



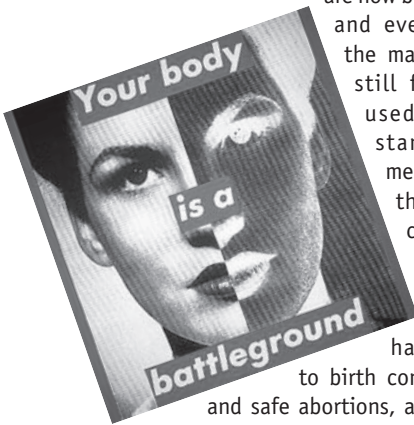
A NOTE FROM THE EDITORS

Welcome to our second issue of the school year! We're excited to be up and running again this year and we hope we can make a positive presence in the lives of women at MTU. For those new readers (and the old ones who forgot), Technobabe Times is dedicated to the empowerment of women in all aspects of technology. We want tbt to be a place where voices not usually heard or seen on campus or in the community can be seen and heard. We want to be a publication that encourages new and different voices.

In the spirit of empowering women on campus, we've dedicated this month's issue to Women's Health. Even though many of our readers are healthy college age women, there are still many health concerns we need to pay attention to. We've come a long way from the days when the medical profession shamed the female body or simply ignored it. Our concerns are now being heard, and even though the male body is still frequently used as the standard for medical tests, things have changed in our favor. Women today have access to birth control, legal and safe abortions, and doctors who care about our sexual health. Our mothers and grandmothers weren't nearly so lucky.

Yet we can't take these rights and privileges for granted. During election time, it's crucial for us to think about how our votes affect our reproductive rights. While it may not seem that politics have anything to do with our bodies, it most certainly does and we need to protect ourselves and our rights. As feminists 30 years ago said, "The personal is political."

We look forward to continuing the tradition of strong, powerful women here at MTU. We think this issue is a step in the that direction.



Drinking as a Feminist Act? Women and Binge Drinking @ MTU

kristin arola

In the article "Women on a Binge" from the April 1, 2002 issue of *Time*, an "expert" on college women's drinking claims that "women associate drinking with power, and they think that if they drink like a guy they will be like a guy." To explore this notion further, I began by asking twenty different MTU students, "Do you consider binge drinking to be a problem among women at MTU?" **The overall consensus is that students do not think binge drinking is a problem among women at MTU.** If the activities I see or hear about aren't binge drinking, then what are they?

Researchers define binge drinking as five or more drinks for men and four or more for women at least once in a two-week period. Rachel Getman, a 5th year chemical engineering/business administration student at MTU, disagrees. "I think that binge drinking isn't very well defined. If we call binge drinking having more than 4, or whatever ridiculously small number has been designated to the definition, or more beers in one sitting, then I'm going to say that yes, that goes on a lot at Tech. Probably 95% of the people who drink binge drink 95% of the time under that definition."

And Rachel's not the only one questioning this definition. I'm left obsessing about that bottle of wine I split with my husband last weekend, wondering if I'm supposed to check myself into AA before I spiral out of control. Yet maybe it's not so much the definition we need to question, but the continuing trend in drinking among women college students and the effects drinking has on women's health.

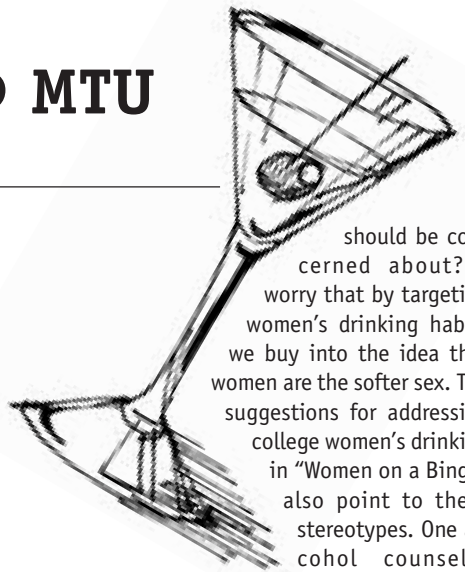
According to *Time*, all-women colleges between 1993 and 2001 witnessed a 125% increase in binge drinking and co-ed campuses also saw an increase in the number of women categorized as binge drinkers. This trend in and of itself doesn't perk my ears up in alarm. **The fact that we think women shouldn't drink as frequently as men points to our continual entrapment in gender stereotypes where drinking isn't seen as proper or ladylike.** This trend may

be problematic, however, when you consider that women tend to get drunk more quickly than men and tend to develop liver disease 10 to 15 years earlier than men, and (according to some studies) women who drink report a 150% increase in unplanned sexual activities (including sexual assault and date rape).

However, the women I spoke to did not feel that drinking put them at risk for sexual assault or date rape. Interestingly, all of the men to whom I spoke felt the opposite. A second year male student said, "Drinking past your limit is literally throwing any guard you had away—you are trusting that nobody will harm you because you couldn't stop them if you tried." Women seemed to feel it wasn't so much drinking that put them at risk for assault as it was a general lack of judgement. Sorority women said when they go out they usually travel in groups so that everyone watches out for each other. This is definitely a tactic for non-Greek women to consider.

While it's important for women to think of the consequences of binge drinking, it's also important for us to think about why we drink. Is it simply for socializing? As one woman told me, "MTU isn't the kind of campus where we socialize at coffee-shops, we're more likely to socialize around alcohol." Yet the *Time* article suggests that college women are drinking not so much for the social aspect, but as a feminist act. As a student at a male-dominated university, I am troubled by the notion that women are drinking to attain power. Perhaps there is really no way to get at why women drink—but when I asked them directly if they drank to feel more powerful, most women laughed. One said sarcastically, "Sure, the first thing I think when picking up a beer is, 'I'm just one step closer to having a penis!'" Yet one has to wonder what effect living in a male dominated drinking culture has on the women of MTU?

If nothing else, most MTU women notice they drink a lot more than friends at other campuses. Is this something we



should be concerned about? I worry that by targeting women's drinking habits we buy into the idea that women are the softer sex. The suggestions for addressing college women's drinking in "Women on a Binge" also point to these stereotypes. One alcohol counselor notes that telling women how many calories they drink in a night can sometimes get them to cut back, assuming the 'fat-threat' will scare most girls sober (and skinny). Another suggests warning women of the threat of sexual assault, which mildly rings of "blaming the victim."

So is binge drinking a problem among women at MTU? Are the women of MTU drinking as a feminist act? Rachel's take on the issue is that "society today makes alcohol (as well as other things such as marijuana use and premarital sex) out to be way too much of an evil than it really is." Yet when a woman tells me that "Most girls I know only drink (more than two beers) once or twice a week, if that," I have to wonder where we draw the line at "problem" behavior. Only one woman I spoke to felt binge drinking was a problem at MTU, but I think her voice is an important one for us to hear: "I do think that there is a problem with binge drinking at MTU—but I feel there is a problem with it on every campus. Women do not just have one drink. It seems as though they drink to get drunk and escape problems. I feel this is the same for men. I think that casual drinking does not occur on MTU's campus."

While drinking at MTU has been, and probably always will be, a time-honored tradition, **we need to be conscious of the effects our choices have on our lives.** We also need to pay attention to the double-standard the media uses in portraying women's drinking. Most importantly, we need to make sure the next time we pick up a drink it's not in the spirit of being "one of the boys."

We get enough of this attitude at MTU.

POETRY

from "Poem in praise of menstruation"

Lucille Clifton

...if there is in
the universe such a river if
there is some where water
more powerful than this wild
water
pray that it flows also
through animals
beautiful and faithful and ancient
and female and brave



3 Bodily Things You Should Care About

Interview by Amy Graham

Jill Smothers is the new Nurse Practitioner at the Western Upper Peninsula District Health Department. She comes to us from Denver where she worked as a Nurse Practitioner for various Planned Parenthoods in the Denver Metro Area.

tbt: As a nurse-practitioner who sees women of many ages and backgrounds, what do you see as the biggest health challenge facing women today?

Jill: Access to care. Most college aged women are in that "black hole" of health care, too old for their parents' insurance and as a student too poor for alternative insurance (i.e. Blue Cross/Blue Shield, Aetna, etc). If they are offered health insurance through the university it is often with high deductibles—and services such as women's health exams and birth control pills are not routinely covered. Even older women may find it difficult to purchase health care insurance through their employer, because co-payments are often expensive and, again, women's health visits and medications may not be covered.

tbt: What is the most important medical procedure a college-aged woman should have done regularly?

Jill: Having a Pap smear. Pap smears can detect pre-cancerous conditions, and if these conditions are caught in the early stage the cure rate for cervical cancer is 90%. A Pap usually comes with an annual exam, always a good idea because this usually includes a breast exam, blood pressure check, and hemoglobin screen (a low hemoglobin often contributes to anemia, a condition that causes headaches, fatigue and dizziness). Young women are susceptible to anemia if they have heavy menstrual periods.

tbt: If you could get every college-aged woman (18-24) to adopt one habit, what would it be?

Jill: Stop smoking! And if you haven't started—don't. Besides bad breath, tooth loss, dull hair and wrinkles, smoking can cause heart disease, infertility, and increase your risk of cervical cancer. (Cytologists can actually see nicotine in your cervical mucus!).

Planned Parenthood's Affordable Birth Control

Lorie Mazzara

Hey everyone, just thought I should get the word out about the new prices at Planned Parenthood. Here's the deal: the costs of contraceptives and exams are based on your income. That's right: they are based on YOUR income. It's actually a pretty nifty arrangement. You go in, have an exam (the price is still based on income), and boom, contraceptives for the next year are discounted! It's that simple. If you—not your parents, guardians, person who claims you as a dependant, etc.—make under \$800 a month, which I suspect most college students do (and if you don't, please, tell me where you work), then your cost is based on donation. This means that if you go in one month and have only like \$10, it's okay—because it's all a donation. So, I hope this helps everyone, or at least some people, out. Aren't the folks at PPH swell???

On a personal note we would just like to say goodbye and thank you to our ever-loyal and helpful Suzanne, we will miss seeing you at PPH!

An Open Letter About Emergency Contraception

Katha Pollitt & Jennifer Baumgardner—from The Nation (This article can be found on the web at <http://www.thenation.com/doc.mhtml?i=20020902&s=pollitt20020829>)

The one thing that activists on every side of the abortion debate agree on is that we should reduce the number of unwanted pregnancies. There are 3 million unintended pregnancies each year in the United States; around 1.4 million of them end in abortion.

Yet the best tool for reducing unwanted pregnancies has only been used by 2% of all adult women in the United States and only 11% of us know enough about it to be able to use it. No, we aren't talking about abstinence—we mean something that works!

The tool is EC, which stands for Emergency Contraception (and is also known as the Morning After Pill).

For 30 years, doctors have dispensed EC "off label" in the form of a handful of daily birth control pills. Meanwhile, many women have taken matters into their own hands by popping a handful themselves after one of those nights—you know, when the condom broke or the diaphragm slipped or for whatever reason you had unprotected sex.

Preven (on the market since 1998) and Plan B (approved in 1999), the dedicated forms of EC, operate essentially as a higher-dose version of the Pill, compressed into two tablets. The first dose is taken within 72

hours after unprotected sex, the second pill is taken 12 hours later. EC is at least 75% effective in preventing an unwanted pregnancy after sex by interrupting ovulation, fertilization, and implantation of the egg.

If you are sexually active, or even if you're not right now, you should have a dose of EC on hand. It's less anxiety-producing than waiting around to see if you miss your period; much easier, cheaper and more pleasant than having to arrange for a surgical abortion if you end up pregnant and don't want to be.

These websites will help you find an EC provider in your area:

www.backupyourbirthcontrol.org

www.not-2-late.com

ec.princeton.edu/providers/index.html

Don't wait until you're in a crisis. Your doctor may not be able to see you in time, and other doctors may not want to deal with walk-ins. Many clinics and doctor's offices are closed on weekends and holidays—the most likely times for unprotected sex. If you live in a rural area, the logistical difficulties—finding the doctor, finding the pharmacy that stocks EC—are compounded. Plan ahead!

Seven Things You Need to Know About Emergency Contraception

- EC is easy. A woman takes a dose of EC within 72 hours of unprotected sex, followed by a second dose 12 hours later.
- EC is legal.
- EC is safe. It is FDA-approved and supported by the American College of Obstetricians and Gynecologists and the American Medical Women's Association
- EC is not an abortion. The two pills you take are not RU-486, the abortion pill, which can be taken up to nine weeks into a pregnancy. EC does not work if you are already pregnant and will not harm a developing fetus. Anti-choicers who call EC "the abortion pill" or "chemical abortion" also believe birth control pills, IUDs and contraceptive injections are abortions.
- EC works. It is at least 75 percent effective in preventing an unwanted pregnancy after sex, but before either fertilization or implantation. According to the FDA, EC pills "are not effective if the woman is pregnant; they act primarily by delaying or inhibiting ovulation, and/or by altering tubal transport of sperm and/or ova (thereby inhibiting fertilization), and/or altering the endometrium (thereby inhibiting implantation)."
- EC has a long shelf life. You can keep your EC on hand for two years, according to the FDA.
- EC is for women who use birth control. You should back up your birth control by keeping a dose of EC in your medicine cabinet or purse.

My Quest for Birth Control

Ariana Jo Jeske

The Incident: My quest for birth control via Shopko.

The Setup: Me, a birth control prescription and one unlucky but understanding male housemate

The Place: Houghton's very own Shopko Pharmacy

I, not wanting to support the Wal-Mart pharmacy (I do read the Planned Parenthood mailings!), decide to have my birth control prescription filled at Shopko one rainy morning. All goes smoothly as I hand over my insurance card and little piece of paper from my gyno. The above mentioned housemate and I go over to Econo to get a donut while the wheels of the pharmacy start to turn. We come back, having gotten our daily allowance of saturated

fat and sugar, take a seat in the color coordinated waiting chairs, and begin to chat. Soon afterwards, the woman working the counter calls me over, with a disapproving look and the beginnings of a condescending tone.

"Are you sure this is the 'right' card?" She says with raised eyebrow, perhaps directed to the obviously male housemate.

"I only have one, have you tried all the numbers?" I say without raising any facial features.

"Well, you're just going to have to pay for this for cash, this card doesn't work," she says, again with a raised eyebrow.

"Okay, that's doable," I say wondering why my card isn't the 'right' one.

More time elapses as my prescription moves through the pharmacy in a red plastic tray. I pay for my prescription, using one of my yellow MTU checks, while wearing a MTU shirt. I am beginning to catch on to why I am being held in a slight degree of contempt. My birth control is delivered to me in a paper sack nicely stapled at the top by a friendly male pharmacist. He apologizes for my insurance card and then goes on to explain that my insurance company is notorious for leaving off the billing numbers (my wonderment is quelled).

I open my tidy paper sack to withdraw my prescription to verify that it is correct. It is not. Not there is my familiar fuzzy light blue pouch with a plastic ring with the days on it. There is an unfamiliar brand, red pills instead of pink in a punch out card. **Not there is the mix of chemistry that keeps my endometriosis in check, that allows me to function on certain days of the month, that allows me to be a sexually active female and have a reduced chance of getting pregnant. There is something that I don't know about, something I did not consent to having changed.**

"This isn't my normal prescription."

"It's a generic," the friendly pharmacist says.

"I didn't ask for a generic, I asked for Alesse."

"We can change it, most people prefer generic," his smile fading.

"Is it your policy to change your customers prescriptions to generic without asking them?"

"Err... not really, we usually ask." He is getting nervous.

He takes the now crumpled bag back, and again my name and information are put into a red tray. As I am writing another check to cover the full cost of the prescription I asked for, I hear from the pharmacist's assistants, one of them the woman I had a discussion with over my insurance card with and the other, a new character in the incident.

"Didn't we just do this one?" the new woman says.

"She didn't want the generic," the eyebrow raising woman says with a similarly raised voice.

There at the moment, fighting back some tears, I realize she has created an entire scenario of my life based on 5 minutes of interaction. What she doesn't realize is that I have been taking Alesse since I was 14 for endometriosis, a condition where the material that menstruates each month implants itself on the outside of your uterus causing extreme pain. She doesn't realize that I am in a caring committed monogamous relationship with a male where sex is responsible, and she doesn't realize that I have these choices as a woman today, that all I wanted when I walked into that pharmacy was to get a prescribed medication, not be judged in a way that strips my humanity out of me and makes me a cardboard cutout of a stereotypical college female.

I leave angered and inflamed, never to return there again. I call my mother and relate the incident to her. She, having her mother bear instincts aroused, vows to take down Shopko that instant. I tell her that I will handle it on my own. I think I have.

C A L E N D A R

11/6 Keweenaw Pride Meeting, MUB B1, 8pm

11/8 Visiting Women Scholar Series: Informal Discussion with Dr. Susan Ambrose. Hear about what was learned from women interviewed from the book *Journeys on Women in Engineering and Science: No Universal Constants*, MUB Ballroom B, 2-3:30pm; RSVP to Sandy Henkel, 7-2920 or shenkel@mtu.edu

11/13 Keweenaw Pride Meeting Wads Oak Room, 8pm

11/20 Keweenaw Pride Meeting Wads Oak Room, 8pm

11/9 Women's Volleyball vs. Lake Superior State, SDC Gym, 4pm

11/13 Sexual Harrassment Speaker & Self Defense Seminar by Husky TKD, ROTC Blue Room & Gym, 6pm

11/15 Women's Hockey vs. Northern Michigan, MacInnes Arena, 10pm

11/16 Women's Hockey vs. Northern Michigan, MacInnes Arena, 3pm

11/27 Women's Basketball vs. Finlandia, SDC Gym, 3pm

12/2 Women's Basketball vs. Lake Superior State, SDC Gym, 5:30pm

12/4 Society For Women Engineers (SWE)'s Holiday Potluck, St. Albert the Great Parish Gathering Area, 6pm

Women's Basketball vs. Northland, SDC Gym, 7pm

Keweenaw Pride Meeting, MUB, B1, 8pm

send us your events for a free listing: send the events to tbt@mtu.edu by the third Wednesday of each month for inclusion in the following month's issue.

R E S O U R C E S

Barbara Kettle Gundlach Shelter 337-5623
domestic violence shelter; 24-hour crisis line

Career Counseling 487-2313

Counseling Services 487-2538

Dial HELP 482-4357
Crisis intervention: a gentle, helpful voice,
24 hours a day, 7 days a week

Employee Assistance Program ... 482-2299

Houghton Community Health Center
..... 483-1860

Keweenaw Pride pride@mtu.edu
an MTU group for Gay, Lesbian, Bisexual,
Transgendered or Questioning Students, Staff,
Faculty, Community Members, Friends, and
Allies

Legal Services of Northern Michigan
..... 482-3908

Office of Student Affairs
..... 487-2212; 487-2465

Office of Residence Life 487-3404

On-campus emergencies 123

Planned Parenthood 482-0790

Society of Intellectual Sisters (SIS)
<http://www.sos.mtu.edu/sis/>
Promoting sisterhood primarily amongst
African-American women and scholarship
among members

Society of Women Engineers
mmsasucc@mtu.edu

Western UP District Health Department ...
..... 482-7382
AIDS testing, family planning, immunization,
pregnancy testing

WHAT IS tbt POLICY?

The TechnoBabe Times is dedicated to the empowerment of women in all aspects of technology.

We want tbt to be a place where voices not usually heard or seen on campus or in the community can be seen & heard. We want to be a publication that encourages new and different voices. And so: we solicit thoughtful, reflective, critical writings (or drawings or mixed media pieces or poems or...) that offer us all positive views and smart actions...

If you have any ideas, questions or comments—or wish to advertise in tbt—please contact our president Ariana Jo Jeske at ajjeske@mtu.edu or write to us at tbt@mtu.edu. You may also write the list to submit a piece of work or to become part of the tbt staff (all girls and boys interested in the cause are welcome!).

THANK YOU to the CCLI for help on this issue.

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