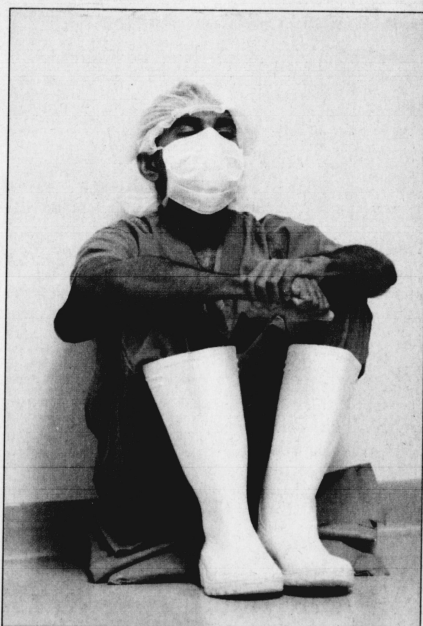


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NOT SO FAR AWAY



Top: Matseliso, 10 months old, lives at Touching Tiny Lives in Mokhotlong, Lesotho. She is one of eight children living at the safe house, which takes in orphans whose family members can no longer provide the care they need.

Above: Nirmal Ravi leans against a wall, exhausted, in the operating room in Maluti Adventist Hospital after finishing a 14-hour day. Ravi assisted doctors in eight surgeries in one day and saw more than 30 patients in the hospital's outpatient ward.

You've probably already seen images like the ones inside these pages — Africans, of all ages, suffering through a life dominated by HIV and AIDS.

But something changes when you witness this painful reality with all your senses, not merely your eyes.

A University of Kentucky medical student and a Lexington woman tried to make a difference this summer in Lesotho, which lies in the heartland of Africa's AIDS country.

A Kernel photographer and writer followed them there.

And in a land 9,000 miles from Kentucky, this global problem quickly hit close to home.

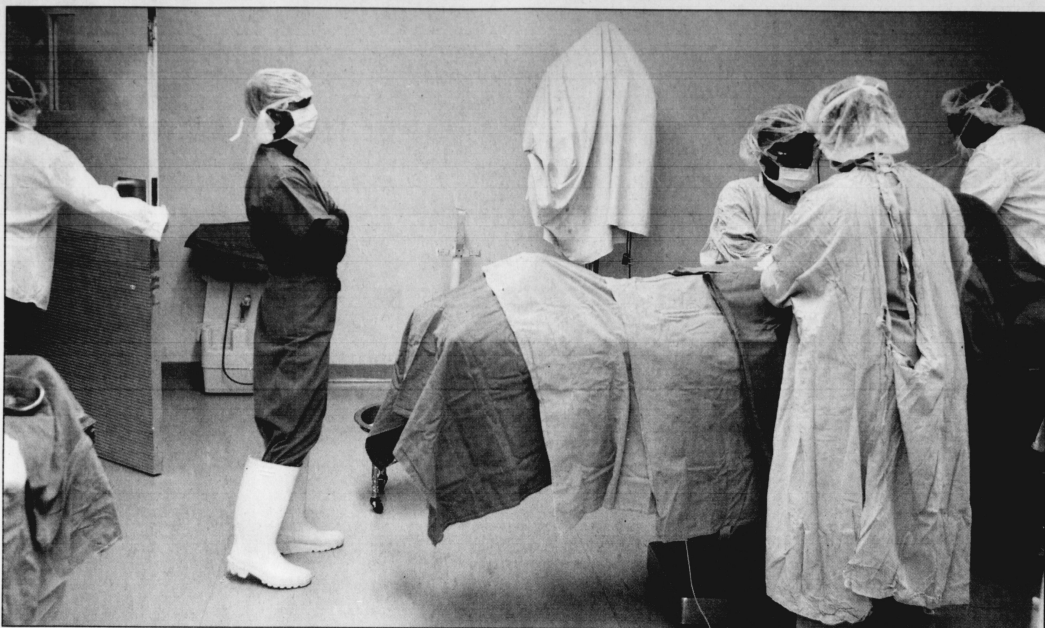
Stories by Crystal Little | Photos by Jonathan Palmer

inside:

Orphanage reaches out to save tiny lives from hardship
page A4

Two textbooks and some dedication: all one doctor needs to save lives
page A10

Support group's solidarity key to overcoming stigma
page A11



Nirmal Ravi watches Dr. Dada Kasumps perform her first Caesarean section on an HIV-positive mother. The majority of the births in Maluti Adventist Hospital involve C-sections. By delivering babies in this manner, the threat of HIV transmission from mother to child greatly decreases.

FIGHTING AN *invisible* FOE

UK student, Lexington resident try to help a nation riddled with HIV and AIDS

Six hours from Johannesburg and several wrong turns later, Lexington resident Tara Loyd and UK medical student Nirmal Ravi inch through the Lesotho border after sunset.

This seedy town near Ficksburg, South Africa, resembles hundreds of nameless border towns: dilapidated tin-and-plywood shacks line the dusty, cracked asphalt and groups of curious bystanders hunch into faded wool blankets, their faces hidden in shadows and their eyes lit from the fires of trash barrels.

The tiny Volkswagen Polo, crammed with passengers and luggage, crawls toward the border post. After passing one checkpoint, Loyd warns Ravi against getting out and walking the unit 200 yards to the border-control office.

"It's just not very safe at night," she says in a hushed voice.

This slow approach toward the border-control office is Ravi's first look at poverty in sub-Saharan Africa. Their destination is Lesotho, a tiny, mountainous country about the size of Maryland that has the third-highest infection rate of HIV in the world.

It's also where Loyd and Ravi will spend a month of their summer, volunteering separately at hospitals and clinics, visiting malnourished infants and organizing an HIV-testing day.

They're entering a country that needs help, where one in three people test positive for HIV. These two Lexingtonians are about to face an AIDS pandemic that until a few days ago felt thousands of miles away.

But in the moment, as they creep across a dark stretch of African countryside, it's anything but far away.

Ravi's humbling experience

"It's AIDS."

The diagnosis stuns Ravi, a soft-spoken 25-year-old who came to UK from Kerala, India.

Dr. Tonny Mwabury's immediate assessment of an emaciated 65-year-old woman still surprises the medical student, even though he's spent three weeks in constant contact with HIV-positive patients.

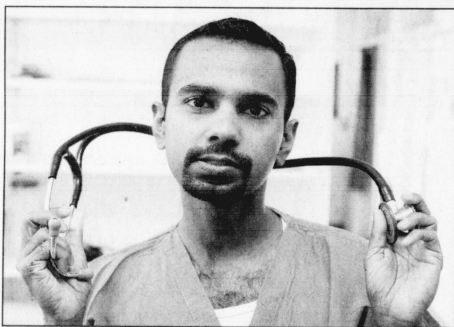
The woman came to Mwabury's clinic and told Ravi that she couldn't eat without vomiting soon after. He examined her and concluded she had a classic case of gallstones.

Mwabury disagreed.

"He comes in and just looks at her and says, 'It's AIDS,'" Ravi said. "I guess it comes from experience, from all these cases of HIV day in and day out."

"When you hear hoofbeats, you think horses, not zebras. But in Africa, you think zebras — you don't think horses."

"In Africa, you think HIV, not gall-



Above: Nirmal Ravi, 25, is a second-year medical student at UK. This summer was his first trip to Lesotho.



Left: Tara Loyd, 28, is a former Peace Corps volunteer who continues to raise awareness about HIV and AIDS around Lexington. This summer marked her second trip to Lesotho since leaving the Peace Corps in 2001.

"I'm just trying to figure out how not to ignore this incredible problem."

Tara Loyd
Lexington resident,
on coming to grips with HIV and AIDS

stones."

And in Lesotho, where the average life expectancy is less than 37 years old and 30 percent of the population has tested positive, the virus is a silent menace impossible to ignore.

"I had not realized the pandemic was so big," Ravi said. "It's one thing to hear numbers: 30 percent. OK, what's 30 percent?"

"But when you see people, one after the other, testing positive for HIV, that's a different thing. That's the power of real-life experience. You really have to go be a part of it to truly comprehend it."

Ravi will likely never forget his own experience — nights spent shivering

next to an inadequate propane heater, studying medical textbooks by candlelight and rediscovering what a treat instant pudding can be, even in the midst of such a stark situation.

Three days into the trip, Ravi had already assisted in two circumcisions, a handful of Caesarean sections and an obstructed bowel procedure. The bowel surgery involved a woman in her 70s who had been vomiting feces. Ravi said that scenario alone attests to the contrast between American medicine and health care in a developing country, where patients often don't go to the doctor until their condition is nearly un-

bearable.

"It's a humbling experience," he said, zipping his slim, 5-foot-2-inch frame into a blue Coleman sleeping bag. "I'm from a developing country, but that's developed when compared to Lesotho."

Loyd's mission to dispel myths

During her two years of Peace Corps service in Lesotho, Tara Loyd fell in love with the country and its stark mountains, brilliant, cloudless skies and the genuine warmth she felt from the people.

Five years later and 9,000 miles away, the 28-year-old still worries for its people. This is her second stint in Lesotho since the Peace Corps in 2001. She's still most concerned for the children orphaned by the AIDS pandemic. Their futures will probably lack the support they desperately need. Those children are tomorrow's community leaders and role models.

Loyd knows Lesotho hasn't seen the worst of it.

"We haven't really reached the tipping point where enough people have died that the society feels it as deeply as it's going to," she said. "I think there's a lot of infection in the population right now that's not talked about yet, that's not recorded in any kind of census."

She worries, too, about the perception of Lesotho in the United States. She's afraid Americans will decide the Besotho are ignorant, poverty-stricken people with nothing better to do than have sex. Lesotho's HIV-incidence rate is just behind Botswana and Swaziland, which are ranked first and second in the world.

"Every time I think about it, I think, 'Why is it really different from anywhere else in the world? Why southern Africa? Why is it more affected than South America, than the U.S.?' " Loyd said.

"I really don't know that it is, but somehow, all of these factors have come together here and just exploded."

Poverty and a 40 percent unemployment rate are part of the problem, as well as a lack of women's rights, at least in the Western sense of the term. In 2003, the Sexual Offences Act was passed, which made rape a crime for the first time.

More than 60 percent of Lesotho's able-bodied men worked in the diamond mines of South Africa until two years ago, when the majority of mines shut down. The men were gone for months at a time. Away from their wives and children, it's commonly accepted that they would have sex with prostitutes. Loyd believes it's far too easy to point accusing fingers at the sex workers who will accept a higher price to have intercourse

See Lesotho on page A3

UNDERSTANDING THE LANGUAGE

A guide to conversational Sesotho

Sesotho ("sah-soo-too"): The language of Lesotho
Lesotho ("lah-soo-too"): Mountainous country in sub-Saharan Africa with the third-highest HIV-infection rate in the world
Besotho ("bah-soo-too"): The people of Lesotho
Mosotho ("mah-soo-too"): An individual in Lesotho
Ausi ("ow-see"): Sister; a term for a girl or young woman
M'e ("may"): Mother; a term of respect that refers to a woman
Abuti ("ah-boo-tee"): Brother; a term for a boy or young man

Ntate ("nn-dot-tay"): Father; a term of respect that refers to a man
Lumela ("doo-may-lah"): Hi
U phela joang ("ooh pay-lah jwang"): How are you?
Ke phela hantle ("kay pay-lah ahn-clay"): I am fine/I feel fine.
Lekhoa ("lah-hoe-ah"): White person
Le kae ("lay ki"): Are you here?
Ke teng ("kay ting"): I'm here.

Lesotho

Continued from page A2

without a condom.

"If a woman is employed, she works in the garment industry so far from home that she can't really go home except for a few times a year," Loyd said. "She has terrible working conditions — so bad that sometimes, she has to trade sex for food or sex for rent or sex for money to send home to keep her children alive.

"I think it's easy to put yourself in a place and think, 'I would never do that; I would never sell my body for anything,'" she said. "But you watch your little sister starve to death in front of you because you're unwilling to sell your body for anything, and I'm sure you would."

In addition, myths, misconceptions and stigma surround HIV and AIDS. Some people in Lesotho don't believe HIV actually exists; it's viewed as a scare tactic from the Western world to keep the people of Africa from reproducing. Others think white people brought the virus to Africa as a means to genocide, and that HIV doesn't exist in any other part of the world. Some believe condoms cause HIV — the rationale being that before there were condoms, no one heard anything about HIV, and now that condoms are freely distributed, HIV is everywhere. Condoms have worms in them, HIV came from monkeys. The list goes on.

But one myth in particular terrifies Loyd: In some communities — especially in remote areas — it's believed that HIV can be cured by having sex with a virgin, which has been loosely interpreted to mean anyone from an infant to an old woman.

"When I first heard that myth, I wanted to think, 'That can't possibly be true,'" Loyd said. "But when you go into rural, rural clinics and you see official laminated posters that say, 'Raping this baby girl will not cure you of AIDS, it will just infect her,' or you go down to the capital to the Lesotho Child Counseling Unit



Above: Nirmal Ravi heads to Mokhotlong Government Hospital at sunrise. Most days, he was gone by 8 a.m., and he had to return to his cinderblock house by sunset, which was usually at about 5:30 p.m.

and meet a woman who is housing and taking care of 12 or 15 kids who've been a victim of that crime ... " she trails off, her voice shaking and her blue eyes brimming with tears.

"I want to believe that people are so afraid that that's why it happens — they really, truly think they can be cured — but it's just devastating to me. And it makes this place a very dangerous place to be a young girl or a child."

Despite her intricate knowledge of these horrifying realities, Loyd insists she's a normal person. She shops for clothes online and waits tables at Harvest on South Ashland Avenue in Chevy Chase. Regulars who know she'll be returning to Africa often leave her a little extra tip and ask that it gets to the children at Touching Tiny Lives, the orphanage where she volunteers.

The willowy University of Virginia graduate has a mortgage and a serious boyfriend, and

laments the lack of hair dryers and good peanut butter in Lesotho.

But her two years of Peace Corps service as an HIV volunteer have left an impression that surfaces in even the most ordinary of circumstances.

Like Christmas dinner at her grandmother's house, when she and her uncle, a physician, launched into a conversation about condom use in southern Africa.

"My mom (was) nudging me under the table," Loyd said with a half-hearted laugh. "Maybe talking about condoms at Christmas dinner is a little extreme.

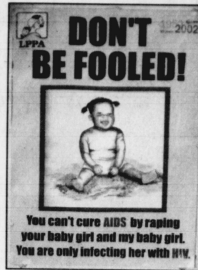
"I don't mean to be depressing or overwhelming," she said. "Maybe my chit-chat is not really normal anymore."

Readjustment came eventually, as Loyd played catch-up with cell-phone technology and Microsoft Office. Trips to Wal-Mart and Meijer became culture-shock milestones.

"The excess, and the realities of what gets wasted, how isolated our society can be, and how little we sometimes know about the rest of the world — all that takes a while to get used to," she said.

In May 2004, three years after she returned to Lexington, a phone call from Lesotho took Loyd back to Africa — literally.

The call came from Ken Storen, a fellow Peace Corps volunteer from Loyd's group of trainees. After five years in Lesotho, working at Gardening for Rural Well-Being, a non-profit agriculture and orphan outreach organization in the village of Mokhotlong, he had seen count less infants and children lose their parents to AIDS. He'd watched as relatives, already caring for other children, tried — and failed — to take on the responsibility of another family member. He saw these relatives struggle to feed the older kids while buying exorbitantly expensive baby formula.



Above: This UNICEF-sponsored poster in Lesotho dispels one of many myths surrounding HIV and AIDS. Some Lesotho believe that having sex with a virgin will cure them of the virus. This interpretation has led to the raping of infants.

"Ken decided to open up his home to orphans," Loyd said. "He felt like he'd watched enough babies die unnecessarily."

Loyd soon became something of a Lexington liaison for Storen and the safe house. Touching Tiny Lives, Loyd made phone calls and typed dozens of e-mails to engage people in Kentucky. She researched tax deductions and how to achieve non-profit status, doing as much legwork for Storen as possible.

Loyd wrote letters to everyone in her address book, asking for a \$10 donation each month. She stressed that this was not Sally Struthers' "Feed the Children" — in this instance, donors would know for certain that their money reached the kids, buying formula, bottles, food, toys, clothes and medicine.

She also helped spread the word about Storen's own way to engage people: "Six Degrees of

See Lesotho on page A8

UNDERSTANDING HIV/AIDS

HIV: Human immunodeficiency virus; a virus that infects the body through blood or blood products and is also transmitted through sexual intercourse. The virus invades human tissues and cells in the body and also targets cells in the immune system, using certain types of white blood cells called lymphocytes to replicate itself. After the virus replicates, it kills those white blood cells, which depletes the immune system. The virus spreads into all tissues of the human body, including the brain, spleen and spinal cord.

AIDS: Acquired immune deficiency syndrome; AIDS is the most severe manifestation of infection with HIV and can be triggered when white blood cells called lymphocytes drop to a count of 200 or less, and/or when the patient becomes ill with opportunistic infections such as tuberculosis. In many cases, AIDS is marked by debilitating weight loss, extreme tiredness, bouts of diarrhea and a high susceptibility to infection.

Antiretroviral drugs: Also known as ARVs and ART (antiretroviral therapy); these substances are used to kill or inhibit the multiplication of HIV. Antiretrovirals are usually combinations of different types of drugs used to combat the virus, the first of which was Zidovudine (zidovudine), also known as ZDV or AZT.

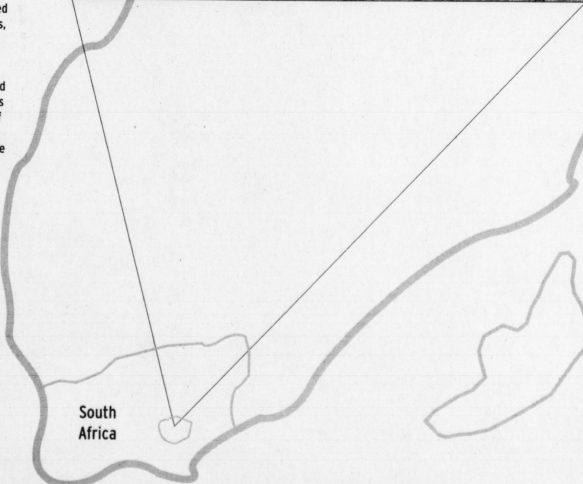
CD4+ cells: The terms CD4+ cells and T-cells are used interchangeably. A CD4+ cell is a type of white blood cell called a lymphocyte. These cells are integral to fighting off infection within the body; without them, the immune system is weakened. HIV uses these cells to duplicate, then kills them when replication is complete. When the count drops to 200 or less, HIV becomes full-blown AIDS.

■ It is possible to be HIV-positive for many years before a patient realizes he or she is sick. This "asymptomatic phase" can last as long as eight years.

■ It's important to note that HIV treatment does not only entail medication — proper nutrition, exercise and rest all contribute to maintaining a healthy lifestyle. Poor nutrition, in fact, can be more harmful than a lack of available medicine for HIV-positive patients.

SOURCE: Dr. Ardis Hoven, infectious disease specialist, UK Chandler Medical Center

LOCATING LESOTHO



LESOTHO BY THE NUMBERS

22.2

Population, in millions

320,000

Adults and children, ages 0-49, with HIV

31

Estimated percentage of adults with HIV

29,000

AIDS-related deaths in 2003

51

Percentage of women, ages 15-24, with HIV

25

Percentage of men, ages 15-24, with HIV

90,000

Orphans, ages 0-15, primarily from AIDS-related deaths

36.8

Average life expectancy, in years

Six degrees of hope

Touching Tiny Lives offers solace in midst of AIDS pandemic

When Ken Storen's 9-to-5 day at the office ends, his real job begins.

Stretched out on the floor with his back against the couch, Storen cradles 3-month-old Likhetho in one arm, holding a bottle to the infant's mouth with his free hand, while 18-month-old Tumeliso and 10-month-old Matseliso vie for his attention, alternately tugging on the sleeve of his gray shirt and crawling up his battered khakis. Two-month-old Litsepsio is bundled in a fleece blanket, asleep, on the couch behind Storen's shoulder.

This is what Storen calls his real job — not the eight-hour day he puts in as managing director for Gardening for Rural Well-Being.

It's here, in Storen's three-bedroom house in Mokhotlong, that Touching Tiny Lives became a reality in May 2004. It's a safe house for children who've lost their parents to HIV and AIDS, whose relatives don't have the finances or other resources to care for another child. It's not exactly an orphanage, because the goal is for these children to eventually return to their extended families and communities.

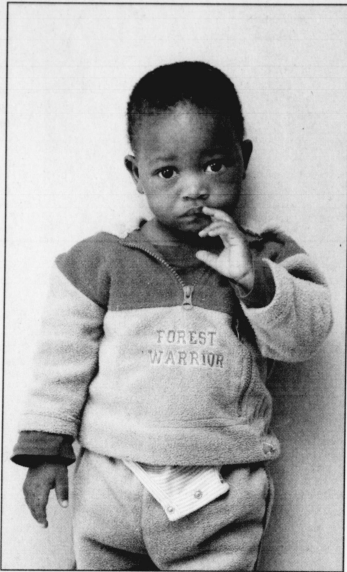
"I love working with children," Storen said. "You look at so many problems around you (in Lesotho) and you can get overwhelmed by all of them, so I decided, 'Well, I'll work with the group I like best.'"

During his third year of Peace Corps service, the native New Yorker worked with the non-profit organization GROW to facilitate orphan-outreach programs. Storen knew many of the children affected by the AIDS pandemic were living with little food and no emotional support. He hoped these workshops could help reach many of them.

"It wasn't enough," he said. "We had kids who had just nowhere to go."

"We had children completely malnourished and sick and there was absolutely nothing being done, it seemed, to provide for them."

Then, with help from social worker Malinthaona Khama, Storen met 1-and-a-



Kananelo, an 18-month-old girl, is one of eight orphans who lives at the Touching Tiny Lives orphanage in Mokhotlong, Lesotho. After 13 months at the orphanage, "Kani" found a permanent home with her uncle this summer and was able to return to her community.

half-year-old Tisetso, who was living in nearby Thabang, the village where Storen was stationed for his Peace Corps service.

Tisetso's HIV-positive mother had died and he was living with his aunt and uncle, who were already caring for two other orphans. The couple didn't really want the added responsibility of another child, Storen said.

"They thought he was going to die — his mother had died of AIDS — and he was sick, so they left him in a house by himself," Storen said. "No food. Occasionally, a 4-year-old would throw scraps for him to find."

Tisetso was living alone in a dark, one-room hut,

malnourished and covered in sores. His uncle would sometimes intentionally leave him outside on particularly cold, rainy nights, hoping he'd find the boy dead the next morning.

"They'd just find him crying (instead)," Storen said, shaking his head in disbelief. "They called him the crippled infected boy, and they were just waiting for him to die."

Storen and Khama took Tisetso to Khama's home — he was skinny, covered in rashes and unable to walk. He began drinking formula, then juice and milk, gaining weight and growing stronger. Now, the healthy 3-year-old still lives with Khama.

And while Tisetso actually never spent time at what would become Touching Tiny Lives, he was the inspiration behind the safe house, which now boasts an 11-person staff of local women.

"This little guy from my original village helped get this whole thing started by being a cute little 1-and-a-half-year-old," Storen said with a laugh.

Tisetso's story is also why Storen stays in Mokhotlong.

Today, feeding Likhetho with Tumeliso and Matseliso beside him on the floor and Litsepsio sleeping on the couch behind him, Storen knows why he stays in Mokhotlong.

For Tumeliso, Matseliso and Likhetho.

For Litsepsio, who came to the safe house at six weeks old, weighing less than she did at birth.

For 2-and-a-half-year-old Retselisitsoe, the only orphan who has tested positive for HIV.

For 19-month-old Khosi, who's finally beginning to walk without help.

For 18-month-old Kananelo, who will return to her community and live with her uncle in the next few days.

For 6-month-old Nihabeheng, who arrived in much the same shape as Litsepsio but is now chubby and giggling.

For Lesotho's orphans — for Lesotho's future, in the firestorm of the AIDS pandemic.

"I want to become part of any solution I can," Storen said. "The more I got involved, the more the idea of doing what we're doing now just clicked — this became my life."

The scope of HIV and AIDS in Lesotho can be overwhelming.

"It's terrifying," he said. "It paralyzes a lot of people."

Still, with all the hardship and suffering he sees, Storen won't reverse his decision. He's staying in Mokhotlong for the long haul.

"Before coming to Lesotho, I pictured growing up, getting older with my brothers, having a family of

See Orphans on page A5

Outreach programs target orphans, provide education

On her 25th birthday, Mangala Masantabantu didn't celebrate.

Instead, the GROW field officer hiked Mokhotlong's remote mountains in a pair of battered Keds, evaluating community garden projects and speaking with caregivers in the area, making sure the children they watch over are doing as well as can be expected. As she visits village after village, facilitating outreach workshops for children who've lost their parents to the pandemic, she regularly encounters people who refuse to believe HIV is anything more than a myth.

"I don't ask where the snake came from," she said with a humorless laugh. "I just kill the snake in the house."

Masantabantu has already experienced the kind of heartache few ever will in their early 20s — her father died in June 2004, her mother three months later.

"Because of AIDS," she said with a defiant nod, her dark eyes flashing. "Many people will not say that. But I will, even if I'm the only person who knows how my parents really died."

She cares for her four younger siblings, ages 8, 13, 17 and 21, and works full-time at GROW, earning the money that allows her to feed her family and pay school fees.

And, though she's not HIV-positive, Masantabantu regularly attends HIV support group meetings.

"I would like (orphans) to know that being alone does not mean you're alone in the world."

— Mangala Masantabantu, GROW field officer

"Just because I'm negative doesn't mean I have to discriminate against those who are positive," she said, hooking a strand of hair behind one ear.

Masantabantu's own experiences have helped her connect with many of the children she sees in the mountains.

"I just want to help, and to provide education for orphans," she said. "I would like them to know that being alone does not mean you're alone in the world."

GROW's outreach programs aim to do just that, while teaching valuable life skills and decision-making to children with few resources and options. Field officers and program coordinators work closely with mountain children who are the acting heads of their households. The organization hosts regular literacy workshops with shepherd boys or "herd boys," as they're called, who, because of their work that often takes them to remote mountainsides, aren't able to go to school.

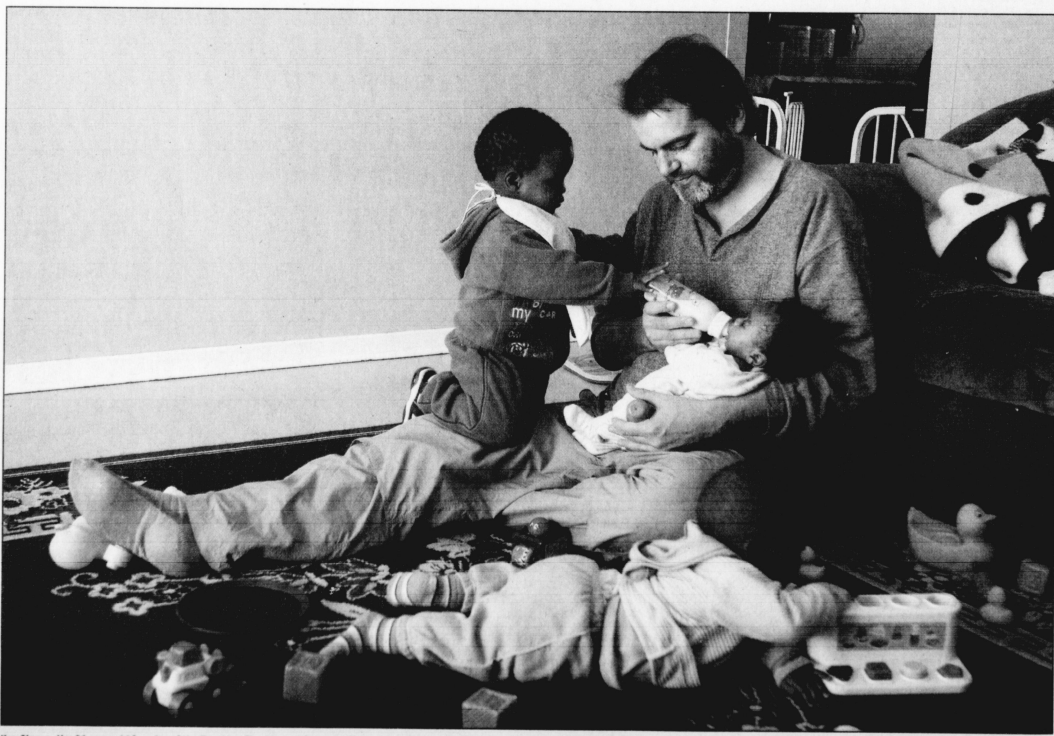
"We hope to make a great change," said 51-year-old Mamohau Thejane, GROW's program coordinator for community health and literacy. "Once someone is able to read and write, that person will have access to information that will bring about that change."

Thejane fears, however, that the Besotho are too complacent, depending on committees and visitors to supply food and clothing — a mentality that has even trickled down to orphans themselves.

"People need to think, to do things with their own hands," Thejane said. "Communities need to work hard and change the behavior of children."

Especially when it comes to issues surrounding HIV and AIDS. The virus is feared because of its association with death, which leads to a stigma. That stigma has forced some children whose parents have died from the disease to leave school because

See GROW on page A5



Ken Storen, the 36-year-old founder of the Touching Tiny Lives safe house, feeds 3-month-old Likhetho, while 18-month-old Tumeliso helps out. Ten-month-old Matseliso plays with some toys on the floor, and 2-month-old Litsepsio naps, completely wrapped up in a blanket on the couch. Storen, a former Peace Corps volunteer, opened his three-bedroom home to orphans in May 2004. "I love working with children," Storen said. "You look at so many problems around you (in Lesotho) and you can get overwhelmed by all of them, so I decided, 'Well, I'll work with the group I like best.'"

Village's first public testing day 'a big step'



Matsietsi Ntlo-tsoeu (left), a 23-year-old counselor at Mokhotlong Government Hospital, waits with Tara Loyd for people to get tested for HIV at Mokhotlong's first public testing day. By the end of the day, more than 80 people took the test, and each received a free bag of fruit for participating.

But for one teen, lack of parental permission makes the day bittersweet

Keletso Mapesela wanted to participate in Mokhotlong's first public HIV testing day. But she didn't have a handwritten note of consent from her parents.

Her disappointment was evident in the dejected slump of her narrow shoulders as she relayed the news to a friend.

Challenging the status quo

The 17-year-old is well-versed in the myths and stigma associated with HIV. She knows how the virus is transmitted and how to prevent infection. She knows its symptoms and how it affects the immune system. She can even recite treatment options from memory thanks to the educational workshops she's participated in and presentations she's given at Seiso High School in Mokhotlong.

Such textbook knowledge became moot when her 26-year-old sister, Mamichael, tested positive 10 months ago.

The virus that affects roughly one-third of Lesotho's population became a much more personal issue, and Keletso was terrified.

"I thought she was going to die tomorrow," she said, her small frame perched on a tiny wooden stool. "I tried to go to school the next day but couldn't concentrate. I was so scared."

Sitting in the lukewarm afternoon sunlight, she smoothes her skirt with steady hands and admits she's a pretty normal teenager. She loves to play volleyball, hang out with her friends and earn good grades. Economics is her favorite subject. She's even Head Prefect this year — an academic honor that marks Keletso as a role model for younger students.

She could be ordinary — but her sister's new status as another walking casualty of the AIDS pandemic has left its impression.

Now, 10 months later, Keletso's outlook is much more positive: she understands that as long as Mamichael actively keeps herself healthy, she'll live some semblance of a normal life.

Still, the past week has been disheartening — Mamichael has been hospitalized with tuberculosis.

"It's just so scary," Keletso said.

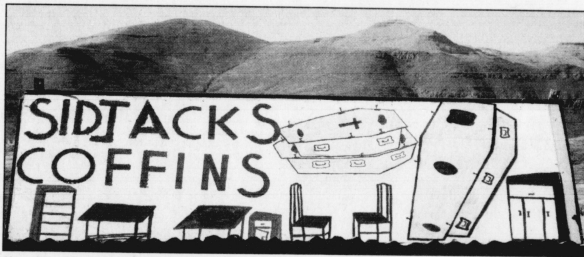
While her older sister's illness is a devastating blow, Keletso and her family are better off than most in Mokhotlong: two of her four sisters are away at university. Her father opened Mokhotlong's only Internet café last year, and business has been good. It shows; her diet is healthy and her clothes, while not necessarily brand-new, are always neat.

Keletso works at the Internet café in the summer to help her father — it keeps her busy and allows her to interact with lots of different people. During the school year, classes occupy much of her time.

"School is great," she said. "If we are at school, we are away from many things that could harm us — like being involved in crime. Young people taking drugs is a big problem, too."

Keletso also participates in empowerment workshops for young women and HIV and AIDS awareness programs. She's a feminist in the Western sense of the word — thanks to the Lifeskills program, she knows that women can perform tasks just as well, and sometimes better, than men.

Keletso wants to be recognized as an equal in every way.



At one time, this shop in Mokhotlong, Lesotho, generated most of its revenue by selling furniture. Because of the steady increase of HIV- and AIDS-related deaths, the demand for coffins has risen.

She broke up with her boyfriend because he expected her to have sex with him — a rare occurrence in Lesotho's traditionally patriarchal society.

"He was too demanding," she said with a nonchalant shrug. "He wanted me to sleep with him, and I said no. I'm still young."

Mokhotlong's HIV testing day was going to be an affirmation of sorts. Keletso was going to test negative not only for herself, but for Mamichael as well.

She couldn't go through testing because she was too young and didn't have a parent's signature.

Testing day was still a success, helping boost community awareness about HIV and AIDS.

A day of vindication

"Testing day is meant to disseminate information and encourage people to know their status," said Thuso Thuso, a 25-year-

old counselor at Mokhotlong Government Hospital. "That's something that has never been done in the area."

Thuso grew up seeing the aftermath of AIDS but said he knew next to nothing about how the virus worked because the stigma attached breeds a "culture of ignorance." He vowed to find the answers for himself, and became a youth counselor in 1994, at age 15.

He blames Lesotho's HIV-increase rate on poverty and unemployment.

"People don't know what to do, so they have sex," he said. "Due to myths and misconceptions, they don't use condoms."

And he, like Tara Loyd, worries for the country's future.

"I'm seeing Lesotho as a nation that will just be kids," he said, his eyes downcast. "Our orphans have no good guidance."

The July 30 testing day is an emotional one for everyone in-

involved, as nearly 80 people test and wait for counseling afterward. Of those tested, a surprising number were men.

"This is just incredible," Thuso said, striding in and out of three private counseling rooms where participants wait for their results. He balances a box of latex gloves, a complimentary bag of fruit and a first-aid kit before re-entering Testing Room No. 2. "It's amazing."

It's also a day of validation for Loyd, who would leave in two days and eventually return to Lexington, where she would continue to raise awareness about Lesotho and Touching Tiny Lives while working at Harvard.

"I can't believe what started out as an idea has turned into this," she said, watching as a line of people waiting to get tested forms outside the door of the youth center. "It's amazing — such a big step."



Some people think that if you wear the ribbon, you've got AIDS. And if you join a support group ... they automatically think you have AIDS."

— Keletso Mapesela, a 17-year-old high school senior whose older sister is HIV-positive

GROW

Continued from page A4

of their classmates' cruelty. Thejane and her fellow GROW employees battle that stigma with education each time they journey to other villages. The health care workers have unintentionally made themselves targets. Because they come to talk about the virus so much, villagers automatically believe the workers are HIV-positive.

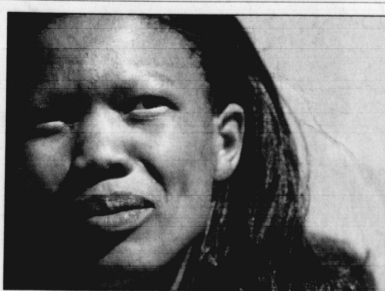
"Culture is culture." Thejane said, shaking her head sadly. "It stays with people."

She straightens in her office chair with an almost imperceptible air of determination.

"I am a teacher," she said. "Teaching to me has become a part of my life. Literacy and getting information to HIV-positive patients is like constant education. I hope those two responsibilities will bring some kind of change."

She leans back and sighs, placing one palm flat on her desk.

"We are working hard here in the mountains," she said. "We need the support of other people, and we need help from one another."



Mangala Masantabantu, 25, works for the group Gardening for Rural Well-Being. GROW is a non-profit organization that facilitates literacy programs, orphan outreach and agriculture cultivation methods. Both her parents died from AIDS last year.

Orphans

Continued from page A4

my own," he said. "I go home (to New York) from time to time, and it feels far — my life is here, my everyday existence is here."

He looks down at Likhetho, sleeping soundly in the crook of his arm.

"These babies keep me going," he said, then pauses.

"There are times I'd like to just walk away. But if I'm not here, that's one less person to care for (the children). I think about the kids and I could never do it — I'm here for them."



Mapeketo Koale, 49, tested positive for HIV in January 2005.



Mabilehoholo Matshela, 38, tested positive for HIV in January 2005.

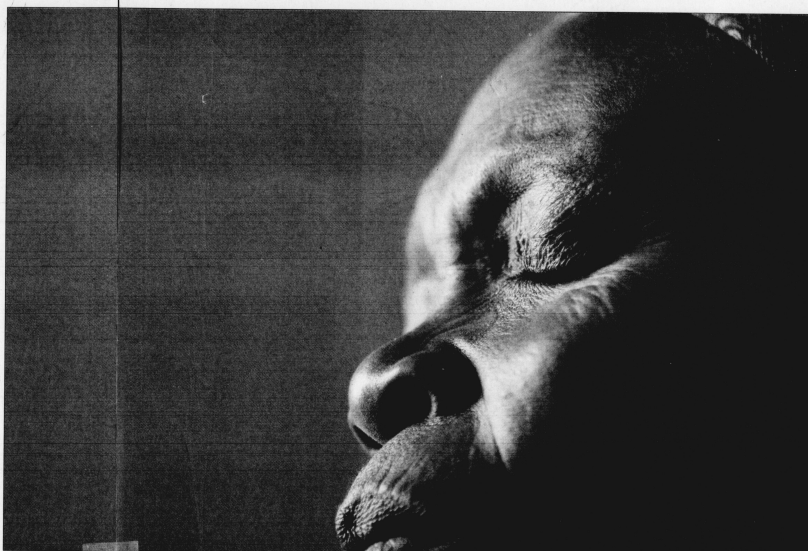


Memelehang Ratahane, 62, tested positive for HIV in January 2005.

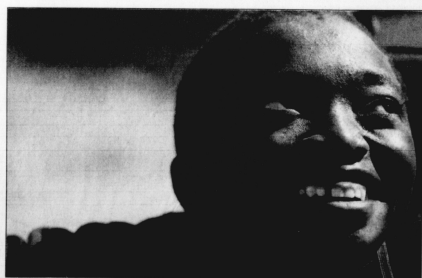
Survival *personified*

Two types of people live in Lesotho:
Those infected with HIV, and those affected by HIV

These are the faces of Lesotho.
Technically, the faces are different — wrinkles
on some, bright young smiles on others. From
a 3-year-old boy to a 62-year-old woman,
each tells a unique story.
But the features of each visage
are haunted by the specter of HIV.



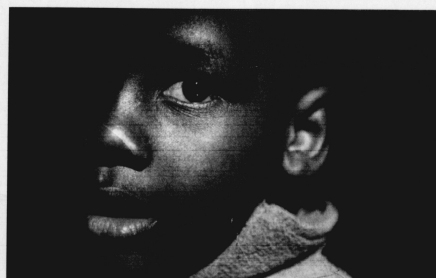
Eliza Mephohlana Letlamo, 42, tested positive for HIV in February 2005.



Thabo, 18, has lived in Mafiki Adventist Hospital's pediatric ward with orphans of AIDS since his mother died of unknown causes when he was 10.



An unknown Basotho woman in the town of Mafeteng, Lesotho, which has been wracked with cases of AIDS.



Tsebo, 3, inspired the creation of Touching Tiny Lives orphanage. His mother died of AIDS, but he has tested negative.

Lesotho

Continued from page A3

Love." Storen's relatives, for example, are only one degree away from the safe house, and their friends are two degrees away. Loyd did her best to impress this upon as many friends and family members as possible.

"I wrote 150 letters to anybody in my life, while feeling more and more drawn to Lesotho, thinking, 'Am I really doing all that I can do?'"

Ultimately, she decided she wasn't, and traveled back to Lesotho determined to help.

The ravages of the AIDS pandemic had changed the country.

"It was really striking to cross the border again," Loyd said. "There were more graveyards."

Thanks to grassroots education movements, more people had realized the chilling reality of the disease, but while some attitudes had shifted from 2000, changes in behavior were virtually unseen. Monogamy was still a joke, and despite the Sexual Offences Act passed the year before, women were still subjected daily to domestic and sexual abuse. More children became orphans each day, and many of those were beyond the safe house's reach.

It was the beginning of a simultaneously rewarding and heartbreaking experience for Loyd, as she became personally involved in the health care of 18-month-old Retselisitsoe, one of the children at the safe house.

"It was such a challenge just to get simple blood tests," Loyd said, adding that, at the time, there was no doctor at Mokhotlong's hospital.

"It was just a lot," she said. "It gave me firsthand experience, seeing what they were dealing with being here — something you can't get just reading e-mails."

When Loyd returned to Lexington just before Christmas, she began giving presentations around the city. She spoke about Touching Tiny Lives, the health care situation and challenges Mokhotlong faces. Loyd visited church groups and women's organizations and even the luncheon for the International Federation of Medical Students Association, where Ravi learned she would be returning to Lesotho for the summer.

"Sometimes, I kept my composure," she said with a sad smile. "I feel like I start talking about this and people say, 'How can you possibly do it and how do you get through it?' and it seems like something they can't imagine themselves doing. I just wanted to say, 'I don't have any better way to process this than anyone else. I'm not any better equipped to do it.'"

"And I'm not spending every cent that I have saving these children; I'm also buying something to wear to my friend's wedding — I'm just like anybody in Lexington. I'm just trying to figure out how not to ignore this incredible problem that now I feel really close to."

Loyd's heart is still torn between Lexington and Lesotho.

"I'm trying to figure out where there's a path in between," she said, "being some kind of liaison between witnessing this firsthand and maybe just being your neighbor in Lexington."

Spreading the message

Ravi spent most of his trip in the mountains of the northeastern part of the country. He volunteered at Mokhotlong Government Hospital — a facility that, until a few months ago, could only provide patients with an intravenous saline drip, some multivitamins and, if they were fortunate, Tylenol.

The days quickly settled into a disheartening routine: Ravi woke up with the sun, dressed, ate breakfast, and left for the hospital, a 15-minute walk away. The facility is nowhere near as hectic or hands-on as Maluti Hospital, and most patients come in with common colds and tuberculosis. After spending the day doing what he could to help, Ravi walked back to

the house before sunset at 5:30 p.m. to change into a pair of flannel pajamas and warm, thick-soled slippers.

"I wasn't expecting it to be so cold and miserable," he said.

After a modest dinner cooked on a two-burner gas stove, he hummed "Dust in the Wind" and zipped into his sleeping bag by 9 p.m. He read medical textbooks or Anne Fadiman's "The Spirit Catches You and You Fall Down" until he fell asleep. The next morning, the cycle began again as gray, pre-dawn light crept through the bedroom windows and roosters started to crow.

"During the day, (I) go out and see all this suffering and go nuts, then come back home when the sun goes down," Ravi said. "Then (I'm) home and have nothing to do — just sit there and try to figure out how to spend time in the cold."

Despite his encroaching depression, Ravi helped make a difference in a short time. He went on two site visits, checking on sick and malnourished children.

"I told (the family) what to do — better nutrition, give fluids — and two days later, the baby's doing better," he said. "That's the most rewarding thing: After my first year of school, I'm making a difference in these babies' lives."

One of those infants, six-week-old Litsepiso, went to stay at Touching Tiny Lives and began drinking formula instead of the sugar water that had barely sustained her since birth.

Still, volunteering half a world away, surrounded by what looks like impossible odds and an overwhelming sense of defeat, is a lot to absorb.

"A lot of people don't even realize how bad the situation is (in Lesotho)," he said. "I've seen it firsthand — if more people could do this, it would be great."

Ravi also presented a video he made of Lexington residents living positively with HIV to the hospital's department heads, answered several questions about treatment in America and white blood cell counts and addressed the myth that the virus doesn't exist in the United States.

Simply speaking out against such dangerous ideas was more than enough motivation for Ravi's trip, and he believes his video accomplished its aim. He only hopes the message continues to spread from health workers to remote communities, where it's needed most.

"All the stuff I got to do was really exciting," he said. "Standing in on all those C-sections, watching all the surgeries and helping out — I wouldn't be able to do that even in my fourth year (at UK)."

"But the more powerful experiences were what I saw, like the malnourished babies. It was a humbling experience, more than just me doing stuff that was cool ... It was me observing things and realizing how immensely fortunate we are."

There and back again

Passing through the Lesotho border and back into South Africa, Ravi's sense of relief is almost palpable. A long month of sleeping on a thin mattress on a cold concrete floor in a three-room cinderblock house in Mokhotlong, shivering in his flannel-lined sleeping bag after sundown, battling homesickness and depression, is over.

Watching patient after patient walk into health care centers with hacking coughs and gaunt, HIV-ravaged frames, is over.

Seeing malnourished children suffer from a lack of wholesome food, subsisting on white cornmeal mush and cabbage, is over.

South Africa holds the promise of a plane ride back to Dulles International Airport in Washington, D.C., and a nine-hour drive to Lexington — back to UK's campus, to classes and his friends.

And now, sitting in the Student Center, joking about what constitutes the perfect Qdoba burrito, relishing Lexington's much-warmer temperatures and bemoaning his demanding medical



Above and below: Khulu Matete, 16 months old, is checked by Nirmal Ravi and Nthabeleng Lephotod, a senior staffer at the Touching Tiny Lives orphanage, during a house call. Khulu is infected with HIV and is on antiretroviral medication. She was suffering from a sty that had nearly run its course when Ravi came to see her. Khulu lives with her father and grandmother; her mother died more than a year ago.



school schedule, Ravi seems just like any other student on campus.

But the double-consciousness he's acquired isn't so typical.

When he went with a friend to Fayette Mall, he became transfixed by the sharp contrast of Macy's spotless glass display cases and the tarp-and-plywood stalls that constitute Mokhotlong's roadside market.

"I was just standing there, just lost," Ravi said, frowning his brow. "I can't express how I felt — it's real-

ly a shock. The difference between our world and their world is outstanding."

Ravi shifts in his plastic chair and studies the table-top for a moment.

"I didn't start off with an interest in AIDS," he says, looking back up. "You always hear about how bad it is in Africa. Everyone knows it."

"So I wanted to see what it's like myself. I knew I was going to Lesotho, and I thought, 'What can I take to the people of Lesotho?'" Then, I find out it has one of the highest HIV-infection

rates in the world, and it naturally led me to HIV. It's not like I picked it — the whole situation led me to HIV, then I ended up making that video."

"And whether you like it or not, I think if you're going to do anything medical in Africa, HIV's going to be a big part of it. You don't have to pick it; it's going to be there, waiting for you."

But the AIDS pandemic isn't just lying in wait in sub-Saharan Africa — it's in the United States; in Kentucky; in Lexington. It hits

close to home, whether Americans realize it or not.

Loyd struggles with that idea every day.

"It's a problem in America that we need to be paying a lot of attention to," Loyd said. "HIV is on the rise again in certain populations and that just seems crazy, with all the education and knowledge we have, (and our) access to resources."

She shakes her head and pauses, as if searching for the right words. "That shouldn't still be the case."

IN OUR
OPINION

This summer, The Kernel sent projects editor Crystal Little and staff photographer Jonathan Palmer on a monthlong trip to Africa. The following columns are their thoughts on their time in Lesotho; these photos are snapshots of life there.

reflecting on africa

Witnessing hardship painfully focuses perspective

Eliza Maphoaloana Letjama has planned her daughter's funeral twice.

Her back is rigid, her voice steady as she relates her story through a translator in a small counseling room in Mokhotlong Government Hospital, but she twines her weathered fingers together in her lap to keep them from trembling.



Crystal Little
PROJECTS EDITOR

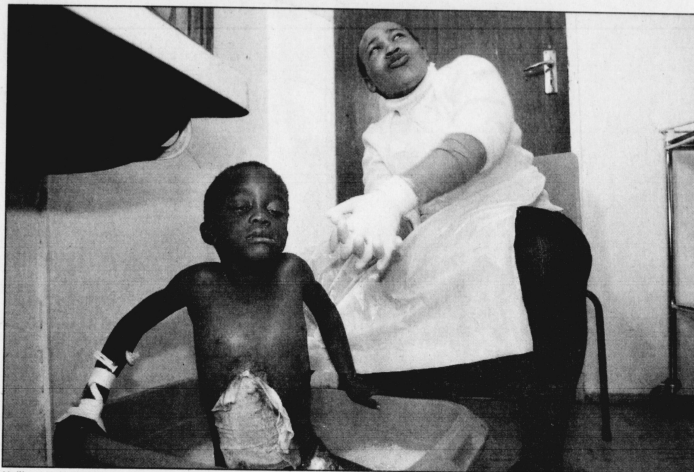
Her daughter, Kau, was 24 years old when she became bedridden with HIV.

With no money, emotionally and physically exhausted from watching her daughter suffer, Letjama was planning Kau's funeral when her brother gave her 300 rands (\$46) to pay for a doctor's visit. While certain science could save her daughter, Letjama was still too weak to accompany Kau to Mokhotlong, an hour away from their village.

She began to hope again. The results came as a shock: Kau's CD4 count was dangerously depleted, hovering between six and seven. Any number below 200 is considered full-blown AIDS.

Crushed by the news, Letjama began making funeral arrangements once more.

But now, after taking antiretrovirals for nearly two years, Kau is healthy and living positively with HIV,



Molibora Mphaphafi, a nurse in the pediatric ward of Maluti Adventist Hospital, attempts to change the dressings of Mhophang Mohasisa, 7, who was badly burned with scalding water. The dressings had dried to the child's skin and Mphaphafi wets them down to ease the pain of their removal.

attending regular support group meetings in her community.

Inspired by her daughter's battle with the virus, Letjama signed up for training and became a community health worker two years ago. She encourages private testing, helps counsel those who are HIV-positive and their families and educates everyone who asks about the virus: how it spreads, how it affects the body and how to prevent infection. Letjama also distributes contraceptives and gloves, and administers antiretrovirals.

She is met with stigma and fear each time she visits a community to offer help.

"When they see me coming, they think I am bringing HIV with me," she said. And for the past seven months, she has been, in a sense. Letjama tested positive in February. She suspects her husband has been having an affair, if not several.

Still, meeting with her support group each month has given her the strength to continue her work, which gives her hope. "Many are now having

an ear to hear my message," she said. "Some are seeing and believing what I say."

Before I went on assignment for a month in Lesotho — before I met and spoke with Letjama — I thought I knew what hardship was: credit-card debt. Working two jobs while taking a full load of classes. Sleeping through an 8 a.m. final. Gas prices.

And now? I'm humbled by Letjama's story. Survival itself in sub-Saharan Africa takes every last bit of strength, and she's done it against al-

most every conceivable obstacle.

And it wasn't just the stories of the people I talked with and wrote about, simply seeing abject poverty firsthand in a developing country overwhelms rational thought.

I watched children pick through the charred remains of the makeshift trash pit in our yard, looking for items that resembled toys. Glass jars, tin cans and broken-down boxes were treasures to them, props used to play house and store-keeper.

There were nights I huddled in my sleeping bag, crying silently into my pillow because I felt so helpless. Suddenly, the worries that consume me here — paying my cell phone bill, driving to campus with enough time to spare to stop by Starbucks to get my Frappuccino fix, wondering if I could find an obscure DVD or CD on Amazon — seemed not just trivial, but irrelevant as well.

I'm just afraid that now, back in safe, comfortable suburbia and the land of Starbucks and SUVs, I'll become numb. It's already happened, to some extent. The variety in Kroger's bread aisle alone was enough to stun me when I stopped in to buy milk and popsicles two days after I came back home. Why do we need 28 kinds of bread?

We don't — it's as simple as that.

But yesterday, it didn't even cross my consciousness. I have to hold these experiences close, hoard them like the precious, heart-breaking gems they are, to keep my life in perspective — too many people are so much less fortunate than even the poorest college student.

The next time I'm complaining about gas costing more than \$3 per gallon or bemoaning my iPod's dying battery, I'll force myself to recall the painful memories of my conversation with Letjama: one of the countless walking casualties in an invisible war who should be a lesson in humility to us all.

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"Many parents in Africa today have failed their children."

Culture clash warrants introspection on all levels

The parts of the National Anthem I can recall are in my head as I descend the ramp at Dulles International Airport in our nation's capital. Home, at last — behind me is the threat of a plane crash, London bombings, and Africa, the continent I've heard called the motherland. After my month's journey into this "motherland," I concluded that Africa's own mother had abandoned the continent and left it to fend for itself.



Jonathan Palmer
STAFF PHOTOGRAPHER

Television and print media attempt to paint a vivid picture of life in countries affected by HIV/AIDS and poverty, but when you actually see what happens in these places, all the stories and myths are dispelled.

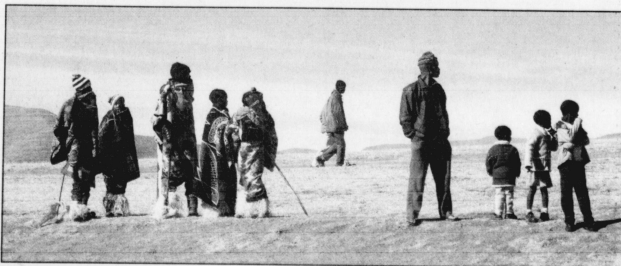
The United States and non-governmental organizations attempt to quench the problems of the affected countries by donating money, medicine and food. In too many instances, however, government officials misappropriate the funds given to AIDS-ravaged regions. I was told that some officials take care of their own agendas before tending to the needs of their countrymen.

The "gifts" that we give also sometimes de-motivate the people of these nations. I met individuals who simply let their farms fall because they knew they would get food from these organizations anyway. Giving money to some regions seems like throwing gasoline on a fire — it only intensifies the problem.

My challenge would be to create more programs like Gardening for Rural Well-Being, which helps people in villages re-cultivate their land after years of deforestation. This is so important because even with available medical treatment, people cannot hope to actively fight off HIV and AIDS without proper nutrition. Another problematic aspect of the culture in southern Africa is the lack of respect for women. At one point during my trip, I watched a man steal something from an elderly woman and just walk away. Though she attempted to argue with him over the item, she wasn't physically strong enough to overcome him.

The saddest part? The gentleman with her did not stand up for her while this was taking place.

This male-dominated culture is at the root of many of Lesotho's problems. If young men were taught to respect women at an early age, the situation would be much different years later. Instead, men fear that if men and women were on equal playing fields, their perception of



women would have to change. Women might actually be seen as equals, which probably terrifies the patriarchal status quo — this shift in social distinction would take the collective male ego down a few notches.

The most memorable part of the trip occurred while I was shooting pictures during an interview with Ken Storen, a GROW employee and founder of Touching Tiny Lives. Two infants began crying, and I didn't want Storen to have to stop and comfort them, so I held one baby in each arm. While holding these children,

looking down at my camera sitting on the floor, I realized that it's the children who matter in this pandemic, this epidemic, this plague — whatever you want to call it. The success of countries relies upon future generations as means of support, both emotionally and economically.

Many parents in Africa today have failed their children. They have not provided the education or skills their children need to become productive members of society. It is up to the children to break this cycle. If they do, not only will they be able to

take care of themselves, but they could even take care of their parents when they are older and in need of help. Yet at the rate some of the sub-Saharan countries are going, the children will have no one to take care of or they will not be able to provide care themselves.

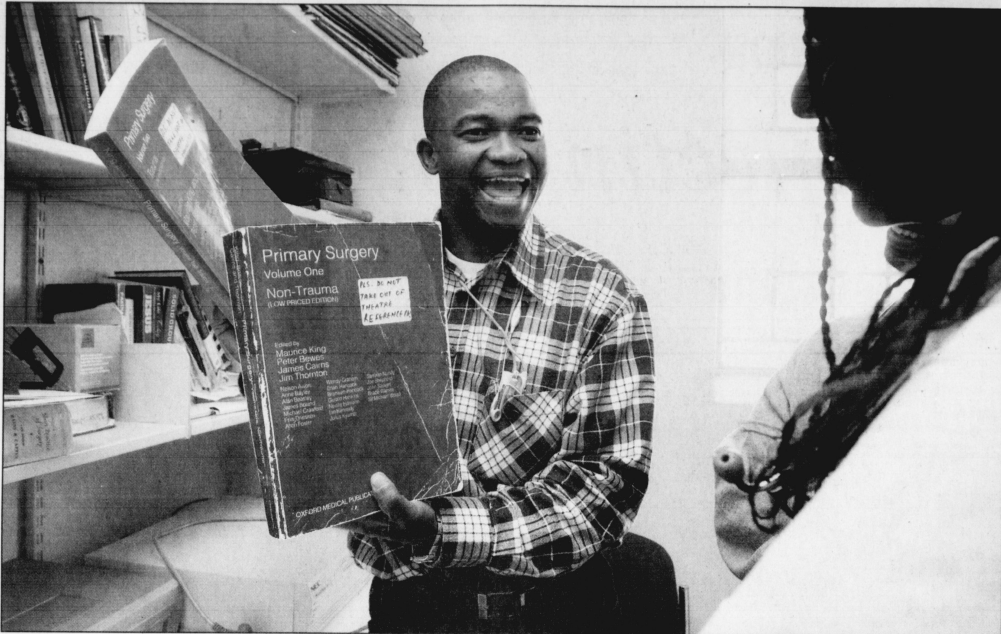
A great deal of selfless behavior has to take place in order to realize, as some volunteers have, that the children are the key to the longevity of these nations.

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Left: Children wait outside a house in Mokhotlong, Lesotho, where Nirmal Ravi tends to a sick child. The family paid Ravi for the visit in maize meal.

Below: Shepherd boys from Mapulaneng, Lesotho, and children from Mokhotlong attend a celebration for Lesotho's king, Letsie III, on July 17.



Dr. Tony Mwabury proudly displays the two textbooks he used to teach himself how to perform surgeries. Mwabury, 35 and a native of Tanzania, once ran a 130-bed hospital by himself for four years. At the same time, he also managed nine satellite clinics. Next to him is Precious Sai, a nursing student from Zimbabwe.

RENAISSANCE MAN

Self-taught surgeon Tony Mwabury refuses to abandon Lesotho in its time of 'desperate need'

In the past 23 hours, Dr. Tony Mwabury has had four hours of sleep and performed six surgeries.

The sleep deprivation doesn't seem to affect him in the least, though it's well past 10 p.m. and he's on call at Maluti Adventist Hospital for the second night in a row. On the contrary, he's grinning and gesturing enthusiastically as he peels an orange; the last of those surgeries was a Caesarean section, where he delivered a beautiful baby girl.

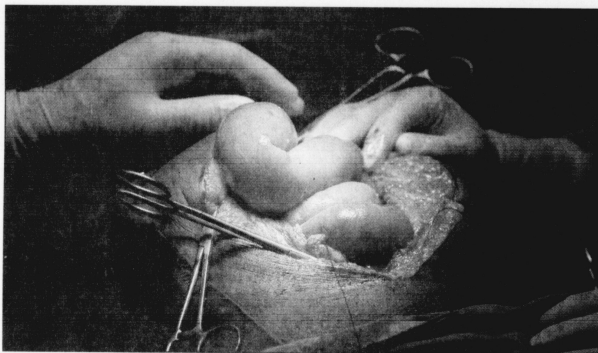
"As a missionary doctor, you give yourself to work wholeheartedly despite how much you get paid," he said, as if to say his own rest is a matter of little importance. "Maybe tonight is going to be hectic, but that's how life goes."

The 35-year-old opened his own practice in Mtoni, Tanzania, in late 1997, but soon became dissatisfied with his focus on "business" medicine instead of community medicine.

"I was always looking at cost — what is this costing me, and how do I make a profit?"

"I started getting out of medicine," he said.

In February 1998, he turned down an offer to work in a government-run hospital in Queenstown, South Africa, and accepted



Mwabury and several of his assistants operate on a woman in her 70s who has an obstructed bowel. Complications from an earlier surgery caused this condition that made her vomit feces. This patient's situation illustrates the contrast in health care between America and a developing country like Lesotho. UK medical student Nirmai Ravi assisted in this procedure.

an invitation to come to Lesotho for mission hospital work.

"I wanted to offer focus with awareness and give my skills to the community," he said.

Mwabury traveled to Maluti Hospital, but found there was no paid position for him. After volunteering for three months, he was told he would be well-suited

for the opening at St. James Anglican Mission Hospital in Mantsonyane, about 250 kilometers from Mopoteng, in the mountains of central Lesotho.

He left for St. James at the end of May 1998 to relieve the Dutch doctor there, who was working alone, responsible for the 130 beds in the hospital.

In addition to his new role as the sole doctor at St. James, Mwabury managed nine satellite health centers — just two of which were accessible by road, and only then in a four-wheel drive vehicle. He reached the other seven clinics by horseback and airplane.

"If there was an airstrip nearby, the plane just dropped me in a certain area and I'd get on the horse waiting for me, led up and down mountains by the security man," he said. It was the first horseback riding he'd ever done.

Over the next four years, Mwabury visited each clinic at least once a month while managing the hospital. He made 4,250 rands (\$600) per month.

"It wasn't easy," he said. "I had to be on call 24 hours a day, every day."

In his time at St. James, Mwabury became not only the primary care physician in the remote area, but also a pastor, a confidant and a counselor. Most of his patients traveled 100 to 200 kilometers on horseback for treat-

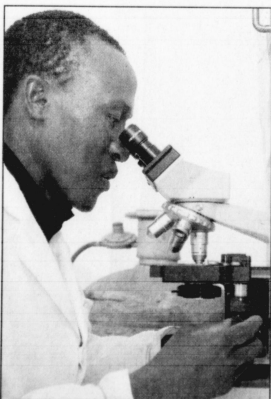
See Mwabury on page A11

"Testing positive would absolutely kill me."

Kelello Mapolosi

laboratory technician, Mokhotlong Government Hospital

Technical knowledge, tangible fear



Kelello Mapolosi, 30, is the only lab technician at Mokhotlong Government Hospital in Lesotho. Mapolosi is responsible for the lab results of about 90,000 people in his district. He gets four days off per month, and he typically uses them to visit his wife, who lives eight hours away.

Kelello Mapolosi is scared to know his status.

Though he's a strong advocate for HIV testing, the 30-year-old lab technician at Mokhotlong Government Hospital refuses to have one himself. He works around the virus every day, and if he tested positive, he fears he'd die of depression.

"I am scared," he said slowly, as if considering the weight of his words. "I don't want to do anything that would make myself uncomfortable."

"Testing positive would absolutely kill me."

Today, Mapolosi is healthy. His 20-year-old wife is expecting their first child soon. And that's good enough for him.

In the lab, working conditions are ludicrous by American standards: As the only lab technician, he's responsible for the results of

about 90,000 people. He sees 40 to 60 patients each day, and is expected to take care of the lab work, speak with patients and attend daily staff meetings to discuss personnel and budget concerns. After working a regular 8 a.m.-to-4 p.m. shift, his day is not always finished.

"Even at night, they call me to do some testing," he said. His laboratory has no Bunsen burner or gas regulator. Blood samples are sent to the capital, 400 kilometers away for analysis — a process that takes more than a week.

What should be simple tasks, like heating culture swabs, are arduous. A battered metal grill sits over one sink, loaded with rectangular glass slides about to be tested for tuberculosis. Double-checking the rubber bands that keep the sleeves of his

white coat close to his wrists, Mapolosi strikes a match and holds it to a cotton ball soaked in alcohol, held in place inside a loop on the end of a wire rod.

He slips the rod between the edge of the sink and the grill, holding the flame just under the slides to heat them.

"We're fighting to get more equipment to do more tests," he said, dousing the flame and pouring a methylene blue stain over the slides. "It's just frustrating to see so many patients unable to get quick treatment."

Mapolosi would love to go back to school to become a microbiologist, but real-world concerns, such as sending money to his mother and siblings in Maseru and paying nearly 3,000 rands (\$460) for his sister's school fees each year, relegate the notion to a pipe-

dream.

"I have to consider so many things before I leave for school," he said, shaking his head. "How will my family eat?"

He sighs and makes a note on a patient's chart. "My boss would say, 'If you go to school, who will work in the lab?'"

Mapolosi can offer no easy solution to his own situation, much less the AIDS pandemic, though he thinks education is key.

"Ignorance is killing people," he said.

Still, his own fear of testing allows him to empathize with the hesitation many other Besotho feel.

"I'm frustrated almost every day," he said. "To see a child dying of this virus is very touching. I think maybe that will soon aid in changing social behavior."

Maybe including his own.

Plowing over a national stigma

Members of HIV support group don't quit on themselves, one another, country

A strong wind rattles the tin roof of a dilapidated one-room schoolhouse on the edge of a rocky mountain, nearly drowning out 11 voices raised in song. It whistles through the broken glass of one window, filling the air with dirt and dust while a stack of papers and a bright blue UNICEF bowl tumble from the ledge.

Disregarding the commotion, the group members close their eyes and begin to pray.

Nine women and two men are gathered here at Senkoase's Ikhethele Eccd, at a chapter of the People Living with HIV support group. Dubbed the "plows" in everyday conversation, members meet here twice each month to find the solace they so desperately seek, lending strength to one another as they share their stories of heartbreak and triumph in living openly with HIV.

They are warm and receptive to the two strangers in their midst, one with a pen and notepad, the other with a camera.

Twenty-five-year-old Thuso Thuso, a translator and counselor from Mokhotlong Government Hospital, scribbles names, ages and the length of time they've known their status on a faded green chalkboard at the front of the room.

The roster reads like a somber toll for the walking dead:

- **Manthabiseng Moseeli.** Forty years old. Living positively for seven months.

- **Thato Mahapa.** Twenty-seven years old. Living positively for seven months.

- **Maamen Pono.** Fifty-nine years old. Living positively for one year and seven months.

- **Mathlohoholo Matoshela.** Thirty-eight years old. Living positively for seven months.

- **Tona Toae.** Thirty-eight years old. Living positively for seven months.

- **Mamotebang Ratabane.** Sixty-two years old. Living positively for seven months.



Manthanti Nyanatane, the organizer of a support group that meets in Senkoase, leads a discussion with Mokhotlong Government Hospital counselor Thuso Thuso (not pictured) about how to more effectively educate others about HIV. Nyanatane, 45, has known her status for two years and is an active community health worker who promotes HIV awareness and participation in support groups, like the one that meets here in a one-room schoolhouse once a month. The 11 attendees traveled from nearby villages for this meeting.

- **Mathulo Mokhena.** Thirty-five years old. Living positively for seven months.

- **Mapokello Koaile.** Forty-nine years old. Living positively for seven months.

- **Matsepo Moeling.** Forty-eight years old. Living positively for seven months.

- **Mathabiso Pita.** Forty-eight years old. Living positively for seven months.

- **Manthanti Nyanatane.** Forty-five years old. Living positively for two years.

These are the faces of HIV — real and honest and personal, not just statistics in sub-Saharan Africa. These are the future casualties of a pandemic that's yet to reach any kind of equilibrium.

"Stigma and discrimination play a big part in the lack of involvement in this pandemic," Toae said. "Our own involvement — men, especially

— will encourage other men." Thato, the other male sitting against the wall toward the front of the group, agrees.

"It's essential for more men to attend," he said. "It's a matter of gender issues here in Lesotho; a lack of knowledge and fear keep them from groups like ours."

And these 11 men and women, united in a mutual struggle on a dusty, windswept mountainside in a remote corner of northeast

Lesotho, believe they'll eventually make a difference with their impact on friends, families and communities.

"That's the most important thing about support groups," Pita said. "They're essential coping methods that strengthen us as individuals."

She pauses, her dark eyes shining in the golden, late-afternoon light.

"And they give us hope."

Mwabury

Continued from page A10

ment, and Mwabury tried to give them the kind of care the journey deserved.

"It's the devotion you give to people, the hours you put in, the endless time you work," he said. "You have no time for lunch, for anything. You're just there for them."

In June 2001, two doctors from Nigeria relieved Mwabury, who left St. James to further his medical studies at Pretoria University in South Africa. After treating patients for four years with no phone or Internet access, Mwabury felt disconnected from advances in medicine. He decided to study occupational health because he'd seen so many patients suffering from lung problems after working in the diamond mines of South Africa, and without knowledge of those occupational hazards, no one knew how to treat them.

"I wanted to study so I could help these people who are in such desperate need of it," he said.

In 2003, Mwabury received his occupational health degree. In May 2004, he returned to Maluti Hospital.

"One thing brought me back," he said. "I thought I never finished what I wanted

to do — I have very much unfinished work in Lesotho."

That unfinished work includes opening Mbeya, an HIV and AIDS clinic with a focus on primary health care in Teyateyaneng, about 30 kilometers from Mapoteng. Though he worked full time at Maluti Hospital, Mwabury was planning to make a permanent move to join the six-person staff at Mbeya. The freedom to run his own clinic at a reasonable price — 70 rands (\$10) per visit — will be an uplifting experience.

"I'm devoting myself 100 percent with autonomy (at Mbeya)," he said. "And I'm trying to give a service to the poor — human beings like a place where they feel at home and feel cared for. People can say, 'I'm looked after.'"

The prevalence of HIV-positive patients makes the task more difficult for those without a lot of money.

"It's very important for us to realize that hospitals and clinics need to target the poor because of the AIDS pandemic," he said.

"And what does it really cost? Dedication."

Mwabury ultimately plans to open a series of clinics around Lesotho and remove the stigma that surrounds HIV and AIDS. He said he blames the medical profession, in part, for creating a barrier between HIV and other sexually transmitted diseases.

"We have made this disease a scary disease," he said. "It's not about telling people not to be afraid. It's about reassurance that we can solve this problem with proper treatment."

Still, the disease is treated as a shameful one, because Besotho society views its victims as outcasts. At a funeral for someone who has died from an HIV or AIDS-related infection, the virus is never cited as the cause — it's generally attributed to tuberculosis, heart problems, or in some cases, being bewitched. And until others admit they are HIV-positive and act as role models to help remove this stigma, Mwabury said change won't happen.

A text message from a former patient illustrates Mwabury's investment in Lesotho, and helps explain why he's turned down offers to work in places like Australia and the United Kingdom.

"You helped me during the darkest moment of my life, and for that, I can never forget you."

That message helps keep him focused.

"If we all run away and look for greener pastures — for money — I don't know what will happen to our brothers and sisters," he said.

"People are in need, believe me. People are in desperate need."

THINKING globally ACTING locally

Making a difference in the AIDS pandemic

World AIDS Day — Dec. 1

Lexington

AIDS Volunteers of Lexington

263 N. Limestone St.
Lexington, KY 40507
Phone: 225-3000
Toll Free: (877) 225-9245
For more information, visit www.aidsvolunteers.org
or e-mail AIDSvolunteers@aol.com.

Moveable Feast

P.O. Box 367
472 Rose St.
Lexington, KY 40508
Phone: 252-2867
For more information, visit www.feastlex.org.

Lesotho

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Mailing address:
Near East Foundation
90 Broad St., 15th Floor
New York, NY 10004
For more information about Touching Tiny Lives, visit www.sixdegreesoflove.org.

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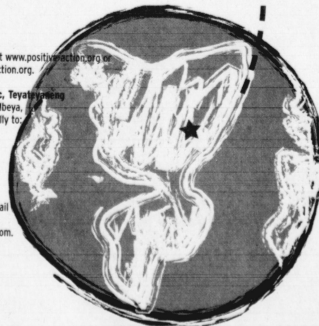
P.O. Box 1895
Maseru 100
Lesotho, southern Africa
For more information, visit www.positiveaction.org
or e-mail AIDS@positive-action.org.

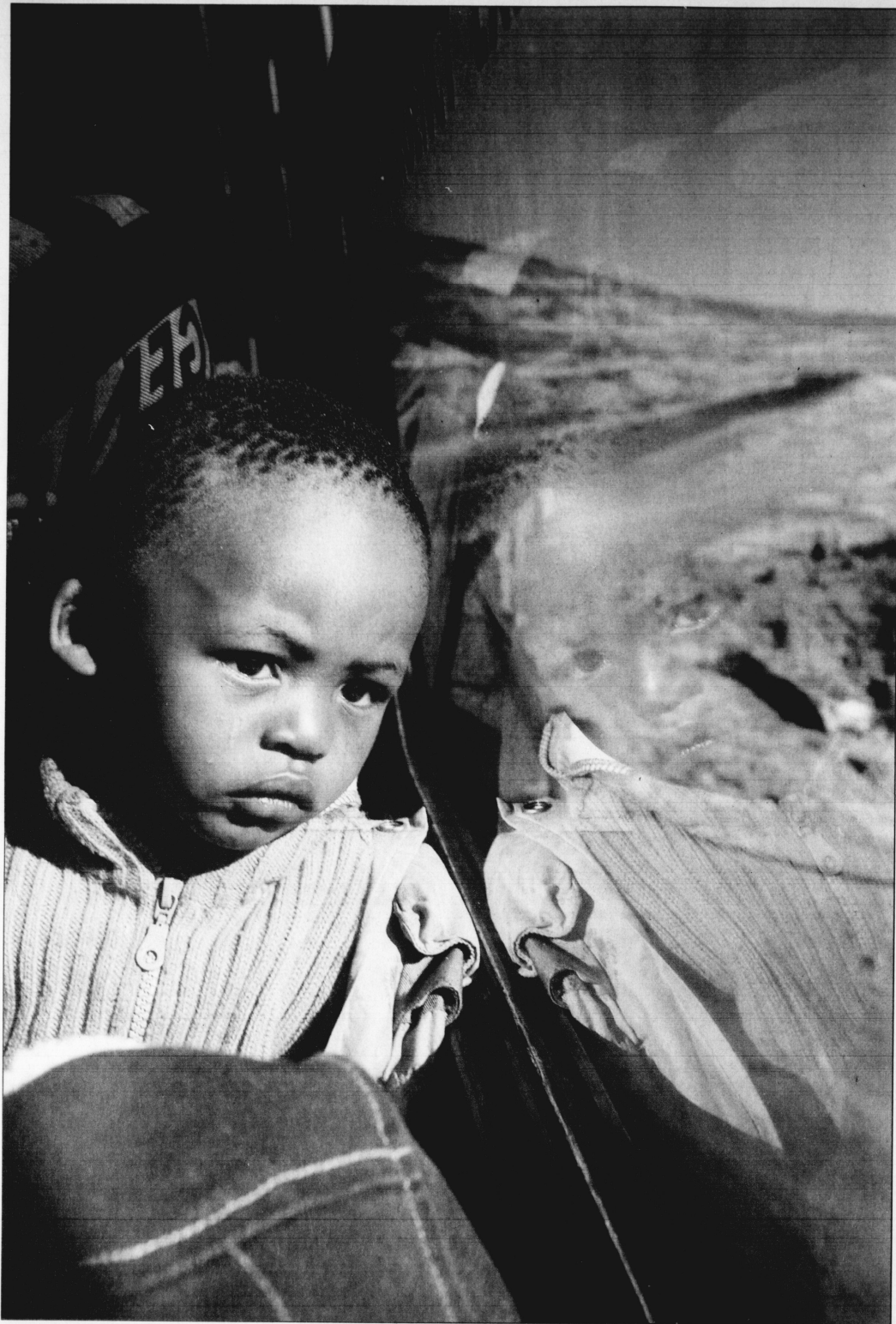
Mbeya Health Care Clinic, Teyateyaneng

To contribute directly to Mbeya, please send money electronically to:
Mbeya Health Care
Standard Bank (PTY) LTD
Account No. 40095315101
Branch Code No. 060667
Maseru Branch
Lesotho, southern Africa
For more information, e-mail Dr. Tony Mwabury at tonymwabury@yahoo.com.



Circumcisions for children over the age of 15 are not uncommon at Maluti Adventist Hospital, including this 15-year-old from Mapoteng. This particular procedure was one of five Dr. Tony Mwabury performed in a single day.





LOOKING BACK

As Nirmal Ravi said about AIDS in Africa, "You can only let so many people die before you start doing something." Opportunities to help the people of Lesotho — and every region that struggles with HIV and AIDS — require hard work and sacrifice. But Ravi and Tara Loyd found a way to help. For them, and the children of Lesotho facing an uncertain future, any effort is better than apathy. Said Tseiso Phakisi, Mokhotlong's village chief: "We're trying to save the most vulnerable, troubled souls when they come with children on their backs, crying helplessly. The world is responsible to this cry."

THE Kentucky Kernel

Thursday, October 20, 2005

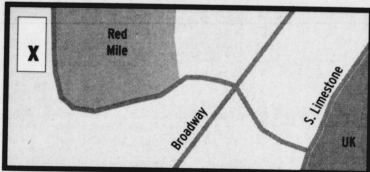
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Student kills himself as police arrive

Larry Everett Morton, 21, fatally shot himself early yesterday afternoon at an acquaintance's apartment in University Commons, located at 845 Red Mile Drive. A team of Lexington police, Fayette County sheriffs and U.S. Marshals was trying to serve Morton two warrants.

ILLUSTRATION BY CASSIE STOKES



By Megan Boehne
THE KENTUCKY KERNEL

A UK student shot and killed himself yesterday at University Commons apartments after law enforcement officers, including U.S. Marshals, arrived to arrest him on two warrants that charged him with stalking and fleeing and evading the police.

Sgt. Edward Hart with Lexington police said officers arrived at the Commons on 845 Red Mile Road around 12:45 p.m. Hart said

they were permitted entrance into apartment L345 by the residents who advised police that Larry Everett Morton, a plant and soil science senior, was in the apartment's back bedroom. As police entered the living room, Hart said they heard a gunshot. When they reached the bedroom, officers found Morton, who had suffered a single gunshot wound.

Officials had been searching for Morton for about two days before they received information that the 21-year-old was staying

See Shooting on page B2

Group calls abortion genocide

Pro-choice students protest anti-abortion campus displays

By Sean Rose
THE KENTUCKY KERNEL

Bright orange signs surrounded the grassy area outside the White Hall Classroom Building yesterday, reading "Warning: Genocide Photos Ahead."

Inside the perimeter were heated discussions, a small group of protesters and large images of aborted fetuses next to pictures of the Holocaust and lynchings, part of the anti-abortion event called the Genocide Awareness Project.

Sponsored by the Center for Bio-Ethical Reform, which drove moving billboards of aborted fetuses around UK two and a half weeks ago, the project tours college campuses and was at UofL earlier in the week. The student group UK Students for Life invited the project to UK. The same event was at UK in the spring of 2002.

Fletcher Armstrong, director of the center's southeast region, said the event tours colleges because students are future decision makers and they're the age most likely to have abortions. Armstrong also said the project's goal was to show that an unborn child is a person and that abortion is violence against that person.

"We want people in the general public to understand just how horrifying it is," Armstrong said.

He said past genocides were similar to present day abortion because they each were justified since the victims weren't considered human by law.

"It's very similar to the way we justify acts of violence against the unborn child," Armstrong said, adding that in past genocides, laws and practices justified "why the victims didn't deserve to live and in every case the perpetrators felt that they weren't doing anything wrong."

Some UK students disagreed with the comparisons between abortion and genocide.

"I don't like the comparison between the Holocaust and the pictures they're showing," said computer science sophomore Gene Williams. "I think they're completely different acts done by completely different people for completely different reasons."

The student group UK Students for Choice passed out free condoms and held a small protest near the event yesterday. Kathryn Hogg, a member of the group, also disagreed with the event's message.

"I have a huge problem with the comparison of abortions with lynching and genocide and racism," Hogg said. "We found it distasteful. They didn't provide facts. False information I have a problem with."

"They relied on people's emotions." Anne Kadera, president of UK Students for Life, said she received the finger a few times from passing students but was happy with the overall student feedback.

"Overwhelmingly it's been a positive response," Kadera said. "There's been a lot of people discussing it and that's

See Abortion on page B2

not so far away



JONATHAN PALMER | STAFF

Annette Brooks, a 47-year-old Lexington resident, displays most of her 11 medications she must take each day to combat the effects of HIV. Brooks contracted the virus 18 years ago, but she tested positive in 1994. SEE TODAY'S SPECIAL REPORT IN THE A SECTION

A 'modern-day leprosy'

Lexington resident lives positively with HIV, works to dispel disease's stigma

By Crystal Little
THE KENTUCKY KERNEL

Annette Brooks doesn't look like someone who needs 11 medicines every day.

In fact, she looks great. Her 5-foot, eight-inch frame is trim and athletic, her triceps and calf muscles well-defined. She looks years younger than 47.

Warm and engaging, she doesn't act like someone who's living with what she calls a "modern-day leprosy."

But the Lexington resident has been living with HIV for 18 years, and found out she was positive in 1994.

The phone call from the hospital was a shock; she learned her ex-husband, who had been an intravenous drug user, had full-blown AIDS. She went in to get tested, and the results came back positive.

"I went through a lot — an emotional roller-coaster ride," she said. "At first I felt fear, anger and depression. The doctor had just handed me a death sentence."

Brooks didn't know a lot about HIV when she was diagnosed 11 years ago — she only knew there was a lot of stigma attached to the virus. Brooks thought her life was literally over.

"I felt contaminated, isolated," she said. "I didn't want to live that way, so I prayed for death — I just wanted to go ahead and die. That's not life, not having my family to love me, to touch me, not being around friends because of the enormous stigma of

See Annette on page B2

Director's dreams led him to Lexington

By Ryan Ebelhar
THE KENTUCKY KERNEL

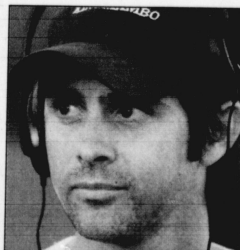
Many of you have probably seen his work, but this will probably be the first time you've heard his name.

John Gatins is the writer and director of the new movie "Dreamer: Inspired by a True Story." Gatins started as an actor but moved on to writing, with titles such as "Coach Carter," "Hardball" and "Summer

Catch" under his belt.

Gatins' latest film was shot and takes place in and around Lexington, including a dramatic race at Keeneland. Unlike movies, such as "Seabiscuit," that were only shot in Lexington, "Dreamer" is actually set in Lexington, and filmed at such locations as Keeneland and the Car-nahan House on UK's Coldstream Research Campus. Tuesday, I inter-

See Director on page B3



John Gatins, writer and director of the film "Dreamer: Inspired by a True Story," shown here during filming last year.

PHOTO COURTESY DREAMWORKS

Brooks

Continued from page B1

the disease itself." Brooks said when she tells people her status, their wordless reaction speaks volumes.

"It's the way people treat you," she said. "People can be very stand-offish — just by your body language, you let people know how you feel about HIV."

"I can sit here and tell you I have cancer, diabetes or high blood pressure, but when I say I HIV, (some) people do a fast, Michael-Jackson

moonwalk to get away from me. They don't have to say anything."

A lack of education contributes to misconceptions about HIV and AIDS, and Brooks says that's one of the most dangerous aspects of the disease.

"People are homophobic and HIV-phobic," she said, "not just in Lexington, but in Kentucky. People are not educated about this disease — when you're educated about this disease, you know if you touch me or hug me or shake my hand, you're not going to contract HIV."

It would've been easy to continue down a spiral of depression and hopelessness, especially when she had to quit her job in human resources at UK's energy laboratory off Ironworks Pike after 19 years of em-

ployment. The reason: her HIV caused too many trips to the hospital.

Brooks said her family wouldn't allow that to happen.

"They reminded me that I've got too many things going for me," she said. "I knew that I could rise above all this that I was feeling and pull myself together."

So Brooks mustered her resolve, finding comfort in close friends and family members, acclimating to the harsh medicine she now needed to take each day.

"I started off taking 22 pills a day," Brooks said with a laugh of what sounds like disbelief. "I compared it to mixing Drano and Clorox."

She tried several different combinations until her doctors hit upon the right one for her system. And now, she's cut the number of medicines in half.

Today, Brooks has become something of a poster-child of sorts for living positively with HIV in Lexington. She works closely with AIDS Volunteers of Lexington and delivers motivational speeches around the city and around Kentucky. At each speaking engagement, she shares her personal story, advocating education and awareness.

"People still think this is a gay white man's disease," she said. "To that, I say, 'Look. I am one of the faces of HIV.'"

She shakes her head sadly.

"People think this will never happen to them — but that's not true. It can and it does. If you're not infected, you will be affected, and you need to be educated about this disease."

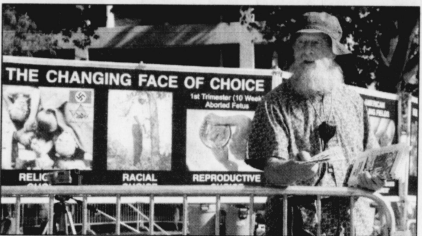
And Brooks knows her atypical frankness may pose problems in her future, especially at during public speaking engagements.

She pauses, frowning her brow. "When I go up to bat, I've got three strikes: black, female, and HIV-positive."

Then Brooks shakes her head again and grins, the wide smile that lighting up her features.

"I may have three strikes, but I'm still going."

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Meredith Hunt, a volunteer from Ashland, N.C., hands out pamphlets for the Center for Bio-Ethical Reform outside White Hall Classroom Building yesterday.

Abortion

Continued from page B1

good; that's the whole point." Integrated strategic communication junior Lauren Scott said talking to the volunteers was valuable.

"I learned a lot about the other side of pro-choice," Scott said. "It was educational to learn about it, definitely."

Other students found the exhibit offensive, especially the graphic images.

"I support their right to say what they want to, but as a student, this makes me horribly uncomfortable," said philosophy sophomore Ashlea Clemons. "I understand the statement and that vivid images help drive the statement home, but I feel like it's interfering with my

rights to go to French class and feel safe and welcome on UK's campus."

Armstrong defended the images graphic nature, saying that using pictures is not a new technique in activism.

"They're only shocking if abortion is shocking," Armstrong said. "They're only horrifying if abortion is horrifying."

"Pictures of abortion are too horrifying to look at, but the act of abortion is OK?" Armstrong asked. "Explain that logic to me."

Kadera said the exhibit was not meant to be offensive and was about love for the unborn.

"This is about love," Kadera said. "Not the steaming-up-the-back-seat-windows-of-your-car love, but the self-sacrificing kind of love."

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Shooting

Continued from page B1

with acquaintances in the apartment, Morton said. Three other individuals, including two residents, were at the apartment at the time of the incident.

Morton was taken to UK Hospital in critical condition, where he later died, Hart said. No one else was injured in the incident and no charges are being filed at this time, he said.

"I'd seen cops and dogs running up the stairs and cops getting shotguns out of cars," said Quantas Simon, a nursing sophomore who lives in the same build-



Morton, in 2003

ing, two floors below the apartment where Morton was staying. "I just heard there was a fugitive. 'Anything can happen anywhere; you can't be safe anywhere,'" he said.

Morton was a Lexington native who ran track for Paul Lawrence Dunbar High School. Morton also had his own lawn care business, which he ran with an associate, Marcus Owens. When reached last night, Owens declined to comment on Morton's death.

"He was always interested in making money and always inter-

ested in running his business,"



Nick Phelps, economics and finance sophomore, paces the stage at Memorial Hall while waiting his bid at yesterday's DanceBlue date auction. Phelps eventually went for \$70. All proceeds from the auction benefit children and families at the UK Oncology Clinic.

The date auction raised more than \$1,500 for children with cancer. Eight men and eight women, students and professors, were auctioned off. Free dinners and free movie tickets were donated for the event.

KATIE DUNCAN | STAFF

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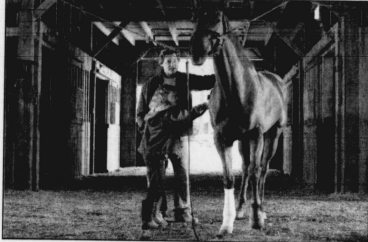
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Lexington, stars shine in 'Dreamer'



By Ryan Ebelhar
KERNEL FILM CRITIC

For the second time this month, Kentucky is the star of a major Hollywood movie.

This time the movie is "Dreamer: Inspired by a True Story." It is a simple story of a down-on-his-tuck horse trainer who coaches a horse with a broken cannon bone back to health all the way to the Breeders' Cup. "Dreamer" was not only filmed in Lexington, it is also set in Lexington and Versailles.

The movie itself is a fairly solid family film. Kurt Russell plays Ben Crane, a horse trainer who is fired after he refuses to put down Sonador, a horse that has broken its leg during a race. He then takes the horse home with him in hopes that the leg will heal well enough to be able to breed it.

Dakota Fanning plays his daughter Cale, who falls in love with Sonador while her father and his assistants nurse the horse back to health. After it is discovered that the horse is infertile and can't breed, they decide to train it to race again. It's a story that has been seen several times before in movies. It is similar to "The Mighty Ducks" in its family-oriented, underdog story. But the star of this movie isn't the plot; it's the horses and the beautiful Kentucky scenery.

Tuesday night was the Lexington premiere of "Dreamer" at the Kentucky Theatre on Main Street. Attending the event was Mayor Teresa Isaac, Keeneland President Nick Nicholson, director John

Kurt Russell and Dakota Fanning star in "Dreamer," which premiered at the Kentucky Theatre Tuesday night and opens this weekend in Lexington and was filmed at locations such as Keeneland and the Carnahan House.

PHOTO COURTESY DREAMWORKS

Gatins and star Oded Fehr. Fehr plays a Saudi Prince, Sadir, who assists Cale and Ben Crane in paying the entry fees to enter their horse in the Breeders' Cup.

"I loved Kentucky. I fell in love with the area. I was surprised," said Fehr, who had been asked to attend the premiere while he was in Lexington for the weekend and to film the races at Keeneland. "I've been to Israel, Morocco, Los Angeles, Turkey, Canada, and England. Lexington is as beautiful, if not more beautiful, than all of those places. The people are much more friendly here."

"Two years ago, if you had told me making a movie would have been an economic boom for the area, I'd have laughed at you," said Nicholson. "It makes Lexington look very good, and hopefully it will lure other film companies here to make movies."

Standing outside the theater while people left the movie, I jotted down some notes. I heard exclamations of "Absolutely great!", "I loved it!", "Terrific!". "It was so fun to see the places around here, it was beautiful."

"It made us look good, didn't it?" One woman proudly exclaimed.

"It's always fun to see the movies with an audience. The people were cheering during the movie, and that never happens," said writer and director John Gatins. "Someone came up to me a minute ago and said 'they don't make movies like that anymore,' and that's exactly what I was trying to do."

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Director

Continued from page B1

viewed Gatins and discuss his new movie and how it deals with Kentucky.

Kernel: Since you only recently started in Hollywood, how did you break into the business?
Gatins: I originally went out to Los Angeles to become an actor and struggled for six years. I was in some bad zombie movies. I got to co-write a movie called "Varsity Blues," which made me a big writer. I've also done a lot of work as a script doctor. This gave me a lot of interface with studios. I was a guy that was always pegged as a director, and this helped me get initial deals.

Q: The movie is inspired by a true story. How much of it is true and how much of this is fictional?
A: The actual horse part of the story is true. A horse called Mariah's Storm really did get hurt and made a comeback. The story about the family is a complete work of fiction.

Q: What made you choose this particular story?
A: I loved the idea of a broken down horse coming back. I love horse racing. I did research in Kentucky and asked around and told people about my story. People told me "that's Mariah's Storm."

Q: Why did you feel Kurt Russell and Dakota Fanning were right for the parts?
A: The movie took four years to make. It was in development at Warner Brothers and ended up in DreamWorks. People told me that Kurt was perfect for the part, and DreamWorks said, "If you can get Kurt, we'll make the movie."

I saw "Man on Fire" and

decided that Dakota Fanning was perfect. I wrote the script about a boy but changed the story so I could work her into it.

Q: Why did you choose Lexington as a setting?
A: Lexington is the self-proclaimed and well-earned horse capital of the world. I spent a lot of time in Lexington and Paris Pike and felt this is the movie. After executives saw the movie they were saying, "Kentucky is a character in the movie," and I said, "No, Kentucky IS the movie."

Executives were unsure about setting a movie in Lexington, but once they all came out and I showed them around they got it. I brought my cinematographer Fred Murphy, who shot "Hoozers" to Lexington and he loved the landscape. He kept making me stop the car so he could take pictures.

Q: Did the entire cast like Lexington?
A: The whole cast loved Kentucky. When I checked out the Marriott I had a \$22,000 bill. I came and went many times in four years, and when I go back I feel like I'm seeing my family again. I took Kurt to meet Smarty Jones (2004 KY Derby Winner). I also saw Kurt poking around at "for sale" signs.

Q: Why did you choose Keeneland for the Breeders' Cup scene?
A: It was my first choice. I know it never had the Breeders' Cup and probably never will, but it was still my first choice.

I grew up in upstate New York and Saratoga was my place. But it doesn't have the beauty and Americana feel of Keeneland. You can feel the history when you are there, and the rolling hills are beautiful.

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WHAT'S THE DEAL? | Demystifying campus trends

'Mad cops' running amok on Kentucky traditions

I kicked off this semester exploring the impacts of increases police patrols around campus. Now, at the halfway point of the semester, it only seems a fit and safe time to evaluate their patrolling efforts.

When I last informed the campus of the mad-cop disease spreading throughout campus, I described specific symptoms of party busting and the "in one ear, out the other" syndrome. The only areas of campus threatened by this disease were primarily the typical party streets, such as those off Nicholasville Road, and the occasional random nightspot that became unexpectedly infested with the bacteria.

Since my last report, I have been conducting further investigation and researching statistics to see if this disease is being cured. My research instead suggests there has been an apparent outbreak, and the "mad-cop" is floating to places all

over Lexington, such as Commonwealth Stadium and down Versailles Road. At the rate this disease is moving, it may not only endanger society but may be nearly impossible to control. Don't be alarmed, students. For the mean time, please be advised and remain calm.

Every weekend during this season, you either hear of students and alumni spending the day tailgating before a UK home football game, or spending a "day at the races." Whichever you choose, we all decided to do one or the other because it brings back campus spirit and memories of tradition. There is no harm in the act of either, other than college kids and alumni celebrating this tradition of excellence.

This past weekend, I was witness to a myriad of police citations, mostly alcohol-related, at Keeneland, and must once again admit my grief. "College Day" turned into a police free-for-all, with officers seeing how many under-age or "blatant" college drinkers they could get their hands on. I'll give them credit for making a great competition amongst themselves, but not for creating enemies amongst the taxpayers. It seems as though

troops were brought in from every precinct in the state. I think I even saw campus police on guard at Keeneland.

What bugged me the most was seeing visitors from Virginia Tech being written up for alcohol consumption. Maybe they shouldn't have been as obvious about their drinking, but when two "golf cart" cops approached a tailgate and picked these specific people out, cited them, then left, it only left me astounded. Do you think these guests will come back to visit and provide Kentucky their business? Good guess. There were even older university alumni being haggled by these "golf cart pros" at Keeneland. Give me a break.

Apparently, the statistics I provided earlier this semester weren't influential enough in showing local authorities that there is more to focus on around campus and in the Lexington community than trying to curb under-age drinking. I understand both the university's and Keeneland's liability and responsibility for assuring the safety of all its students/patrons, but let me try to prove a point.

According to Lexington police

crime reports, from the years 2000 to 2004, there were consecutive upward trends in local homicides, burglary, auto theft and rape. With the well-known police presence around our college weekend activities, no wonder.

Like I say just about every week, being in college is an experience and a thrill. We students deserve the opportunity to socialize and to peacefully assemble. There is a time and place for entertaining ourselves and others, just as there is a time and place for studying. I do not condone irresponsible behavior or criminal activity, but this whole experience thing is what helps us develop as people.

Be wary of the "mad-cop" disease and act cautiously when in a seemingly cozy social environment. The disease has been known to creep up on college boozers and leave irremovable marks on one's permanent record.

To that, I have a message for the local authorities around this town: "You may cite us and take our fortunes, but you will never get rid of us."

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NEWS BRIEFS

DanceBlue raises more than \$1,500 with date auction

DanceBlue, a campus group raising money for children with cancer, held its date auction last night and raised \$1,690 on dates alone.

"We were so impressed with the campus and their generosity," said Meredith Hughes, DanceBlue's events programming chair.

Nearly 300 people attended the event, Hughes said, and eight men and eight women were auctioned off as part of the charity event. The total amount of money raised was not fully calculated last night.

"Our main goal is just to raise as much money (as possible) for children and their families that are being treated here," Hughes said. "That (\$1,690) is the cost of a new IV pump for chemotherapy, and we're just glad to offer that up for a child with cancer."

Hughes also said she hopes DanceBlue will become a part of campus culture.

"It's so new, no one's ever done anything like it here... It was a little touch and go," she said. "We knew it could prob-

ably go either way, and we were just really glad it went the good way," Hughes said. "We're not going to get every single person involved, but in five to 10 years, this could be a huge tradition."

Hughes also said she wanted everyone to know how much she appreciated the response.

"I'm just ecstatic. I feel like I've really done something good for the world," she said.

UK doctor named to top professional society

Dr. James Ferguson, a UK professor, was named secretary of the premier professional society for obstetricians and gynecologists this week.

The American Gynecological and Obstetrical Society's goal is to advance women's health by promoting excellence in research, education and medical practice.

Ferguson is also the chairman of UK's division of maternal-fetal medicine in UK's College of Medicine.

Wildcat Wild Nights Friday

UK's Wildcat Wild Nights is being held tomorrow night from 10 p.m. to 2 a.m. at the Student Center. The event features free food and activities, and is headlined this time by Mission Improvable, nominated best comedy act by Campus Activities Magazine. The event is free for UK students who present their WildCard or BCTC ID, and \$5 for guests. See www.uky.edu/StudentAffairs for more information.

College of Social Work hosts academic showcase

UK's College of Social Work will host an academic showcase Friday, Oct. 28 from 1 to 4:15 p.m. on the 18th floor of Patterson Office Tower. Faculty alumni and friends of the college will gather to celebrate the work, research and service activities of UK professors in the area of social work. For more information, contact Phyllis Leigh at 257-6649.

COMPILED FROM STAFF REPORTS

Wilma lingers, threatens

By Peter Whoriskey
The Washington Post

After ratcheting up Tuesday night to become one of the most intense storms ever recorded over the Atlantic basin, Hurricane Wilma yesterday became even more troublesome by baffling forecasters trying to predict where it would make landfall.

The Category 5 storm was located 285 miles southeast of Cozumel, Mexico, yesterday evening, and was moving west-northwest about 7 miles per hour. A "consensus" forecast from the National Hurricane Center projected the storm would turn eastward and head across southern Florida over the weekend.

But Max Mayfield, director of the National Hurricane Center, emphasized that among the dozen or so models used to predict Wilma's path, there was wide disagreement.

Some models predicted the storm would pose far enough south that it would pose no threat to the United States.

There was a lot of "scatter" in the disparate forecasts, he said.

"This is one of those cases where we have a tremen-

dous amount of uncertainty," Mayfield said. "Absolutely, people should not let their guard down."

Earlier in the day, emergency officials in the Florida Keys ordered the evacuation of visitors. Because the Keys are difficult to evacuate, tourists are typically asked to leave first to help maintain an orderly flow of traffic.

A hurricane warning has been issued for parts of Mexico's Yucatan Peninsula, and a hurricane watch was in place in parts of Cuba.

In places in southwest Florida where many are still trying to recover from last year's Hurricane Charley, local officials were closely monitoring the forecasts.

"We haven't issued any evacuation orders yet," said Susan Bard, a spokeswoman for Charlotte County. "Right now it's just too soon to tell."

Indeed, forecasters said it was unclear where Wilma might turn. Feeding their uncertainty are the location and effect of a trough of low pressure over the United States.

If the hurricane comes under the trough's influence, it is likely to head north and northeast and hit Florida, said Eric Blake, a meteorologist at the National Hurricane Center. If not, it could

move westward to the Yucatan Peninsula, or stay still.

"One of the most difficult forecasts in meteorology is whether a trough will pick up a hurricane or not — that's where some of the larger errors are," Blake said. "Small changes initially can lead to big changes in the long range."

He said that one forecasting model had Wilma being near Maine five days from now. Then, six hours later, the model showed Wilma near Cuba in that time frame, a difference of about 1,700 miles, he said.

The maximum sustained winds as of 5 p.m. Wednesday were about 160 mph, and Wilma was deemed a "potentially catastrophic" Category 5 hurricane by the National Hurricane Center. Hurricane-force winds extended outward up to 60 miles.

Forecasters said Wilma is likely to drop in intensity, possibly to a Category 3 status, particularly if it slows down and lingers where it is, as some models project.

"We've learned over time that a consensus approach is best — unless there is a very compelling reason otherwise," Blake said. And as of yesterday evening, "A majority (of the models) have it headed over Florida."

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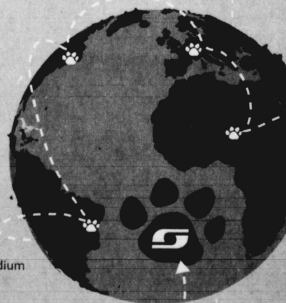
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Prizes Awarded To Winning Team



Keeper holds gold standards at UK

By Ryan Wood
THE KENTUCKY KERNEL

While most high school seniors were still planning dinner reservations for prom, goalkeeper Anne Ogundele was winning the gold medal for Team Ontario in the 2001 Canada Games.

The solid gold hardware made a great graduation present.

A native-born Canadian, Ogundele started playing soccer when she was about 9 years old, and was on "elite travel teams" in Ontario by the time she was 11, her father Gabriel Ogundele said.

However, the junior goalie's medal was the highest achievement of her athletic career so far, Anne Ogundele said.

"It was a really rewarding experience," Ogundele said. "It was the high point for my performance as goalkeeper and it got me noticed for recruiting."

The goalkeeper has set high standards for her time at Kentucky as well. She wants to win Southeastern Conference and NCAA championships wearing the blue and white.

"When she was young and she started playing, one thing led to another," Gabriel said. "She put in so much time we hoped she would get a scholarship."

Gabriel more than approved of her decision to play for the Cats.

"I had no problem with her playing in the States," he said. "I was also quite pleased she got into Kentucky."

"I felt she would do well



HILLY SCHIFFER | STAFF
Junior goalkeeper Anne Ogundele has notched 47 saves this season, allowing 17 goals. She has started all 16 games, recorded three shutouts and has led UK to a 6-3-7 record. UK hosts Ole Miss for senior night tomorrow.

on the field and academically there," Gabriel said.

Much like her team, Ogundele has been playing well so far this season, recording 47 saves and allowing 17 goals. She has started all 16 games, sporting a 6-3-7 record with three shutouts.

"We had a couple tough years (at goalkeeper), and now I think Anne has finally come into her own as our keeper," head coach Warren Lipka said. "She's stepped up and grabbed the position."

"She's done a super job

for us all year keeping us in games with some solid play and goal keeping," Lipka said.

The Cats (6-3-7, 2-3-3 in the SEC) will need Ogundele to be at the top of her game tomorrow for the final home match of the season.

Ole Miss (13-3, 7-1 SEC) rolls into town at 5 p.m. tomorrow for senior night at the UK Soccer Complex.

Sunday, UK travels to Mississippi State (3-9-3, 2-6 SEC).

Senior Liz Butler, Court

ney McCrudden, Kristin Moyer, Ashley Schilling and Jennifer Westley will all be honored at senior night.

"We want to send all the seniors out with a win," Ogundele said. "Beating a team like Ole Miss on senior night would be really special and it would give us momentum for when we get into the SEC tournament in November."

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rwood@kykernel.com

Seniors take rooks under their wing

By Chris DeLotell
THE KENTUCKY KERNEL

At the start of the volleyball season, seniors Danielle Wallace, Amy Kaplan and Leigh Marcum had a meeting.

They reflected on their freshman years, made miserable by a group of unsupportive seniors. The trio of veterans made a vow to embrace this year's young players and show leadership that could help pull the program out of the Southeastern Conference cellar.

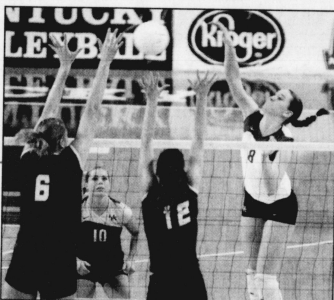
At the midpoint of the SEC season, they believe that goal is being accomplished.

"We had a rough time as freshmen and grew from that," Wallace said. "We didn't want that to happen this year, especially with the coaching change and number of young players on the team. It was important to us that we keep the morale of the team up."

So far that has worked, with the program off to its best SEC start since 1998 and harboring hopes of the NCAA Tournament, a holy grail that UK last reached in 1983.

Head coach Craig Skinner has been pleased with the leadership of his seniors on and off the court.

"They're working harder than they ever have," Skinner said. "They're more committed than they ever have been. That's setting a good



HILLY SCHIFFER | STAFF
Senior outside hitter Danielle Wallace sends the ball over the net during a game against Louisiana State on Oct. 9 at Memorial Coliseum.

example for our young players."

The seniors are also playing well, with middle blocker Kaplan fourth in the SEC in hitting percentage, outside hitter Wallace seventh in the league in kills and setter Marcum fourth in assists. They attribute much of their success to familiarity.

"We all have three years of experience as starters," Marcum said. "We anticipate each other. When we're up on the front line together — it's a whole different feel. We're expecting to win. It's exciting for us."

Skinner believes the se-

niors have the trust of their coaches and teammates.

"We (as coaches) are very confident in our seniors," he said. "The team feels good when they're out there. It helps the confidence of all of our players."

Wallace, Kaplan and Marcum have never experienced a winning season, so the team's success this year has fueled their desire to be successful, according to Skinner.

"It's been a big part of it," he said. "They are experienced, but they're also hungry. We've had success and they don't want it to end. That's the great thing."

Receiving senior leadership may be a key for the team, as it finishes with six of eight matches away from Memorial Coliseum. The Wildcats (12-6, 5-3 SEC) hit the road this weekend for a Friday trip to Tennessee (11-7, 5-3) and a Sunday match at South Carolina (10-8, 3-5). UK and UT are tied for third in the league, setting up a pivotal match in Knoxville, Tenn.

"We're going to have to focus," Wallace said. "We have to play together. We know that if we band together we'll win, because Tennessee has some team issues right now. We have that advantage over them."

Skinner said it will take continued solid effort from his team to beat the Volunteers.

"We have to keep doing what we've been doing," he said. "We need to continue to have a lot of options offensively."

The coach is proud of his team's persistence and lack of satisfaction with their surprising first half of the season.

"The best part about it is, the team isn't satisfied and they still want to keep getting better."

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IN OUR OPINION: STUDENT RIGHTS AND RESPONSIBILITIES, PART IV, STUDENT RECORDS

Student records laws offer vital protection

No, not even your parents. Students — not parents — have the right to view and release confidential records at U.S. universities and colleges.

"The university is governed under the release of student information from an act called the Family Education Right to Privacy Act (FERPA)," said Jacquie Hager, associate registrar at UK. "Under that act, we are forbidden to release any information to any person besides the student without the student's permission."

Student record laws apply to all institutions of higher education — public or private — said Hager, so UK's bylaws are not dissimilar from other institutions.

The specifics are spelled out in part five of UK's Student Rights and Responsibilities. UK maintains academic records, disciplinary records, biographical and identifying information, medical data and counseling records, among others.

The majority of student records are maintained by the UK Registrar's Office. Having never been in charge of their records before (parents have rights until students turn 18), students should be aware of their rights and the requirements for accessing their records.

For instance, Hager said many students fail to realize that they cannot get student schedules or other information over the phone or in the office without photo ID.

"We can't do it over the phone because we don't know who we're talking to," Hager said. "That's why we require you to come in and show a picture ID before we talk to you about your records."

The law requires UK to allow students to view records within 45 days of making a request to do so, the exception being medical and psychological records, financial records of students' parents, confidential recommendations and records that would reveal information about other students.

Additionally, students can contest the accuracy of their records and are entitled to a hearing before a three-person committee appointed by the UK president for adjudication.

Under federal law, student records can

be viewed by any university official with a "legitimate educational interest." Officials can be faculty, staff, UK police, health personnel, a person contracted by the university, a UK Board of Trustees member or student serving on an official committee.

One noticeable exception is directory information. A student's name, address, telephone listing, e-mail address, date and place of birth, major and participation in officially recognized activities can be released without a student's consent.

"We can release information such as their name and address, and other information that's considered to be directory information," Hager said. "But students have a right to request that a privacy flag be placed on their record. And in that case, we can't even release directory information."

Again, not even to parents. Students also have to sign off when it comes to UK releasing student financial

aid information to parents. This can create problems with students listed as dependents on their parents' tax form, said David Prater, UK student financial aid director. He added that sometimes, it becomes a game of phone tag when parents don't have access their children's information required on FAFSA forms.

"Most students will go ahead and give parents permission to do that," Prater said.

UK freshmen do get financial aid information mailed to them, but upperclassman information is on the Web. In any case, UK students who wish to keep their financial information secret can do so.

"There's probably no more private info at UK than the federal aid application," Prater said. "We try really hard not to release that information to parents."

The point is not that parents are malicious or intend to harm students by looking at their student records. But legally, college students are in many ways adults, and that entails a transfer of custodial or parental power to the student. And for their own benefit, students should be aware that control over confidential records is in their hands.

UK students can prevent the unwanted dissemination of their personal records, if they so chose.

SG could free itself from UK with self-sufficiency

Should UK Student Government be independent? The answer, I would suggest, is Clintonian: It depends on your definition of independent.

We commonly think of it in terms of decision-making, calling a student organization independent if its actions are not subject to university regulation. But there is another, related meaning of the word: economic independence, or financial self-sufficiency.

SG, it seems, wants to have it both ways: to be autonomous in its decisions while still receiving university-mandated student fees. But the two types of independence cannot be so easily split — freedom necessarily comes with responsibility.

Why not give SG both by making the SG fee optional? UK could let each student choose whether to direct his or her fee payment into SG or into UK's general fund, similar to the option on federal tax forms to put \$1 toward public campaign financing. (I presume many would prefer a choice between paying SG and keeping the money, but that would almost undoubtedly leave us without a student government at all.)

Irritated students — and there are many — could register their dissatisfaction by saying, in effect, that they'd rather their money go to other parts of the university than the organization ostensibly focused on serving them. Thus, SG's income would depend on how well it served the whole student body, not just the 10 percent or so who show up to vote every year.

With students no longer forced to give money to SG, the argument for university oversight dissipates. We won't have to worry that our money is being wasted, and SG officials will have a strong incentive not to do things like commit election fraud or spend \$25,000 on events attended by 1,500 people. UK won't have to step in and force SG to shape up; students' decisions about their money will do that.

There are prominent examples of economic self-sufficiency elsewhere in the community. One is UK Athletics, the financial independence of which deflates any charges that UK spends too much state or student money on sports while allowing it a fair amount of autonomy.

Another is The Kernel, which is fiscally independent to a great extent.

The exceptions are that two Kernel advisers receive university salaries, and The Kernel does not pay rent for its on-campus offices. However, The Kernel Press paid for the construction of the Grehan Journalism Building, so the free rent isn't exactly a handout.

Thus, we have the freedom to publish what we want without fear of censorship by UK, but we are encumbered with the responsibility of putting out a high-quality product so as not to lose advertisers to competing local papers.

That concern wouldn't matter if The Kernel got its money through mandatory student fees. Our revenue would have no connection to the quality of our product, which would likely suffer. Students would (rightly) be upset at being forced to give money to something that couldn't hold up on its own.

Such is the current situation with SG. Our fees subsidize an organization that is irrelevant at best and corrupt at worst. And the voting booth has proven not to be enough to solve SG's deeply rooted problems. The yet-unresolved election fiasco is evidence enough; moreover, a study by the Kernel Editorial Board last year raised questions about whether short voting hours and a lack of booths cause perpetually low voter turnout. (More details are in the April 7, 2005 "In Our Opinion" piece at www.kykernel.com.)

If elections aren't enough to force SG to shape up, it's time to exert the power of the purse. I think UK could have one of the best student governments in the country — if SG officials had to win students over to get money, not just votes.

Brenton Kenkel is a political science and philosophy sophomore.



BRAD STURGEON, THE KENTUCKY KERNEL

LETTERSTO THE EDITOR

Keep your opinions to yourself

Fall on campus is absolutely my favorite time of the year. One of my favorite pastimes in between classes is to sit on the stone wall adjacent to the White Hall Classroom Building and people-watch while I enjoy the fine weather and secondhand smoke (well, not so much the latter).

I would like to thank everyone involved in the recent abortion demonstrations on campus for completely ruining my favorite pastime this past week. My pleasant walks through campus are ruined because I'm constantly handed fliers that I won't read from people I don't know.

Yesterday I couldn't people-watch outside the Classroom Building because there were giant photos of aborted fetuses obstructing my view.

I believe I speak for the majority of UK students when I say that I won't shed one tear if my daily walk to class is never again interrupted by some jerk handing me a flier and pushing a cause, whether it be about abortion, Student Government or how Jesus can save my damned soul.

There will be an equal lack of depression on my part when UK's campus is no longer the home to any sort of rally, demonstration, protest or religious ceremony. It's fine and good to have opinions and beliefs; just keep them to yourself and off campus.

understand it and be safe with it.

So in the future, why don't we drop our faux facades of modesty and start passing out fliers about safe-sex techniques?

In the meantime, I suggest we stop handing out information sheets that make abortion as innocent as shopping. And, for the love of God, stop ruining breakfast with self-serving and uber-disrespectful, poster-sized photos of bloodied baby hands clutching an American coin.

Or, could you at least stop smiling while you're protesting?

JOHN DIXON
journalism and English senior

Nation isn't based on Christianity

After reading J.D. Thomas' Oct. 17 letter to the editor, I can't help but be struck with the clear contradictions that exist in legislating "moral law." In this country, the idea of reversing *Roe v. Wade* is supported largely by right-wing Christian conservatives who would like you to believe that this nation was founded by men who were Christians and followed Christian beliefs and ethics.

This isn't true. Our founding fathers came here to escape the conservative Christians of England.

"I have examined all the known superstitions of the world, and I do not find in our particular superstition of Christianity one redeeming feature. They are all alike founded on fables and mythology. Millions of innocent men, women and children, since the introduction of Christianity, have been burnt, tortured, fined and imprisoned. What has been the effect of this coercion? To make one half the world fools and the other half hypocrites; to support roguery and error all over the earth." — Thomas Jefferson.

"...the divinity of Jesus is made a convenient cover for absurdity." — John Adams.

Benjamin Franklin was a common visitor to satanic meetings and several of the founding fathers were naturalists.

My point is this: This isn't a nation based on Christianity and we don't all share the same morals; even amongst Christians, many moderate churches believe sometimes abortion is necessary.

If you're anti-abortion, that's fine. But recognize that the messages our anti-abortion leaders are sending are absurd. If all life is sacred, including a fetus, how is it justified then to kill innocent children in countries we've deemed as the "axis of evil" with our million-dollar smart weapons, regardless if they're inside or outside their mother's womb?

If you're anti-abortion and carry any kind of logic, you'll see the killing of any innocent children in Afghanistan and Iraq is nothing less than murder. And if we're going to outlaw abortion because it's murder, we need to put this current administration on trial.

TYLER SHEPARD
religious studies sophomore

Let's enlighten ourselves about sex

Nothing says "I care" like a distasteful carnival maze of dead baby photos and a sign proclaiming, in sick glee, "Genocide Ahead."

Except, maybe, a small pro-choice card that makes trips to an abortion clinic seem as needed as daily water. Abortion's truth is that it has no set truth. There have always been abortions, and will always be abortions, because the events leading to them are never as shallow and as empty as some girl wanting to keep her waist.

Bluntly, abortion is not cut-and-dry, which is precisely why the government is always bitching about it, but never actually doing anything about it. And the government will never do anything about it because every senator knows that if his or her daughter ended up with an unwanted pregnancy, abortion would suddenly seem a little more understandable.

It seems to me abortion would be nearly extinct if people would just be safe when having sex. It's so easy to either not get pregnant or not impregnate another. Maybe abortion is just the side effect of a much larger problem: heads in our rears.

Consider: Were you taught the basics of safe sex or did you learn from TV-based assumptions? TV is where I had my education, and that's just not good enough.

We need to start talking about sex so that we can un-

Brenton Kenkel
KERNEL COLUMNIST



Brenton Kenkel
KERNEL COLUMNIST

Submissions

Send a guest column or letter to the editor to Opinions Editor Andrew Martin or Assistant Opinions Editor Brenton Kenkel. Please limit letters to 350 words or fewer. Be sure to include your full name, class and major with all submissions.

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UK law college raises the Bar

School's graduates lead state in pass rate

By Elizabeth Anderson
THE KENTUCKY KERNEL

The University of Kentucky's College of Law has topped the state in the number of its students passing the Bar Exam and becoming certified to practice law.

UK graduates had the highest bar-passing rate of all Kentucky law schools on the July 2005 Bar Exam, according to the Kentucky Board of Bar Examiners.

Graduates achieved a passage rate of 86 percent compared to a 74 percent passage rate among all candidates who took the Kentucky Bar Exam. First-time takers passed at a rate of 88 percent, compared to 81 percent for the rest of the state.

"The percentage is a direct reflection of the quality of the students and the program itself, it shows the ability of the admissions board to recruit top quality students," said Allan Vestal, dean of the College of Law. Vestal also said the rise in the numbers is an indicator that UK's law school, which was founded in 1908, will be attractive to new law students.

"UK consistently does well on the passage rates; the admission process is already competitive and these results will only elevate the competition."

The Bar Exam is comprised of a two-day examination starting with 12 essay questions. In which the graduates have 30 minutes to read and respond to each. The second day they are given six hours to answer 200 multiple-choice questions.

UK finished above the

University of Louisville who had a passage rate of 81 percent as compared to UK's 86 percent. Also, out-of-state law schools finished 25 percent lower than UK with a passage rate of only 61 percent. UK Law was ranked 56th in the nation this year by U.S. News & World Report.

Some said they believe this will help bring more attention to UK's law school.

"These numbers speak volumes about how wonderful the teacher staff is and how hard we worked to achieve such a high passage rate," said Erin Miller, a 2005 graduate who passed the exam. "People will definitely see that UK professors work harder in preparing us for the Bar than most," she added.

Some said it will help when looking for jobs.

"Employers are going to look at where you went to law school and see you were in the group that had a high passage rate," Miller said.

"It will look great on a resume," Vestal said.

Faculty members were also pleased with the result.

"This is very rewarding to not only the students but teachers as well letting us know we must be doing a wonderful job," said Lori Ringhand, a UK law professor. "The results are encouraging to existing law students (also)."

Miller summed up the whole experience in once sentence.

"Hey, we just got a great education," Miller said.

E-mail
reans@kykernel.com

State legislator wants peers to investigate soaring textbook costs

By Ryan Evans
THE KENTUCKY KERNEL

Rick Nelson has a simple question for students: Do you really think that science textbook was worth the \$150 you paid?

"I find it ridiculous that a student has to pay \$150 for a textbook only to find out that they can't sell it once the semester's over," said Nelson, a state representative from Middlesboro.

"I hope that the legislature can find some solution, to make textbooks as inexpensive as can be."

Nelson has filed legislation for consideration during the 2006 Regular Session of the Kentucky General Assembly beginning in January. The bill would require state legislature staff to study why the cost of textbooks has risen so drastically.

"This is simply something that's being done to assess a situation that has gotten far out of hand," Nelson said.

If the bill passes, state legislative staff would examine the cost of textbooks and supplies for students attending two- and four-year state institutions. The study would also examine other factors that affect the cost, like the pricing policies of the publishers, production costs and market competition.

The study would be completed by Nov. 1, 2006 and a written report would be presented to the Kentucky General Assembly's Interim Joint Committee on Education by December.

"If we can learn what the factors are that caused this situation, it will help lawmakers such as myself decide the best way to alleviate students' costs," said Nelson. "It's going to be a long process, but we want to

"This is simply something that's being done to assess a situation that has gotten far out of hand."

State Rep. Rick Nelson
D-Middlesboro

get something done before the end of next year. The bill's not been filed yet, and nothing's guaranteed, but we're confident."

According to a July 2005 report of the U.S. General Accountability Office, the prices of college textbooks have nearly tripled and have increased at twice the rate of inflation since 1986. The report estimates that the cost of textbooks and supplies for a full time student at a four-year public institution accounted for 26 percent of the student's tuition and fee costs.

"I first thought of this when I was talking to several of my students, who wished to attend both public and private schools, and their parents," said Nelson, who is also a public school teacher. "The cost of tuition is financially overwhelming anyway, much less when you have to add a large budget for textbooks."

While the study will take place within the state legislature, Nelson encourages students to get involved.

"I think that students should contact their local legislators and ask them to support this bill," said Nelson. "I think that the students' interest in this issue, which I know is there, will be one of the biggest factors when this bill is presented."

E-mail
revans@kykernel.com

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THINKING ABOUT LAW SCHOOL?

If so, plan to attend an information session where law school admission reps from UK, U of L and Chase Law Schools will explain the entire law school application and admissions process. Open to all students, faculty and staff.

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JUMBLE

THAT SCRAMBLED WORD GAME

Unscramble these four jumbles, one letter to each square, to form four ordinary words.

GULIE

OTHS

BALIEW

HOPOUK

Where the party-goers invited the mechanic.

Now arrange the circled letters to form the surprise answer, as suggested by the above cartoon.

Answer here: TO A _____

(Answers tomorrow)

Jumbles: LOGIC, FAVOR, GAMBL, INVENT
Answer: What hobby gives you when he forget their anniversary - A "GIFT" OF GAB

I AM FREAKIN' HUGE

I AM FREE EMAIL WITH 2GB OF STORAGE

I AM AIM

aim email text voice video

AIM.COM/YOU

CHILI & CHOWDER

Demo Cooking and FREE Chili and Chowder

Vegetarians are welcome!

Friday Oct. 21st on the Student Center Patio

11:30am - until it's gone!