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REPORTER

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WELLNESSISSUE

REPORTER

EDITOR IN CHIEF Alex Rogala

| eic@reportermag.com

MANAGING EDITOR Amber Wilson-Daeschlein

| managing.editor@reportermag.com

COPY EDITOR Nathaniel Mathews

| copy.editor@reportermag.com

NEWS EDITORS William Hirsh

| news@reportermag.com

LEISURE EDITOR Michelle Spoto

| leisure@reportermag.com

FEATURES EDITOR Nicole Howley

| features@reportermag.com

SPORTS EDITOR Kayla Emerson

| sports@reportermag.com

VIEWS EDITOR Peter LoVerso

| views@reportermag.com

WRITERS Madelaine Britt, Danielle Delp, Angela

Freeman, Amanda Imperial, Alyssa Jackson,

Juan Lachapelle, James Lecarpentier, Michelle

Spoto, Brett Slabaugh

ART

ART DIRECTOR Jon Lavalley

| art.director@reportermag.com

SENIOR STAFF DESIGNER Jiwon Lim

STAFF DESIGNERS Michaela Jebb, Autumn

Wadsworth

PHOTO EDITOR Juan Madrid

| photo@reportermag.com

CONTRIBUTING PHOTOGRAPHERS Josh Barber, Seth

Abel, William Palmer, Elizabeth Stallmeyer,

Mackenzie Harris

STAFF ILLUSTRATOR Elisa Plance

CONTRIBUTING ILLUSTRATORS Katherine Dayton,

Emily Gage, Stevie Thompson

CARTOONIST Emily DuVault

BUSINESS

PUBLICITY MANAGER Nicholas Gawreluk

AD MANAGER Julia Morrow

| ads@reportermag.com

BUSINESS MANAGER Christina Harawa

| business.manager@reportermag.com

PRODUCTION MANAGER Nicholas Gawreluk

| production.manager@reportermag.com

ONLINE PRODUCTION MANAGER Jake DeBoer

| webmaster@reportermag.com

ADVISOR Rudy Pugliese

PRINTING Printing Applications Lab

CONTACT 585.475.2212

BOUNCED CHECKS

Deep within the Student Life Center basement, the doorway hides a tall, narrow staircase. Dimly lit and decidedly nondescript, it leads to an equally plain running track suspended above the center's basketball courts.

At each of the staircase's landings, there's a small, framed orange plaque listing the names of various faculty, staff and students. Each commemorates RIT Running Club members who have reached a certain milestone. As these awards spans from the "100 Mile Club" to the "1,000 Mile Club," the list of names rapidly shrinks. At the very top of the stairs, only a scarce few are listed. Diligent both in body and mind, these devoted few are recognized for their truly impressive drive and discipline.

Totaled, it's surprising how few names are there; less than 100 of RIT's 17,000 students grace those walls. And it's not for lack of effort — RIT offers plenty of exercise opportunities — but rather student apathy towards health.

College is a highly formative experience; with no parental safety net, students must develop work, social and personal habits that will shape their futures. Overwhelmed with projects, alcohol and newfound social pressures, exercise gets unduly relegated to the wayside. After all, it's easy to feel immortal at 2.

Despite RIT's already substantive efforts, it must develop incentives to encourage an active and healthy student lifestyle. The Institute's wellness department can help by increasing its programming; the two-course wellness is simply insufficient. With the more relaxed schedule semesters will bring, the Institute has an even more wonderful opportunity to bring wellness where it should be: front and center. Considering America's obesity epidemic, additional wellness requirements would only benefit the RIT population. It's not what students want; it's what they need.

While the university offers and endless number of wellness events and seminars, they're not reaching anywhere near the audience they could. RIT certainly has the resources; just last weekend, the Institute hosted Freezefest. Rather than simply devoting that money to get students out of their dorms, it should be focused on getting them moving. A lot of this comes down to promotion and awareness. The programming is there; students just need to be made better aware of it.

In the meantime, Reporter has devoted this special issue to exploring wellness. It presents advice on getting started and chronicles those dedicated to helping students improve both body and mind.

Alexander W. Rogala

Alex Rogala

EDITOR IN CHIEF

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TABLE OF CONTENTS

02.08.13 | VOLUME 62 | ISSUE 19



Erin Moore, a first year Molecular Bioscience and Biotechnology major, reacts to a number on her bingo card being called during Freezefest's Late Night Rock'n Bingo in the SAU's Al Davis Room Friday, February 1. | photograph by Josh Barber

THE WELLNESS ISSUE

4. *RIT and Adderall*

Study aids and their symptoms.

6. *Mindful Meditation*

Discovering the mental and physical benefits of yoga.

7. *Remedies and Their Cultures*

Medical customs that vary across the globe.

9. *At Your Leisure*

Health advice from Buddha.

10. *A Mix For Any Situation*

Happy trails.

11. *Hidden Ingredients*

What's in your favorite snack?

12. *Sleep is For The Weak... Right?*

How much do you need?

16. *Breaking Bad Habits*

Keeping your New Years resolution while earning class credit.

19. *Overmedication in the US*

Are we jeopardizing the future of antibiotics?

21. *A Moral Necessity*

How much will universal healthcare benefit students?

22. *Word on the Street*

What's the unhealthiest thing you've done?

23. *Rings*

A dream machine.

ONLINE

Destler Addresses Cost-Cutting and Revenue Generation

President's plans aim to combat rising tuition.

Nutrition at College

Health majors weigh in on college challenges.

Taking a Stand

A D.I.Y. take on an emerging trend.

cover photograph by Seth Abel

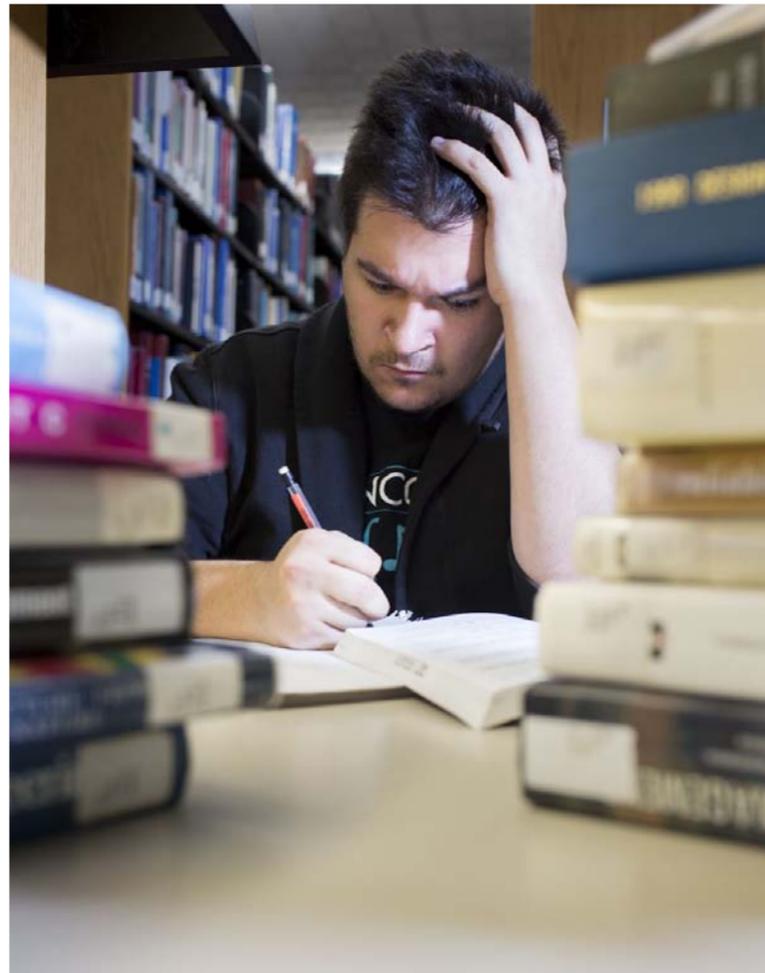
RIT AND ADDERALL

BY ALYSSA JACKSON | PHOTOGRAPH BY JUAN MADRID

A

As finals week looms menacingly on the horizon, some RIT students are beginning to wonder how to fit friends, work, homework, and exams into their limited time. Some students already know the answer. Although there is no estimate on the number of students who abuse study aids such as Adderall and Ritalin, professionals such as Forensic Psychiatry Professor Caroline Easton and Center for Student Conduct and Conflict Management Services Director Joe Johnston believe this is a growing issue at RIT.

"It's likely more prevalent than we're aware," stated Johnston, who has worked at RIT in behavioral discipline for six years. Johnston said that the center tends to review each case individually so that they don't over punish or under punish students in different situations. Generally, Johnston said that if it's the first time the student is caught taking the drug and they don't have any more on them, they will be punished with a deferred suspension. This means that the student may continue to attend RIT, but if within a calendar year of getting caught with the study enhancing drug, they will be suspended. They also require



that the individual meet with drug counselors regularly to get them help. If the student is under 21, they will also be forced to call their parents. Getting caught selling study aid drugs is more severe and will likely result in a student's removal from RIT housing and suspension.

However, these consequences do little to curb the number of students participating in these activities. An RIT student interviewed under the condition of anonymity spoke to Reporter about Adderall use on campus. She stated that she's tried a few different drugs to help her study, including Adderall, Vibrance and Ritalin.

"It's pretty easy to get, especially at this campus," the student explained. "There are so many people that either need it, so they take it, or have the prescription and they don't really need it so they sell it. It's an easy way to get money."

Easton, who is a licensed clinical psychologist with an expertise in addiction psychiatry, explained that these drugs are stimulants and can cause students to feel high and more alert. These are often the selling points of the drugs for students who need to cram for a test or have a limited time to get an assignment done. Easton stressed that they can have negative effects on individuals, especially if they're taking a dosage that's prescribed for someone else's needs or if they're mixing it with other substances.

“The use of Adderall and Ritalin in school is often compared to the use of performance enhancing drugs for athletes.”

"The worrisome part is that kids tend to mix it with other things," said Easton. "There are like five cups of coffee in one energy drink, so they're mixing these high amounts of caffeinated energy drinks with their stimulants. It can cause increased heart rate, and if they have any kind of hypertension or medical problems it could be very hazardous."

Even without mixing substances, Easton stated that taking Adderall and Ritalin can induce increased heart rate, palpitations, anxiety, agitation, panic attacks and more. Johnston explained that he's seen students who have had bad reactions to the drugs or have been sold incorrect drugs as well.

The anonymous student admits that she has experienced side effects with Adderall, but none nearly as serious. "You lose your appetite," she explained. "Because of that it gives me a headache, and because it makes you not have an appetite it can actually help people lose weight, which could be a reason why people take it, not only to help them study."

Studying and losing weight are not the only reasons students may abuse study aid drugs. Easton believes that students also begin taking these drugs because of the social environment of college. Some students use these drugs to assist them in staying awake longer at parties.

The student stated that she began using Adderall in her freshman year to help her study and do homework. She explained that she likes the feeling of being productive and has more focused energy.

"I feel like it actually helps me do homework," she stated. "When I take it I sit down and for hours I just have energy, but its focused energy. I'll feel like I need to be productive and I really like the feeling of being productive. Sometimes it's difficult to do homework without taking it now."

Not every student feels the pressure to take study aids to help them succeed in such a stressful environment. Greg Muhs, a third year Biotechnology student, and Alice Wang, a third year Bioinformatics student, firmly believe that most individuals can do well without abusing stimulants.

"It's a dumb idea to use Adderall and Ritalin if you don't need it," Muhs said. Speaking as someone who was formerly prescribed Ritalin, he suggested exercising, getting enough sleep and not focusing on the wrong things to help individuals focus on their homework just as well.

Wang wavered in her beliefs on the use of study aids. "Maybe it's fine to use just once for a test if you want to do well," she stated. "Once is okay, but don't make it a habit."

For students who have abused these medications, stopping the habit isn't that simple. The increased energy and other aspects can make these drugs addictive.

A common issue that students who don't use study aids have toward students who do is the feeling that maybe these students are cheating. The use of Adderall and Ritalin in school is often compared to the use of performance enhancing drugs for athletes.

"I've never really considered it cheating," the anonymous student said. "It just helps me focus; it's not like it's giving me answers."

Regardless, both Easton and Johnston agree that taking medication that is not prescribed to your individual needs is dangerous and discourage it. Johnston urges students who fear they may be addicted to any type of study aid drug to go to the health center or counseling center and seek assistance. Johnston said that if a student chooses to do so, they will not receive punishment and the information will be confidential.

"The person is trying to help themselves — why would we want to punish them for doing that?" Johnston said. **R**

MINDFUL MEDITATION

by Madelaine Britt

photograph by Mackenzie Harris

“I want each of you to fall asleep at least once in this class. If you don't, I'm not doing my job.” The floors of the Student Life Center dance room were lined with RIT students. Lying on spongy yoga mats, they lay still as the melodic ringing of Tibetan bowls and Indian chanting echoed from an old radio. Beside it, Kundalini Yoga instructor Baldev Kaur Khalsa, a short statured woman, softly raised her voice above the music. As she initiated the beginning of class promptly at 7 p.m., students instinctively shut their eyes, straightened their backs and exhaled a calming deep breath heard throughout the room. This was a time for internal, spiritual and mental mindfulness; such is the practice of Kundalini Yoga. The upper dance studio would be the holding place of intense meditation and relaxation for the next hour and 20 minutes.

Defined by The National Center for Complementary and Alternative Medicine as a “mind-body practice,” meditation isn't a way of toning up, but toning down. According to Khalsa, “Yoga is a lifestyle,” and it focuses on quieting the mind and all its anxieties. Yoga, meaning union, is about “Getting in touch with your God concept” and, according to Khalsa, “meditation is a part of that.”

To Khalsa, meditation's fundamental principle — that which is rooted in tapping into an individual's spiritual self — represents a significant part of a person. “Working all different parts of yourself to bring about that balance. Because the entire union is balance,” said Khalsa. The practice is thought to have significant effects on the mental and physical capacity of its practitioners. According to an online article published in Psychology Today, the practice of meditation is “a warm-up for self-awareness and self-discipline, leading eventually to being present in an emotionally intelligent manner.”

In addition to burning calories, other forms of exercise can clear the mind. But according to the Mayo Clinic, truly getting out of your mind may just mean getting into “child's pose”

and meditating. The emotional benefits which they accredit meditation — including reduced negativity, more self-awareness and a better perspective on stressful situations — are unique to the practice. Some scientists even support the theory that meditation can go as far as helping issues from depression, to trouble sleeping.

The minutes dwindle in the dance studio as the hand of the clock extends, almost stretches, toward the number eight. Students rise from their mats on Baldev Kaur Khalsa's command and “come back to earth” by slapping and stomping their feet and hands on the floor. Sounds of chimes halt from a stopped CD player, leaving only the snapping slap of rolled up mats to be heard.

Students walked out into the icy winter evening, not only feeling reenergized and inspired, but also with a seemingly greater understanding of themselves. Their backs straighter, their minds clearer: as if they were floating down the quarter mile. **R**



REMEDIES AND THEIR CULTURES

by Juan Lachapelle | illustration by Stevie Thompson

Have allergies? Take some of this, it'll help. Suffering from headaches? A couple of these will keep those away. Sleep? I guess that would help, but you should really take something. For everything from colds to stomach aches to something as simple as a runny nose, there's a pill for that. America has this idea that everything can be solved through prescription drugs and medicine. According to U.S. News and World Report, 61 percent of adults use at least one drug to treat a chronic health problem while more than one in four seniors gulp down at least five medications daily. Often, these medications are unnecessary and can cause health problems later down the line.



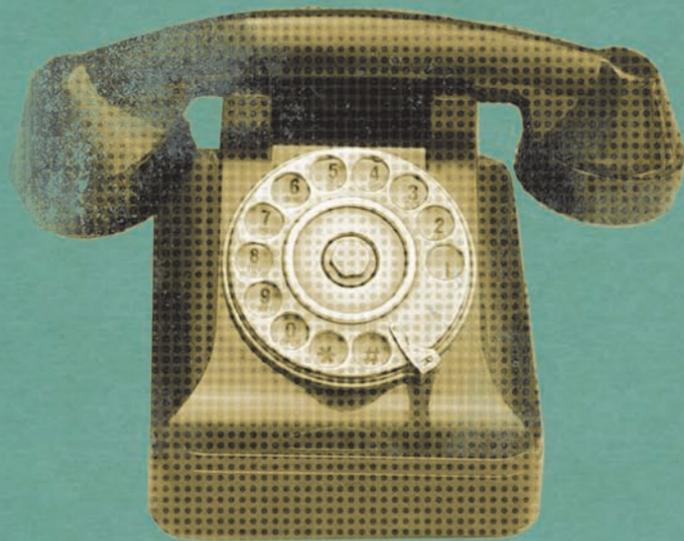
John Oliphant, assistant professor in the Physician Assistant Program, has found that Americans often take medications they don't need for more common viral illnesses. “Antibiotics are often requested by my clinical patients when they clearly have a viral illness,” said Oliphant “Those antibiotics will not cure viral illnesses and are not completely benign.”

Oliphant is not completely against the use of drugs such as Advil to help with simple aches, pains and minor symptoms, but comments that people could lower their reliance on medication by balancing their diets, lowering their stress and exercising regularly. “Many students spend their vacations feeling sick after getting through the stress of finals week,” remarked Oliphant. “Their lack of sleep and heightened anxiety during the week of testing negatively affects their immune systems and increases their susceptibility to illness.”

Many foreign countries have a different take on medication use. They opt less for over the counter drugs and stick to home remedies and simple methods. Norharisa Husainy Saiffal, a fourth year Molecular Science and Biotechnology major from Malaysia, relies on some of her personal remedies from her home country. Saiffal said she makes a drink from ginger cut into slices and mixed with hot water or a porridge meal made from boiled water, rice, spices and an assortment of vegetables for whenever she gets a headache or the common cold. “We are not as developed as the U.S., so we only go to the doctor if it's really serious” said Saiffal. She criticizes Americans' overuse of medicine saying, “There's too many drugs on the market to know what's good or not.” The only medication Saiffal takes is Actifast, which is produced in Malaysia.

Alexander Habermann, a third year Physics major from the Netherlands, prefers to take tea or Emergen-C for his sicknesses. Having some experience working at a pharmacy, Habermann felt that American doctors are heavily compelled to recommend certain medicines. “There's no pressure for doctors [in the Netherlands] to prescribe drugs since they aren't paid by those companies.” Habermann comments that the overuse of medication makes one's immune system weaker in the long run, making people more susceptible to illnesses.

The comparison of foreign practices to American ones reveals problems not only within its people but the doctors that promote the constant use of the medications and the companies that create them. This does not mean you should completely give up on your trusty Tylenol or Robitussin, but it's up to you to see what you need and weed out what you don't. **R**



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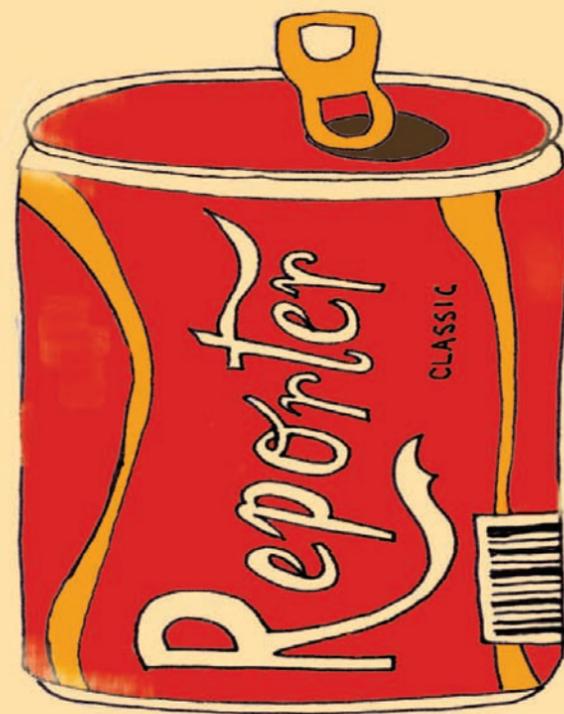
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AT YOUR LEISURE

BY MICHELLE SPOTO

STREAM OF FEARS:

The sympathetic nervous system, which increases heart rate, **BLOOD** pressure and adrenalin, becomes active during moments of fear.

The abnormal fear of **BLOOD** is called hemophobia. Sufferers of hemophobia may become dizzy or faint at the **SIGHT** of blood, even their own.

Extreme fear or rushes of adrenalin may cause a narrowing of the field of **SIGHT**, a condition known as *tunnel vision*. This same phenomenon can also be caused by excessive **ALCOHOL** intake or hallucinogenic drug use.

Potophobia is the excessive fear of consuming **ALCOHOL**.

QUOTE OF THE WEEK:

“To keep the **body** in **good health** is a duty... otherwise we shall not be able to keep our **mind strong and clear.**”

-Buddha

WORD OF THE WEEK:

Kinesiology (noun):

The study of the principles of mechanics and anatomy in relation to human movement.

As a baseball fan, Sarah was thrilled to be studying the biomechanics of the perfect pitch in her *kinesiology* class.

Definition taken from <http://merriam-webster.com>

REPORTER RECOMMENDS:

Wegman's Frozen Tilapia Filets, Club Pack

These individually frozen fish filets have become a blessing during busy weeks. Quick to prepare, Wegmans Frozen Tilapia is a convenient (and nutritious) focus for any rushed dinner.

Tilapia contains both omega-3 and omega-6 fatty acids, which are believed to increase heart health and reduce cholesterol levels. What's great about these Wegmans filets are their convenience and relatively inexpensive price. Individually frozen and bagged, each filet can be cooked without having to thaw the entire package. Using the right recipe, you can prepare a healthy, delicious meal in under a half an hour.

Although I prefer to cook my fish on the stove, my roommate discovered an even simpler way to cook these awesome filets. Her process involves placing the thawed fish in a boat made of aluminum foil, pouring a little Italian dressing over it (or just some olive oil and herbs, if you're looking for something healthier), folding the foil closed and placing the fish in a 350 degree oven for about 15-20 minutes. While the fish is cooking, you'll have plenty of time to whip up a plate of vegetables and rice to enjoy your fish with. Simple and easy to make, even someone whose idea of "preparing fish" is popping a couple of pre-cooked, frozen patties in the oven is capable of making a delicious and healthy meal in no time. **B**

COMIC by Emily DeVault



A MIX FOR ANY SITUATION

by Michelle Spoto | photograph by William Palmer

Post-Workout

| Chopped Walnuts | Unsalted Peanuts | Pumpkin Seeds | Whole Almonds | Dried Cherries

If you're looking for protein-packed fuel after a good workout or to bring along during a hike, this is a tasty mix. The walnuts, peanuts and almonds contribute much-needed protein, and the variety creates an awesome texture. Pumpkin seeds add a little crunch and saltiness to the mix (it's for this reason that we're skipping the salt on the peanuts).

Dried cherries supply some of their natural sweetness as well as their antioxidant power. Research from the Oregon Health and Science University has shown that runners who drank cherry juice after a race had less muscle pain than those who drank a placebo. In fact, the anti-inflammatory enzyme found in the peel of a cherry is the same one that is used in drugs like ibuprofen. While no specific research regarding dried cherries can be found, there's certainly no harm in throwing a few delicious pieces into your mix.

One warning for this mix: keep serving size to no more than one-fourth of a cup. This mix contains a lot of nuts, which can quickly add too many calories if you're not careful.

Late-Night Study Snack

| Kashi Go Lean Cereal | Raisins | Walnuts | Pumpkin Seeds | Dark Chocolate Covered Coffee Beans

Traditional trail mix, made predominantly with nuts and dried fruits, can often be high in calories unless you stick to a small serving size. That's why our study snack version of the mix is primarily made with Kashi Go Lean cereal with a few tasty add-ons.

With 13 grams of protein and 10 grams of fiber, one cup of cereal will keep you full throughout your study session without spiking your blood sugar (Go Lean contains only six grams of sugar, compared to other cereals which may contain up to 12 grams). Raisins contribute antioxidants, minerals and some natural sweetness.

The walnuts and pumpkin seeds create texture and variety in the mix. The protein of the walnuts and the fiber of the pumpkin seeds will help satisfy any late-night hunger, but be careful not to add too many! The calorie content of both is high and can get out of control if you're not paying attention to how much you're eating.

Dark chocolate covered coffee beans add a nice kick of caffeine (found both in the beans and the chocolate) while adding a delicious touch. Surprisingly, the chocolate coffee taste of the beans blends well with the saltiness of the pumpkin seeds, making our late-night study snack not only nutritious but also very tasty. **R**

Quick to make and easy to store, trail mix can be a healthy on-the-go snack. However, too much dried fruit can drive up sugar content and nuts, although packed with protein, are typically high in calories. If properly constructed, trail mix can be enjoyed in a healthy, wholesome way whether you're looking for a quick breakfast, a post-workout snack or a late-night study mix.

Breakfast On-the-Go

| Kashi Go Lean Cereal | Slivered Almonds | Chopped Walnuts | Raisins |

True to traditional breakfast style, the base of this mix is wholesome cereal. The high protein and fiber content will help keep you full until lunch, while the variety in Go Lean makes breakfast anything but boring. Chopped walnuts and slivered almonds pack even more protein into this quick breakfast, while raisins give the mix some natural sweetness. You can certainly substitute whole almonds (it might be easier to eat on-the-go), but we opted for the slivered kind so you have the option of sprinkling some of your mix over a carton of healthy Greek yogurt.



HIDDEN INGREDIENTS

by Danielle Delp | illustration by Katherine Dayton

You're normally a health-conscious person — no canned soup or frozen meals for you. But looking for food around campus today, you're in an unusual mood. Thoughts of tender macaroni and creamy cheese have been eating at you all day, and nothing is going to get between you and a sinfully delicious Kraft dinner. But wait! There's another box beside it on the shelf: Annie's Homegrown Shells & White Cheddar. The purple box boasts no artificial colors, flavors, preservatives or hormones. Relieved of any previous guilt, you buy the slightly more expensive alternative without a second thought.

If you'd looked at the purple box's nutrition facts, however, you would have noticed something interesting: levels of salt, fat, and calorie content are very similar to the Kraft version. Is Annie's product really a healthier choice? The answer lies in the ingredients. The Kraft mac and cheese includes very similar ingredients to the Annie's product, like whey and milk, salt. Yet the Kraft ingredients list is nearly twice as long as Annie's, and many of the ingredients are complex compounds that an average student wouldn't recognize without some serious help from Wikipedia.

With the complicated ingredients in processed foods these days, it's hard to pick out things that are harmless from those that are harmful. RIT's Registered Dietician, Mary Anne MacQuay, gives some suggestions for picking out healthy food. "Look at the list of ingredients. What's the first ingredient?" Ingredients are listed in descending amount of the ingredient in the product, by volume; if sugar comes first, it means most of what you're eating is comprised of mostly sugar.

The ingredients list is a powerful tool for consumers, since the manufacturer must list every single item in the product — information they are not required to reveal anywhere else on the label. Further reading of the ingredients in the beloved chocolate spread reveals palm oil as the second ingredient. This is even more alarming than sugar, since USDA research on heavily saturated fats (palm oil in particular) revealed dangers to heart health comparable to that of much-feared trans-fats.

If you can't easily identify the individual ingredients in the product, you can simply look at the overall length of the ingredients list or the claims made by the packaging. MacQuay explains, "A long list of ingredients for a product usually means that there's a lot of processed foods, or there's some ingredient in that food that's not as healthy as it should be." To emphasize this point, she produced a bag of Uncle Ben's Ready Rice Whole Grain Brown; "The brown rice variety really just has water, rice and oil. But if you were to look at some of the other varieties in this line, the list of ingredients is much longer and there are a lot more chemicals and additives in the product." That particular variety also boasted that the product was heart-healthy, something other products in the line can't claim, due to their radically different contents. That's because the FDA regulates what a company can and cannot claim on their products, so this is a reliable method of determining certain healthy qualities of the foods you eat.

Of course, some products that are allowed to make those claims might not actually contain any healthy ingredients. Take Annie's Berry Patch Bunny Fruit Snacks, for example. The package proudly proclaims that it is organic, and displays a USDA seal of approval to prove it. As pointed out by MacQuay, however, organic production doesn't make a product instantly healthy; "There's not a lot of research that proves that organic is, necessarily, better." The ingredients in the fruit snacks confirm this; the first two ingredients in the fruit snacks are organic tapioca syrup and organic cane sugar. Furthermore, infamous "natural flavors" are included on the list, which could be literally any plant or animal byproduct. Most notably of all, a product does not need to be 100 percent organic to earn that USDA seal; so long as a certain proportion of the final product is organic, the claim can legally be made. This is especially true for the fruit snacks, which also contain non-organic pectin, citric acid, ascorbic acid, sodium citrate and carnauba wax. Though all of those ingredients are harmless additives found in many processed foods, they are no different from their non-organic counterparts.

The ingredients list may be the most tedious part of the packaging, but it contains the most information about a product. Reading (and researching) the ingredients in addition to the nutrition facts and claims listed on the foods you eat will get you well on your way to making healthy food choices. **R**





SLEEP IS FOR THE WEAK...

RIGHT?

BY AMANDA IMPERIAL

PHOTOGRAPHS BY SETH ABEL

For the past four years I've come to find myself more of a **nocturnally active person**. I enjoy doing activities at **night**, when no one is around to bother me. This means, of course, that I must **sleep a lot during the day**, and a **little bit** sometime **during the night**. **Sleeping twice** in one **24-hour period** is known as **biphasic sleeping**. Although I personally don't have issues with this kind of sleeping, **I don't encourage it**. I have **frequent and painful headaches and migraines**, **I lose large amounts of weight rapidly** for seemingly no reason, and there are always **noticeable bags under my eyes**. While many of us ignore the signs of danger our bodies try to give, **lack of sleep is getting the best of us**.

Two students – one from RIT, and another taking online classes with Western Governors University – explored **different sleeping options** at least once over the course of the year. One student **chose** to experiment for **personal enlightenment and overall boredom**, while the other just wanted to **find a way to get some real, healthy sleep**. Two areas of interest were covered in these experiments: **where we sleep, and how we sleep**.

SLEEPING ELSEWHERE

In September 2011, Second-year New Media Design and Imaging student Jasmine Lockwood was inspired to attempt a sleep experiment where she would spend 50 nights in 50 different locations on campus.

"I wanted to experience what it was like to not have a place to rest my head," she says about her reasoning behind the experiment. In addition to enjoying projects like this, Lockwood took on this experiment partially for personal exploration: "The way I rationalized it afterwards was that it was a balance between not knowing where I was going with my major, and it being really chaotic in my personal life," explained Lockwood, adding that her sleeping experiment reflected how her life was at the time.

Lockwood slept in as many different kinds of places as she could find, and was offered advice on locations from professors and friends. She slept anywhere from a bathroom floor, the women's varsity locker room, and in laundry rooms to places outside like the bleachers, the Greek Lawn and even a friend's car.

Almost every night, however, was a battle. Restlessness, discomfort and interruptions from onlookers kept Lockwood up most nights, and prevented her from getting normal amounts of sleep.

She began experiencing headaches, had an ongoing cold, and constantly had large bags under her eyes. "I started prioritizing my project over academics, so I decided to stop," Lockwood says. Out of the goal of 50 days, she only was able to complete 37.

Despite the difficulties that came with the experiment, Lockwood says she would definitely recommend doing this to others. When listing the reasons she enjoyed the experience, she mentioned the shock factor that came with it: "Just being able to shock myself and shock others ... telling my friends, and the doubt was my favorite part too. Overcoming that and surpassing a lot of people's expectations."

POLYPHASIC SLEEP CYCLE

Chris Foster, a Computer Science major studying online at Western Governors University, took an entirely different approach to sleep experimentation by changed his sleeping cycle. In August of last year, Foster heard about something called the Uberman Sleep Cycle, and started following the blog of Steve Pavlina, a personal growth inspirational writer, who personally experienced polyphasic sleeping. "I've historically had trouble falling asleep, and I heard that when people do this successfully, one of the abilities they gain is the ability to fall asleep instantly," said Foster over phone.

Polyphasic sleeping is the process of sleeping multiple times within a 24-hour period. The Uberman Sleep Cycle calls for 20-minute periods of sleep every four hours which, if done successfully, should result in an immediate plunge into rapid

eye movement (REM) — the deepest stage of sleep — upon attempting to sleep.

In trying this, Foster saw the predetermined results. He also reported waking up easier and no health concerns. However, he claims terrible periods of high and low when awake and severe sleep deprivation. “It worked sometimes, and then didn’t other [times],” he says.

According to the reported results of the Uberman Sleep Cycle, some people have claimed to have more lucid dreams when attempting this sleep cycle, with Foster being no exception. He says that on his second night, he had his first dream, but that it was incredibly blank. After eventually getting used to the cycle and adjusting himself, the dreams he had were probably “the most vivid I’ve ever had in my life.”

Foster slept this way for two months before ultimately being unsatisfied with the results. “It’s basically just structured sleep deprivation,” he says. “I only did it for two months, but had zero creative breakthroughs... It became obvious at the end of the two months that this is just not how people were supposed to sleep. My brain needed more sleep.” His worst experience during his days of polyphasic sleeping when the bright world eluded him; he could not stay awake, and then when he did sleep, there were times when he could not get up. He described an experience when he was sitting on his couch in a haze, not having the will to move.

When asked if he would recommend the Uberman Cycle, Foster responded, “Absolutely not. Never do it — it’s a horrible thing.” He does say, though, that after stopping, he still falls immediately into REM sleep, and gets healthy, restful sleep, and that this change didn’t seem to harm him in any way.

FREE-RUNNING SLEEP CYCLE

For a while, Foster was on what we know as a normal sleep schedule again. But then he noticed he was oversleeping frequently and for way too long when it started getting darker outside. After doing some research he found Piotr Wozniak, a Polish chronobiologist who studied everything there is to know about sleeping and its effects. “[His article on sleep] honestly has changed my life,” Foster says, “He suggests the proper way to sleep, which he calls ‘free-running.’”

Free-running, according to Piotr, is sleeping only when you’re actually tired, and not interrupting this sleep, especially with an alarm clock. “If you do that, your brain will get exactly the amount of sleep it needs and nothing more,” Foster says. “I’ve been sleeping amazingly.”

The free-running sleep cycle was definitely Foster’s favorite of the two he tried. “I was creative again, and I could think,” he says. But while he was finally getting healthy amounts of sleep and was rested, he says that there were times during the polyphasic sleeping when he felt “euphoric” — happy, elated, and full of energy.

“Free-running is the correct way to sleep,” says Foster, “I’d recommend that to everybody.” One drawback to the cycle he mentions is that some people have circadian rhythms—biological clocks—that run longer than the standard 24-hour day, and that free-running will gradually adjust the clock on which we sleep. He says the free-runner will start going to sleep later and inherently waking up later over time therefore

shifting, for example, and going to bed at times like three or four in the morning and waking up later in the day.

REFLECTION

Although polyphasic and other alternative sleep cycles can be useful to some, there are still health risks associated with them. The Uberman Sleep cycle for instance, involves a great deal of sleep deprivation by cutting the daily recommended eight hours of sleep in half. Sleep deprivation can cause harm no matter how structured it is. Even though free running sleep schedules have less chance of harming your health, it still may be unrealistic on a college student’s schedule of class and weekend fun.

Sleep specialist and medical director of the Sleep Medicine Center in Charlottesville, Virginia, W. Christopher Winter, M.D. expressed his disapproval of the sleep deprivation caused by the Uberman Sleep Schedule in a Men’s Health article on the topic: “All kinds of things could happen to individuals who are sleep deprived... Changes in blood pressure, heart rate, hormones, glucose metabolism, temperature regulation and appetite can be seen quite quickly.”

For many people sleeping once for about eight hours every day in a monophasic sleep cycle can be effective. However, some people are still tired and deprived of energy during the day, even after a few full nights of this type of rest. Finding the right sleeping conditions for you can be extremely beneficial in many ways.

According to Sleep Insights, a center for sleep research and care, sleep helps to improve overall quality of life, improving health and appearance with each healthy night of sleep. Sleep disorders develop from missing large amounts of sleep, which also accumulates a sleep debt that, if not quickly accounted for, will cause harm over time. Without sleep, humans would shut down and live much shorter lives.

When attempting to get the best sleep possible, where you sleep and what conditions you sleep in can also be a factor. The National Sleep Foundation says that poor sleep can be caused by sleeping on an uncomfortable mattress and pillows, and can be affected by temperature. The foundation also says that a person’s bedroom should only be used for sleep and sex to create a strong association between the bedroom and sleep.

Attempting to change your sleeping pattern, like Foster, might help improve your sleep. A writer for High Existence, an online community of self-propelled researchers, takes a look at polyphasic sleep cycles of all kinds, and agrees with Foster that the free-running way of sleeping is the best for humans.

Though you should consult a physician before changing your sleep cycle, experimenting with different sleeping times and atmospheres could result in the best sleep of your life. **R**

Editor’s Note: The efficacy of alternate sleep cycles such as biphasic and polyphasic sleep is contested, and extreme sleep models may pose a significant medical risk. Do not attempt drastic sleep schedule modification without first seeking professional medical consultation.

“
IT BECAME OBVIOUS AT THE END OF THE TWO MONTHS THAT THIS IS JUST NOT HOW PEOPLE WERE SUPPOSED TO SLEEP.”

MY BRAIN NEEDED MORE SLEEP.

WITHOUT SLEEP, HUMANS
WOULD SHUT DOWN
AND LIVE MUCH SHORTER LIVES.



breaking bad habits

by Angela Freeman | photograph by Juan Madrid

“Why is drinking too much coffee a problem?” one student wondered aloud while skimming the suggestion sheet handed out by Dr. Robert Bowen. And another realized that he had cracked his knuckles only moments after reading that particular bad habit on the list. For students in Bowen’s Behavior Modification class, coursework has taken on a real-life perspective as they form proposals to identify, analyze and ultimately modify aspects of their own behavior.

The class is comprised of approximately 30 students of all different year levels, who are working on psychology majors, minors and concentrations. “A counselor’s too expensive”, third year Software Engineer Daniel Moody joked when asked why he chose the course. As Dan Thompson, a fifth year industrial and systems engineering student put it, “Of all the courses on the list, it seemed the most applicable to the real world.” He and his classmates admit that, compared to other, more familiar psychology course titles, the class looked interesting. In addition, Bowen is something of a favorite amongst the students, several of whom have taken classes with him before.

An RIT instructor since 1985, Bowen has taught the Behavior Modification course 15 times since its first availability in the late 1980s. RIT’s course catalog describes the four-credit Behavior Modification class as an opportunity for students to learn skills for changing their behavior by controlling the environment and the consequences of behavior. “It offers practical, effective approaches for correcting and avoiding a wide variety of behavior

problems,” Bowen said of his interest in behavior modification, which stemmed from his own college days, when he took a class on the subject.

The students’ task, entitled “The Self Behavior Modification Process,” is simple. Each person must choose one of his or her own behaviors that they could conceivably alter through behavior modification. Bowen addressed the class with suggestions, advising the students to choose “a simple, innocuous behavior” for their proposal — essentially, something that they will not be afraid to share with the class. The bad habit can be simple and relatively harmless — such as biting one’s fingernails or cracking one’s knuckles — or more serious, like kicking a nicotine addiction.

After students select an aspect of behavior to modify, Bowen has suggested that they strive to answer questions analyzing their chosen behaviors: “Why is it a problem? Is it a behavioral deficit or excess? How will changing the behavior alter everyday life?”

To complete the assignment, each student must research various methods for enacting change, and explain their reasoning for the

application of specific behavior modification techniques, in a 2500-word report. “It’s just an exercise”, Bowen said of the assignment. “Students do not have to actually undertake the plan.” However, each student will receive a grade on their proposal paper, which accounts for four percent of his or her final grade in the course.

Students divide into groups to discuss the bad habits that they could change and which psychological behavior modification techniques might prove most effective over time. Some have a plan. Others are still struggling.

Fourth year New Media Marketing student Keila Castillo has honed in on the problem of biting her nails. “I’ve managed to stop four times!” she said with a wry smile, “But after a few months, I’m right back to it, wondering how I got there.”

Almost every group conversation dealt with reinforcement — one of the most common ways to initiate change. Positive reinforcement involves earning a reward through exhibiting constructive behaviors, while negative reinforcement is the removal of an undesirable factor by following through with good behavior. These reinforcements could be instituted through reading about lung cancer after smoking, or, conversely, earning a healthy snack after exercising.

Juliet Rocco, a fourth year Marketing major with a psychology minor, is using the project to set fitness goals for herself. “I want to get in shape for a Tough Mudder, so I don’t embarrass myself or get run over,” she said with a laugh. She went on to say, “When I think reinforcement, I think cookies.” After an animated discussion with her peers, she amended her plan to include stickers as a possible reward instead.

Substituting one habit for another — for example, juice consumption instead of coffee, or soda instead of beer — can also prove effective over time. “You have to identify the behavior chain,” Bowen instructed the class. By identifying the initial factor in a behavior chain that consistently leads to a bad habit, a person can create an entirely new sequence of events, and make substantial changes in his or her overall lifestyle.

Lauren Aggen, a fourth year student in RIT’s Multidisciplinary Studies program, has devised a behavior modification plan that will aid her in remembering to check her blood pressure. To

do so, she has enlisted the aid of her boyfriend for reminder phone calls on a daily basis. Her plan operates on a seven-point system, with one point awarded for every day of the week that she remembers to check her blood pressure. If she earns seven consecutive points, Lauren will reward herself by watching a movie.

While giving examples of common behavioral issues, Dr. Bowen referenced “the problem of procrastination” and its universality. Of all the behaviors selected for the project, procrastination was by far the most frequently chosen. And, perhaps ironically, those who admitted to it as a problem were the most hard-pressed to come up with a solution through behavior modification.

Students’ suggestions ranged from the humorous to the practical: “Give yourself incentives.” “Have someone follow you around all the time.” “Start out small and work your way up, instead of aiming too high.” Lively discussions arose throughout the classroom regarding which methods might culminate in success. “Or you could just use the ‘Memento’ model and tattoo instructions on your arms,” quipped Matt Panek, a third year information technology student who is taking the course for his psychology concentration. A visual approach to conquering procrastination was met with approval by his classmates, as they chimed in with more down-to-earth ideas, such as day-to-day planners, charts and even iPhone apps meant to encourage timeliness.

For those interested in taking the Behavior Modification course in the future, it should be noted that it will be renamed Learning and Behavior, effective fall semester 2013. This change is being instituted to reflect a new emphasis on the principles of learning, which are critical to behavior modification. Additionally, course material varies from instructor to instructor.

Overall, though, the course comes highly recommended from both its students and professor. According to Bowen, “Knowledge of behavior modification can be applied in a wide variety of settings,” including areas such as parenting, education, interpersonal relationships, psychotherapy and sports psychology. “Everybody can benefit from knowledge of behavior modification principles.”

B



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OVERMEDICATION

IN THE US by James Lecarpentier | illustration by Elisa Plance

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There is a lot of medicine flowing through the United States, and two big issues that have seen quite a bit of media attention in the last few years have been the overuse of antibiotics and the rise in the diagnosis and treatment of mental disorders such as ADHD or depression.

Since prehistory, the human race has used antibiotics to help heal wounds and fight infection. For example, according to the Journal of the Royal Society of Medicine, prehistoric people most likely used the comfrey herb to stave off infection in wounds, as it has allantoin, which is antibacterial. Yet, the overuse of antibiotics has had some dire results: bacterial strains inevitably mutate, some become drug-resistant, and through natural selection the strains that are left will spread resulting in an ever increasing amount of drug-resistant bacteria. Britain's chief medical officer, Dame Sally Davies, put it this way, as quoted by thestar.com: "The apocalyptic scenario is that when I need a new hip in 20 years, I'll die of a routine infection because we've run out of antibiotics."

According to the editorial "The Future of Antibiotics and Resistance" in the New England Journal of Medicine, the United States administered 3 million kilograms of antibiotics to human patients in 2009 alone, and that's not including the 13 million kilograms administered to animals. The World Economic Fund, in its recent report on global risks, has said that "arguably the greatest risk of hubris to human health comes in the form of antibiotic-resistant bacteria."

There are ways that you as an individual can help curb the misuse of antibiotics: You can buy organic meats or shop at places that do not sell meat from livestock treated with antibiotics. Additionally, sickness prevention is a great way to prevent the need for antibiotic treatments in the first place. This can be done with frequent hand washing and the use of disinfectants that do not cause bacterial resistance, such as alcohol, to clean surfaces. If you do end up taking antibiotics, take them for as long as you're instructed; stopping antibiotic treatment early may lead to resistant bacterial strains.

Another issue in the United States has to do with the recent rise in the diagnosis of mental disorders and the medication taken to treat them. The American Psychiatric Association states on their website that about 9 percent of U.S. adolescents have ADHD, which is a neurobehavioral disorder characterized by inattention and/or hyperactivity and impulsiveness. According to a study conducted on 840,000 California children, doctor diagnosed new cases of ADHD rose 24 percent from 2001 to 2010. There has also been a rise in cases of depression and anxiety, especially in college students.



The rise in ADHD cases has been attributed to increased parent awareness of ADHD, and to the large revisions found in the fourth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) released in 1994. Psychiatrist Manuel Mota-Castillo's has said in the Psychiatric Times that the diagnoses for disorders such as ADHD are too vague in the DSM-IV-TR, one of the main tools used by psychiatrists for diagnosis. Castillo writes, "The current DSM classification of childhood diseases resembles a collection of recipes in which several "dishes" look very similar, even though they originate from exceedingly different ingredients." Increased levels of depression and anxiety diagnoses have been connected with an increased awareness and acceptance of the disorders by society here in the United States. What is alarming is that a report by the Center for Disease Control's National Center for Health Statistics also says that the rate of antidepressant use in the U.S. has increased nearly 400 percent since 1988. Besides the psychological effects of a misdiagnosis, problems can also arise from the possible side effects of the medication given, which include loss of appetite, difficulty sleeping, tics, and a subdued activity level for ADHD stimulants. SSRIs for depression and anxiety have been shown to cause sexual dysfunction, insomnia and gastrointestinal difficulties in 30 percent of patients.

ADHD and depression are real problems, but there are many ways to prevent a misdiagnosis and unnecessary medication. Solving behavioral issues doesn't have to involve medication, and can include more therapeutic solutions. A student's difficulty in the classroom may not be ADHD; it could be that the student may simply be developmentally behind their classmates or have difficulty with the current learning practices. If you really do believe a problem is present, speak thoroughly with the doctor about family medical and psychiatric history to be sure a misdiagnosis isn't made.

Medications are not here to hurt us. There is a reason why they are so prevalent in most of our lives — they usually fix the symptom they're meant to fix. The problem is that they are overused to the point where they start to hurt us as individuals and as a society. The solution is to limit their use to only times when they're truly needed. As it says on the bottle, there are always side effects. ■

A MORAL NECESSITY

The opinions expressed are solely those of the author and do not reflect the views of REPORTER.

by Michelle Spoto
illustration by Emily Gage

Full quarter, I had the pleasure of studying in Croatia and observing in their hospitals. Croatia, like most other developed nations, views healthcare as a fundamental human right, not as a privilege reserved for those with the means to afford it. When looked at through this lens, the fact that America has 47 million uninsured citizens isn't just a problem; it's a moral and financial crisis. Thankfully, 2010 saw the passing of the Patient Protection and Affordable Care Act (PPACA), whose provisions will take effect through 2015. As a student, finding the time in your busy schedule to care about the prospect of universal healthcare may be difficult. However, much of the PPACA will affect you at some point in the near future, and it's important that you get informed. Whether you're in favor of or opposed to universal healthcare, the reality of the situation is: it's here. It's high time to stop spreading party rhetoric and to finally understand what the PPACA means for you and for America as a whole.

As a student, you may question how universal coverage is beneficial to you. After all, you don't have much money to buy into an insurance plan and, being young and fit, you hardly get sick; why should your money help to cover the chronically ill? To begin, without mandating universal coverage, increasing access to care becomes a huge financial burden. Universal coverage isn't simply a financial necessity; it's also a moral one. You should be willing and excited for universal coverage because one of these days that sick person just might be you. And without insurance, a trip to the emergency room could rack up hundreds of thousands of dollars you can't possibly pay. Just because you can't pay, however, doesn't mean that the debt disappears; many hospitals receive subsidies from the government, to help cover these costs. And guess where the money for these subsidies comes from? That's right: taxpayers, sharing the expense because you were too selfish to buy insurance in the first place.

Don't get me wrong: If you're currently living without health insurance, I don't blame you; it can cost more than you could ever dream of paying. However, as more provisions of the PPACA continue to take place (such as the clause that allows a student to remain on a parent's insurance plan until the age of 26 and the creation of the health plan exchange), health insurance should become increasingly affordable and provide you with the care that you're currently struggling to live without.

Oftentimes, opponents of universal healthcare say that increasing access to care is too expensive, especially for a country as large as the United States. However, a look into the provisions of the Patient Protection and Affordable Care act clearly shows that this is not the case. At a staggering 17.6 percent of the nation's gross domestic product (GDP), the United States spends more on healthcare than any other nation in the world. To put this in perspective, Italy spends only 9.3 percent of GDP on healthcare, yet, by certain measures, has some of the best quality of care in the world. Although there are upfront costs associated with the changes made under the PPACA, the Congressional Budget Office and the Joint Committee on Taxation estimated that the bill will reduce the federal deficit by \$109 billion over ten years.

In the private sector, section 1104 of PPACA enacts a new law that aims to reduce administrative costs of healthcare (which accounts for more than 25 percent of healthcare spending) by requiring that health plans implement an electronic system for patient records. In the public sector, the PPACA establishes an Independent Payment Advisory Board, a committee whose focus will be reducing waste and cost in the Medicare program, while attempting to ensure quality of care. Under section 3403 of the Patient Protection and Affordable care act, the bill states, "The proposal [of the board] shall not include any recommendation to ration health care," to reassure Americans that lowered cost doesn't mean lower quality of care, as many opponents have tried to argue. While cutting administrative costs in the private sector and

reducing waste in the public sector will help to alleviate the rising cost of healthcare, there is another significant factor that will keep costs low: universal coverage.

The PPACA mandates that by the year 2014 all Americans purchase health insurance, with few exemptions. Contrary to what some believe, this does not mean that America will suddenly shift to a socialist model for healthcare, where every procedure, doctor, and hospital is funded by the government. It simply means that each individual must buy into an insurance plan, whether through their place of employment, on the private market, or through a government funded program such as Medicare or Medicaid. The PPACA ensures that each American will have access to an affordable healthcare plan by altering eligibility requirements for Medicaid, offering tax credits to help compensate small businesses' health plan costs, and creating a health insurance exchange. The purpose of this exchange is to allow individuals, families and businesses discover which health plans best fit their needs and their budget. The financial theory behind universal coverage is simple: The cost of insuring the ill will be covered by revenues from the healthy.

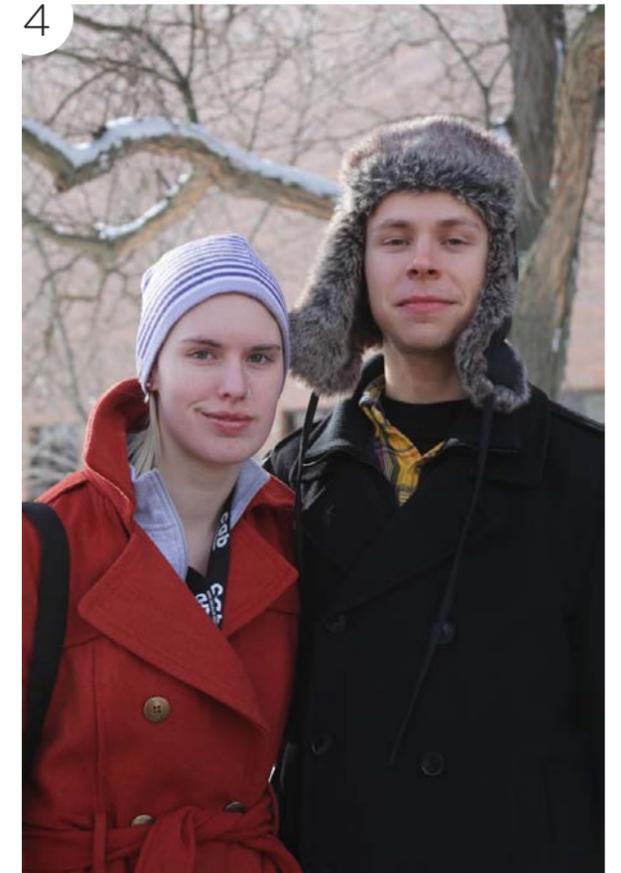
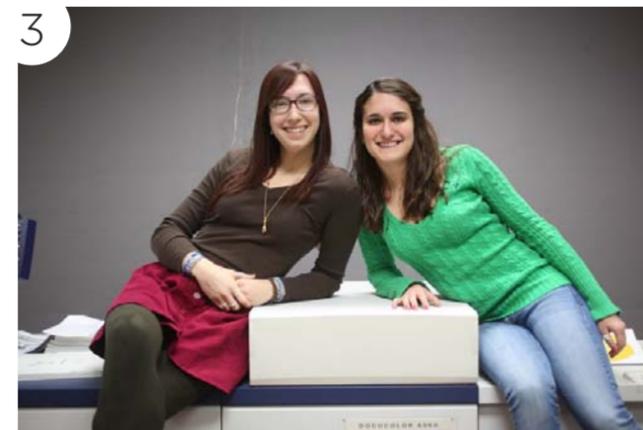
I've provided some facts about the new bill, but ultimately it's up to each individual to understand how the PPACA will affect them. Because it will. Now, I'm not suggesting you read all 2,700 pages, but it's critical you get informed and get excited about this fundamental turning point in America's medical history. **R**



WORD ON THE STREET

photographs by Jonathan Foster

What's the unhealthiest thing you've done?



1 **Alison Bliven (left)**
Second year
Nutrition Management

'Dipped fudge crackers in condensed milk.'

Justin Horton (right)
Third year
Chemical Engineering

'Ate 6,000 calories worth of garbage plates in 1 day.'

2 **Sherise Alexis (left)**
Fourth year
International Business

'Made a moldy sandwich in the dark and ate it!'

Melissa Thompson (right)
Fourth year
Business Management

'Ate butter covered in dirt from the floor.'

3 **Cara Weiss (left)**
Fourth year
Visual Media

'Bought two deep fryers and tested everything before we sold it.'

Casey Jabbour (right)
Fourth year
New Media Publishing

4 **Lydia Billings (left)**
Fourth year
Fine Art

'Ignored my allergy to dairy.'

Cam Hebda (right)
Graduate
Sustainability

'All the garbage plates I ate when I was an undergrad. It was worth it.' **R**

RINGS

compiled by brett slabaugh

All calls subject to editing and truncation. Not all calls will be run. **REPORTER** reserves the right to publish all call in any format.

Friday, 11:37 a.m. (from text)

It **makes me happy** to see **old people working out in the gym**. It's like they're **trying to live longer**.

Friday, 12 p.m. (from text)

So did anyone else see that **school bus** last Friday **driving on the sidewalk**... go drunk bus you're home!

Friday, 1:41 p.m. (from voicemail)

Rings, you're my **favorite**. Everything I've said about you in the past, I've meant **110 percent**. You are a genuine, genuine answering machine, and I'm really **happy to have you in my life**.

Monday, 8:25 a.m. (from text)

A boy in my class is currently watching **"My Little Pony."** In class. For **homework**.

Monday, 4:08 p.m. (from text)

Once upon a time **I could eat anything on campus without worry**. Now it doesn't agree with me. Either I'm getting old or RIT is telling me to **get the [fudge] out**.

Monday, 7:57 p.m. (from voicemail)

I got on the **front page of Reddit** last week, but I gotta say: I'm still prouder of the time I got **two submissions into one issue of Rings**.

Wednesday, 12:11 p.m. (from text)

How come **crime watch** isn't in the **Reporter** anymore? I used to get a **sense of pride** reading about my **shenanigans** from week to week.

Wednesday, 2:29 p.m. (from text)

Overheard after the Freezefest T-Shirt massacre: **"I don't even want this T-Shirt**. I feel like it's a **blood diamond**." **R**

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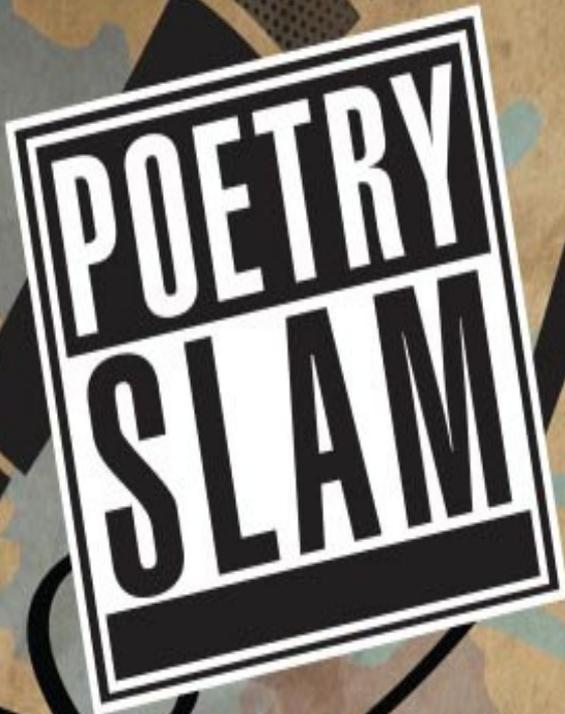
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