Community Drug Board. 725 E. Market St. (216) 434-4141.

**Cincinnati:**
- Cincinnati Health Department. 3101 Burnet Ave. (513) 352-3143.

**Cleveland:**
- Cleveland Free Clinic. 12201 Euclid Ave. (216) 651-4611.

**Toledo:**
- Hospital of the Medical College of Ohio. P.O. Box 10008, 3000 Arlington Ave. (419) 381-3741.
- Toledo Health Department. 635 N. Erie St. (419) 245-1710.

For more information about AIDS or testing sites, call the Ohio AIDS hotline at 1-800-342-AIDS or the local hotline at 375-AIDS. You can also call the Akron City Health Department at 375-2510 or the Office of Student Health Promotion in DeWeese Health Center at 672-2320.
Some students have completely forfeited cash to become credit card junkies

A mailbox overflowing with credit card applications is the sure sign of a college student. All other mail is lost in a sea of envelopes whose bold letters encourage students to apply for the credit they “deserve.”

Armies of credit representatives invade college campuses offering “a higher limit,” “no annual fee,” or “a free gift.” What harm is there in applying? That potpourri burner is a great gift for Mom’s birthday, and the credit is even better. It allows the freedom to walk in a store, whip out the plastic and walk out with a portable CD player or a new winter wardrobe or both. The shopping spree can be followed up by a delicious dinner that tops the cafeteria any day of the week.

But sometimes credit cards aren’t so glamorous. Especially when it comes to paying the bills.

“They tend to make you spend more than you can afford,” says Jeff Hildebrand, a junior education major. “I charged my water bed and new glasses and contacts.
My Discover card is almost over its limit. I applied for a car loan, and that wasn’t the only reason, but that was one of the reasons I didn’t get it.”

Credit cards are a convenient way to meet major expenses, like textbook costs. Students may initially apply for cards to meet these expenses and to establish a good credit rating that will help them get loans after they graduate.

“Credit is essential nowadays,” says Rob Varcho, a junior interior design major. “You can’t do anything without it—you can’t buy a house, you can’t buy a car. It’s an essential tool.”

Credit companies are more than happy to help students meet major expenses, and with good reason. They have been targeting college students for about 10 years. In 1979 American Express began approving card-holders over 18 years old with a clear credit record and some proof of income.

“There are so many college students with a need, and college students are a pretty good risk,” says Joan Sweet, manager of the Kent State branch of Bank One. “They’re the professionals of tomorrow, and banks want to get their business now.”

Many students earn more money during semester breaks when they can work full time. Toward the end of a semester, when savings are dwindling, even cautious spenders may be tempted to charge their way into debt.

“It’s too easy to use a credit card,” says Sue Rogers, a senior nursing major. “It’s just like you’re getting something for free. I think they’re dangerous for college students when they first have their credit cards, and they don’t realize the impact they have.”

Credit counseling firms can help students who are in debt or who want advice before getting a credit card.

Mary Sites, director of the Consumer Credit Counseling Service in Kent, advises students to try to avoid credit cards all together.

“Most students I’ve run into are poor,” Sites says. “If they charge on credit cards, they have a minimum payment of $25. If they can’t afford that, they get behind.

“Before they get a credit card, they should do a budget and see what kind of money they have. If you ruin your credit record, that’s going to stay (with you) for seven years.”

Sites recommends that students with cards make the monthly payment every month to build a good credit rating and to help them get future loans.

“They (creditors) look at how you pay,” Sites says. “They want to know if you can handle a monthly payment.

Sweet says control is the key to using credit cards. “It’s like gambling,” she says. “It’s OK as long as you can control it. Don’t let it control you.”

If used with caution, credit cards can help build a good credit rating and can be a convenient source of fast money. They can also be nothing but trouble.

Credit cards are safer to carry than cash, but they’re just as easily stolen. Leigh King, a junior public relations major, had her credit card stolen from the mail when she lived on campus in a residence hall.

“I received a notice in the mail with the security number for my card, and it said I should have received my card by now,” King says. “I called my bank, and they said that charges had already been made on it and to report it to the police. (The bank) canceled that credit card and sent me a new one, but this time they sent it to my parents’ house.”

King says that she did not have to pay for any of the charges made on the card.

Kelly Sigworth, crime prevention officer at the Kent State police department, offers the following tips to students to protect their credit cards in residence halls and around campus:

• Don’t write down a residence hall address when filling out credit card applications. Cards have been stolen from mail sent to residence halls, so it’s better to give a home address.

• Keep track of your card. Students who don’t watch their backpacks, especially at the bookstore or library, may not notice a credit card is missing for a while.

• Lock your doors, especially in the residence halls. Thieves often take the small things—credit cards are easy to conceal and take out of the room.

• Keep a list of your account numbers and the 800 numbers you need to cancel your cards in a safe place, so there is no delay in reporting the theft.

• Report stolen credit cards as soon as you discover them missing. It is best to report them to both the credit card company and the police.
I have always had the suspicion that my smoking habit was disagreeable—OK, repugnant—to some non-smokers. I know this through statements such as, "You’re polluting my air," helpful hints such as, "You’re killing your lungs," or more blatant criticism such as, "Yuck."

I’ve heard them all. These remarks bother me, of course. But I found out that a little group therapy can help.

Last year, for example, a small group of smokers began to gather at the lone ashtray outside the Daily Kent Stater newsroom in Taylor Hall. We would chat about the day’s stories as we smoked. We didn’t realize we were a recognized group until a professor spotted us, immediately branding us "The Smokers’ Club." We liked the name so much we spontaneously scribbled our names and club insignia on the "Smoking Permitted" sign. This graffiti was quickly removed, but the club remained in spirit.

Although the original club has disintegrated because of graduating seniors, I still think about the camaraderie that developed because of our foul habit. I know there are plenty of other smokers wandering campus who are part of "The Smokers’ Club," even though they might not know it.

In a time when many health-conscious Americans quit smoking, there still exists this group of smokers who, for one reason or another, haven’t followed the trend. I sought some of them out to discover their views on smoking, the opposition to their habit and the feared Q-word: quitting.

Mona Ewing smoked her first cigarette in fourth grade, when she and a friend would steal cigarettes from her friend’s father. She quit, then picked up the habit again in seventh grade. After quitting briefly again, she started smoking on the weekends in high school. For four years she even dated someone who disliked smoking and kept it a secret because she didn’t want to disappoint him.

"You don’t want to let that person know that you have to depend on something," Ewing says. "It’s hard to let someone know that you do something that ruins your body. It shows a weakness."

Ewing says she tries to respect the rights of non-smokers.

"I always ask, and I’m never offended if someone says, ‘I’d rather you wouldn’t.’ I don’t want to make them uncomfortable," she says.

Ewing, a sophomore graphic design major, says she has tried to quit whenever she gets sick and doesn’t have the urge to smoke. Or, she’ll try to quit when she hears about someone getting lung cancer or gum disease. But she says she makes excuses for herself like, "You should never try to quit during exam week." For now, she accepts the fact that she’s a smoker.

"I like to smoke," she says. "It’s like a bond. It’s very social. My mom and boyfriend say, ‘You better quit smoking.’ Listen, I know how you feel, but I smoke." Her brothers tell her they want to have her around for as long as possible, but she says the need to smoke overpowers.

Not all smokers smoke all 365 days out of the year. For Ray Lynn, a junior education major who smokes a pack a day during the school year, summer vacation means a break.
from school and from his habit.

"I don't actually quit—I temporarily pause during the summer," Lynn says. "My mom doesn't like it. I just don't do it. She gives me a hassle." But as soon as summer's over and school begins, he starts lighting up again.

Lynn says he smokes most often when he's with his friends, especially after dinner in the Prentice cafeteria or when he's at a bar.

"We all light up," he says. "It's kind of our little roundtable. And when I'm drunk, (I smoke) after every sip of beer."

For some smokers, having a cigarette at the end of the workday or after a nerve-racking test is like treating themselves to a present.

Dorene Folan, a junior elementary education major, regards smoking as a kind of reward, especially after a long night of studying.

"It seems to relax me, even if I just have a cigarette burning in the ashtray," Folan says.

Folan smoked for one year, and then quit when she became pregnant. After her daughter's birth eight years ago, she started smoking again to help her lose weight from the pregnancy.

She says she tries to be considerate of non-smokers, but her car is a smoker's haven.

"I ask them if the smoke bothers them," Folan says. "But if I'm in my own car, forget it. They can ride in their own car."

It is usually difficult to hide a habit such as smoking. Jeff Petro, a junior public relations major, has been smoking since he started drinking at age 17. His parents discovered his habit almost immediately, he says.

"They found my cigarettes in the car," Petro says. "You can't hide the smell on your clothes. They don't smoke. They could smell it from 10 yards away."

Petro, who smokes most frequently during his 45-minute drive between Kent and Brunswick, says he once quit cold turkey for two weeks but has been less successful on other occasions.

"I'll quit when I get a real job. You know, the office atmosphere," he says.

Trying to quit smoking can transform a normal person into an ogre. Beth, a senior English major who requested that her last name not be used, said when she and her boyfriend decided to quit, she turned into "Super Bitch." She sneaked two cigarettes the first day.

"(Quitting) takes serious willpower and people to support you," she says.

Beth, who started smoking because "it was the thing to do," says non-smokers usually don't criticize her.

"Generally, they don't say anything, but a few friends of mine, if they see me smoking, will try to grab it and put it out," she says. "That really pisses me off."
Igor Reznichenko, an exchange student from Rostov, Russia, believes the future of his country remains in unity.
A second revolution has exchange students from Volgograd University and a Lithuanian professor wondering what tomorrow will bring for the Soviet Union.

The Russian Revolution of 1917 was a major change that altered the history of Russia. Now there has been a second Russian revolution that again is changing the Soviet Union's relationship to the rest of the world.

For nearly 75 years, the Soviet Union was dominated by a totalitarian government that shaped foreign policy. The Aug. 19-23 coup signalled a new era, triggering a new dimension in world political affairs.

The country, once labeled the "evil empire" by former President Ronald Reagan, is now a country moving toward the development of a democracy of 290 million people, requiring a period of reconstruction beginning from ground zero.

One of the issues facing the country is whether the emerging republics will pull together as a loose confederation supporting all of the new forces, or if a tighter structure like the federal government of the United States will be pursued.

Soviet exchange students visiting Kent State from Volgograd University in the Russian republic (which has not declared independence) and a professor from Lithuania agree that each republic should have its independence and deserves the right to decide what is best for its people. They agree that economic reform and viability are important issues for the future of what was once the Soviet Union.

Natalya Surikova, a 21-year-old translation major from Gubkin, Russia, says independence doesn't mean breaking up the country.

"Maybe we have bad economical development or economical connections, but it's always better to improve than to break," Surikova says.

Igor Reznichenko, a 26-year-old economist from Rostov, Russia, says the main problem in the Soviet Union is relations between the republics.

"The problem with national and political independence is that those problems have existed for a long time," he says. "We have to solve the economic problem and what is going on now is a result of those national and political struggles for independence."

Reznichenko is also concerned that some of the republics may refuse economic relations with the Soviet Union.

"It will bring great problems not only for the Soviet..."
‘We have a Russian problem. One brain is good, but two are better.’

Union as a state, but for those republics as well, because at an earlier time almost all of the Soviet republics had a special area of economics,” he says. “That is why I think the future of the country remains in unity.”

Elena Milhailova, a 28-year-old physicist from Volgograd, believes the most difficult aspect of their situation is the economy.

“I think the political situation is more or less stable because we can see progressive things happening,” she says. “But now what we need is a good economic policy.”

Konstantin Sheptuchin, a 25-year-old economist/historian from Volgograd, feels that any situation involving economically and politically independent republics is a result of the mistakes made by Soviet President Mikhail Gorbachev’s government.

“I think they needed to have the situation several years ago,” he says. “But it was difficult for Gorbachev to choose between the left and right forces in the Soviet Union as a result of a terrible hatred toward the central government, not the governments of the republics.”

Although Sheptuchin is satisfied with the situation overall, he doesn’t like the fact that there are strong divisions between the republics.

“In this situation, I think the republics like Georgia who are trying to be independent in everything is a mistake,” he says. “Georgia’s leader, Zviad Gamsakhurdia, wants to be independent in everything and he isn’t agreeing with Gorbachev on any details. It’s a difficult situation to have an economic agreement between new states.”

Surikova is concerned that there are some people who believe it would be easier for some of the republics to build a new economic and political system alone. For example, the Baltic republics, which are more advanced than others like Uzbekistan, would have the advantage of building a new system by themselves. However, she feels such action would not work because of the economic connections and political relations they had. Her reaction goes back to the problem of whether or not the republics can survive together as free nations.

She explains that since Russia built several factories in the Baltics, a problem now exists of what should be done with the Russian people who are there. Since the Baltics are now
independent nations, she wonders if the people will need visas to visit their families.

"We need to change the economical system," she says, adding that she doesn't think they need to divide the country into several independent states. "To be independent does not mean to be economically separated."

The Baltics remained independent for two decades until they were annexed by the Soviet Union in 1940. On March 11, 1990, Lithuania became the first of the 15 Soviet republics to declare its independence.

Vytautas Pranulis, an exchange professor of marketing from the University of Vilnius in Lithuania, is more than pleased that the Soviet government now recognizes his country's independence.

"I am very happy for my country. All of my life I wanted and worked for the independence of Lithuania," Pranulis says, adding that 80 percent of Lithuanians wanted to have an independent government.

The role of the United States in the reconstruction of the shattered Soviet economy has been a cautious one. Although President Bush has established contacts for American businesses to teach the Soviets American business practices, he has been reluctant to give them money.

Because of the situation in the Soviet Union, the western policy has drastically changed in terms of technology, consumer markets, military tactics and the space program. The door is now open for joint efforts between the East and the West, which Remichenko believes is a positive sign.

A native of Gubkin, Russia, Natalya Surikova believes independence doesn't necessarily mean separation.
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and by 1988 that figure had reached over 82 million.

"Trauma is the leading cause of death for people under 44, killing more than 140,000 in the United States each year. By improving paramedic training, integrating ambulance services and diverting critical patients to hospitals that specialize in burns or limb reattachment or spinal injury, death rates could be dramatically reduced," according to Time magazine.

Information from the American College of Emergency Physicians illustrates that practitioners have initiated research in new areas to keep up with the maturing field. Emergency physicians are studying brain resuscitation, trauma care and hyperbaric medicine.

Cole says that although most emergency medical services are operated by municipalities, collegiate emergency medical services play an important role in several communities.

"Ohio State operates a 24-hour paramedic service with personnel trained to provide advanced life support," Cole says.

"Kent's squad runs with 95 percent of the personnel trained in basic life support and 5 percent trained in advanced life support." Advanced life support involves additional training in intravenous therapy.

Training to be an emergency medical technician begins in the classroom. A five credit-hour Emergency Medical Training course is offered by the department of health education at Kent State. To become a registered emergency medical technician, the 110-hour lecture course, 20 hours of hospital emergency room work and a passing grade of 70 on the National Registry exam are mandatory. Certain requirements must be met by the student to be state certified. These requirements vary from state to state.

Kathy Eisenmann, emergency medical training instructor at Kent State, says she believes college students make conscientious emergency medical technicians.

"Social responsibility is new to many college students," Eisenmann says. "Everyone is used to looking out for themselves. The emergency medical service helps to awaken the responsibility in them. College students are professional learners who, once they have the knowledge, are eager to use it.

"It takes someone who is motivated and self-disciplined to be an emergency medical technician. You have to be able to singularly see what needs to be done but be able to work collectively to get it done. An emergency medical technician has to have a flexible ego that will allow you to share the responsibilities of being a leader and a follower."

Cole added that in addition to being able to apply themselves professionally, emergency medical technicians must be able to incorporate their "book smarts" with psychomotor skills.

"An emergency medical technician needs to be able to recognize the situation and instinctively know what to do," Cole says. "But you also have to be honest with yourself and say, 'I'm not good at this skill, and I need to get better.' Because when rubber hits the road, you have to prove it to the patient."

In addition to the emergency medical certification, a formal orientation week of training has been instituted. This includes specialized training and certification in emergency vehicle driving, water rescue, emergency medical dispatch training, hazardous materials and documentation procedures.

In 1988, the Kent State Volunteer Ambulance Service changed its name to the Kent State Ambulance Service. The service remained entirely student run with close supervision by the office of student affairs under the department of health services. On Aug. 20, 1989, the Ambulance Service again took measures to ensure there were students on call 24 hours a day, seven days per week.

As the field of emergency medicine became more specialized in the early '90s, the Ambulance Service gained additional funding, a new administration and a renewed interest by the Kent State students to provide quality emergency medical services to the students, faculty and staff of the university.

To emphasize the advances made at Kent State and within the industry, the Ambulance Service became the University Emergency Medical Service. Cole, the coordinator, says the new name represented the arrival of the service to a paid and professional status.

"Students have a paid contract with the campus emergency medical service," Cole says. "Our service is available free of charge to anyone on campus and to students off-campus."

After the 911 emergency dispatch was established in Portage County in September, any student who dials 911 from a campus extension will be in touch with the emergency dis-
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Health education and programming services are offered by a health
educator through the office of Student Health Promotion at
672-2320. Kent State Ambulance offers emergency service 24 hours a
day, 7 days a week (during the academic year), CALL 911.

It is good life stuff," says John
Hollo, a senior architecture major
and student emergency medical
technician. "I don't like being out of
control. This gives my life control.
It's not my whole life, but it is a very
interesting part of it.

"Every time the tone begins, your
heart starts pumping faster, and you
feel that surge of adrenaline," Hollo
says. "And then there are days when
you're just waiting for the tones to go
out."

According to Psychology Today
magazine, "Some people faint at the
sight of blood, but others, such as
EMT's (emergency medical techni-
cians) and paramedics, who deal
with traffic accidents, heart attacks,
drownings and shootings every day,
begin to thrive on the excitement
and challenge, and become full-
fledged 'traumajunkies.' "

Laura Stephens, a sophomore pre-
med major and student emergency
medical technician, says every
emergency medical technician
wants "the big call."

"It is a rush every time the tones
drop," Stephens says. "The whole
time you're in the squad you are
imagining what the scene looks like.
But when you get on scene, you just
kick into automatic.

"It doesn't really hit you until
you're back in the on-call room. You
think to yourself, 'What did I just
do?'"

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