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Public Health Concerns in the Aftermath of the Tsunami

Overing just over 170,000 casualties, the South-East Asian tsunami disaster was proclaimed one of the most devastating natural disasters in history. Affecting 13 countries overall, the disaster was widespread and merciless to entire communities. In the wake of the tsunami, public health officials are very concerned over the health related repercussions of the tsunami. They are worried that the casualties may double if appropriate provisions are not made in time.

Immediate health concerns include contaminated water and food supplies which arose due to the floodwaters left behind after the waves infiltrated inland. This increases the risk of waterborne diseases such as typhoid, cholera, hepatitis A and E, and other related diseases related to unsafe drinking water. With only limited cholera vaccinations, the primary focus is in preventing an outbreak.

Millions of people were left stranded and homeless after the forceful waters washed away entire communities. The loss of shelters inevitably left them vulnerable to environmental hazards that include heat and insect exposure. Malaria poses the greatest threat, estimated to kill over 100,000 people if proper precautions are not made. The stress associated with the disaster leaves people with weak immunities, making them particularly vulnerable to disease onset. The response to this was to initiate a massive spraying campaign across Indonesia, the hardest hit country, in order to eliminate mosquitoes carrying the disease. As thousands of bodies washed ashore in the weeks after the tsunami, there is a rising concern as to how they will exterminate the vast amounts of decaying bodies. Those directly handling the bodies are prone to diseases left behind in the rubble.

The tsunami ravaged largely through rural areas, potentially leaving almost 2 million people bound to poverty. Most of the residents in these areas were poor to begin with, but are now lost in the depths of poverty with little hope of recovering. With their livelihoods mostly agriculturally based, it will be difficult to ever repair their lives back to normal.

In response to the disaster, several relief organizations, including the World Health Organization, have sent emergency health kits containing essential medicines and re-hydrating fluids to millions of people. They have also set up many surveillance systems to monitor the distribution of infectious diseases.

The long-term concerns are focused on facilitating easy distribution of medical supplies to areas in need. Officials are focused on rebuilding normal primary health services as well as irrigation systems, housing, and restoring an economy with new jobs. With most of their tourist attractions destroyed, namely their famous beaches, the tourist industry will suffer tremendously. One positive outtake of the reconstruction efforts is that they will translate into new jobs. Lastly, the survivors of the tragedy face insurmountable mental and social burdens, which are being addressed with therapy.

As a student, there are ways to contribute and aid the relief efforts. Monetary contributions are most welcomed, and there are many organizations accepting donations that will directly be used to execute relief efforts.

In closing, the events of December 26, 2004 demonstrate nature’s fury and potential to bring about large-scale destructions. As we watch the reconstruction of this disaster unfold, we can only offer hope to the survivors whose lives are forever changed.

- Meera Sridhar

**Specialty: Ophthalmology**

For medical students, ophthalmology is now one of the most coveted specialties. As doctors, they will be able to have regular nine to five work days with good pay. Ophthalmology is a particularly demanding field right now due to the technological advances in obtaining perfect 20/20 vision. Such techniques that have developed are Laser-Assisted In Situ Keratomileusis (LASIK) and a new surgery that allows for implantation of lenses to correct the cornea. In addition, as the majority of Americans are aging, ophthalmology is becoming prominent since the lens in the eye becomes clouded with age due to cataracts and/or glaucoma.

Ophthalmologists are often confused with optometrists. Both professions work with the eye but are quite different. Optometrists go through four years of optometry school and then start practicing, but are limited to prescribing glasses and lenses and do not perform surgery. Ophthalmologists go to four years of medical school or osteopathy school. After graduating with an M.D. or a D.O. degree, they complete a one-year internship and three years of training in ophthalmology that is approved by the Accreditation Council for Graduate Medical Education (ACGME). After residency, ophthalmologists may enroll in a one to two year fellowship program that provides them with the chance of developing an expertise in areas ranging from pediatric eye problems, plastic surgery, to glaucoma. In general, internships and residencies may last from three to eight years depending on the specialty selected. Ophthalmologists are licensed by a state regulatory board to practice both medicine and surgery. In addition, they have to pass a two part examination administered by the American Board of Ophthalmology. The average salary of an ophthalmologist ranges from $129,000 to $287,000 per year.

- Jennifer Shih
Feminine Irregularities

Note: This article is not meant to diagnose or prescribe any disease or treatment in any terms; only a medical practitioner is able to provide the best and most accurate diagnosis of one’s condition.

One of the most common health problems in young females is irregular menstrual cycles—or irregular periods, as they are often known. Whether one is just a young teen or in their early twenties, the problem exists in females of all ages—some menstrual cycles in fact are never "normal". Irregularities are usually thought as missing a cycle (amenorrhea), or extreme pre and post-menstrual symptoms, such as atypically painful cramps, abnormally heavy bleeding (dysmenorrhea), etc. Though there are many possible causes of menstrual irregularities, the exact cause of irregularity is sometimes hard to diagnose. The discussion here of regular vs. irregular refers to the menstrual cycle as a whole, with the first day of the cycle considered to be the first day of menstruation.

What is considered “normal” or “regular”? Normality of menstrual cycles is not an easy rule of thumb; what is considered normal for one female may not be considered normal for another female. For instance, a “normal” cycle that occurs every three months for one woman may not necessarily be considered “normal” for another woman, who may have a cycle that occurs every thirty days (Women's Health). Hard as it may be to accept, one cannot base one’s condition of her cycle as a comparison to another’s as a “normal” cycle. The numbers provided in medical articles and texts, i.e., referring to how many days a cycle typically lasts, are only “averages” compiled from surveying many female patients.

In terms of symptoms experienced, certain females find that cramps and/or backaches and/or bloating are usual parts of their cycles, particularly during the premenstrual days. The degree of discomfort varies from person to person; normally, some may experience very minor to moderate discomfort, while others experience severe discomforts that requires refraining from routine activities and sometimes resorting to using medication.

What then are the causes of irregularities in the menstrual cycle? The causes of irregular cycles and irregularities of the cycle are numerous, and they fall under several categories. One is physical: those females who are overly or under-physically active tend to have irregular periods. Overly active females, such as gymnasts, dancers, devoted athletes in general, are physically working so much that their bodies have metabolized much of the essential fat necessary for the synthesis of menstruation hormones. The lack of such fat and mass instigates the body to maintain other functions of the body more critical than the menstrual cycle, i.e., brain function and muscle contraction, which means less hormonal function for the cycle. Often, these active females are additionally not supplementing their diets with the adequate amounts of nutrients and energy from foods. However, those who do not exercise enough or have typical routines of physical movement may also have irregular periods. Although this is less common than with the overly physical females, the onset of irregular cycles can still occur with less active females, due to the lower stimulation levels of metabolic breakdown and build-up (fatty acids and amino acids, to hormones) from less exercise. Therefore, health experts recommend adequate nutrition and a routine amount of physical activity in order to continue stimulating the body’s operations to maintain the menstrual cycle.

Finally, perhaps the most widely known and anticipated cause of irregular menstrual cycles of all is plainly mental stress. Because stress encompasses such a wide range of variations, females in their teen years and/or early twenties are most commonly subjected to have irregular periods. However, by the end of their teen years or early twenties, most females have their menstrual cycles fairly regulated.

What happens if one is not “regular” by her late teens or twenties? There are two different solutions that medical practitioners may provide: one is treatment, while the other is to wait. But, these solutions are not always set in stone; the answer may be different based on a case by case basis. According to gynecologist Dr. Co-Asino, M.D. of Kaiser Permanente-Fremont, some females may not be regulated by their early twenties; this depends on their bodies and how they regulate themselves. Also said by Dr. Samuel Young, M.D. of Kaiser Permanente-Hayward, some cycles become regular after the early twenties where life begins to settle down and the environment that one lives in begins to become more consistent. If there is no regulation after this range of time in a female’s life, treatment is suggested. Such treatment is often hormone therapy. Although different dosages accompany different patients, treatment is predominantly very effective.

* Note of precaution: Hormone and birth control pills do have side effects. Mild side effects may include the typical nausea and insomnia, weight gain, and mood change (depression); more severe side effects include sudden vaginal bleeding, shortness of breath, blood clots, allergic reactions (varies with drugs), visual changes, numbness tingling in arms/legs, and jaundice (for a complete list, go to www.rxlist.com, www.drugs.com, or the local pharmacy).

(continued on page 5)
A learning disability is a disorder that “affects one’s ability to either, (1) interpret what they see and hear or (2) to link information from different parts of the brain.” Learning disabilities can show up in different ways; for example, specific difficulties with spoken and written language, coordination, self-control, and attention can all be symptoms of a learning disability. These difficulties can obviously impair one’s performance at work and school because they can impede one’s ability to learn, read, write, and do math.

Learning disabilities are normally divided into three broad categories: (1) developmental speech and language disorders, (2) academic skills disorders, and (3) “other,” which include certain coordination disorders and learning handicaps not covered by the other two. Dyslexia is a learning disability that is generally categorized as an academic skill disorder.

The International Dyslexia Association defines dyslexia as: “a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction. Secondary consequences may include problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.” In other words, dyslexia occurs because individuals with dyslexia process information in a different area of the brain than those who are not dyslexic. Dyslexia is biological in origin and tends to run in families, though environmental influences may also contribute to it.

The Dyslexia Institute of the United Kingdom estimates that approximately ten percent of the population has some form of dyslexia. Similar to other disabilities, the severity of dyslexia varies—about four percent are severely dyslexic, many of which are students. General signs of dyslexia are in the difficulties that one finds in learning to read, write, and spell; short-term memory, math skills, concentration, personal organization and sequencing can also be affected. Despite the fact that dyslexia can impede one’s ability to learn basic skills, most people who are dyslexic have average to above average intelligence. In fact, many accomplished scientists and public figures are dyslexic. These include Henry Ford, Tom Cruise, Cher, Walt Disney, General George Patton, Nelson Rockefeller, Pablo Picasso, Leonardo da Vinci, Sir Winston Churchill, and John F. Kennedy; Albert Einstein, Woodrow Wilson and Thomas Edison are also believed to have been dyslexic. Those who are dyslexic should not let this learning disability affect their academic or career plans; dyslexics are generally spatially talented and thus excelled in professions that include (but are not limited to): engineering, architecture, designing, artistry, mathematics, physics, medicine (particularly surgery and orthopedics), and dentistry. So with a bit (or a lot) of extra work and determination, dyslexics are able to overcome this disability and accomplish all of their goals.

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-Jennifer Hsu

Looking for health related volunteer opportunities in the Bay Area?
You can find an expansive list of volunteer centers and hospitals here:
http://career.berkeley.edu/Health/Volunteer.stm
What if after treatment, the cycle is regular for several months before becoming irregular again?

The doctor may suggest treatment again, but it is up to his/her discretion of what to do.

What can one do to alleviate any irregularities (other than treatment)?

Exercise and maintaining a routine of physical activity has already been mentioned. Diet is yet another contributing factor to menstrual irregularities. In these days, college students and young adults rarely have the time to sit down and enjoy a healthy balanced meal for themselves; much of the time, the solution to a ritual meal would be fast food, a piece of bread or some fruit, or just no food at all. In the long run, this practice results in an imbalance of essential nutrients in the body, many of which are vital to maintaining normal bodily functions, including a female’s menstrual cycle.

For the case of extreme pre-menstrual symptoms (i.e., severe cramps, bloating, migraines, mood swings, etc), there are over the counter medications available specifically targeted for treating discomforts of pre-menstrual syndromes. Certain exercises are available to help deal with the discomforts, as well as certain practical treatments at home, such as resting, drinking more fluids, and using heat-packs (consulting a doctor or pharmacist is the best way to confirm the best treatments for yourself). Most importantly, as impossible this may seem, the best help is to stay away from heavy amounts of stress; moderate stress is necessary for the body to improve and sustain itself, but large amounts of it is easily translated to delaying/missing one’s menstrual flow, therefore having an irregular cycle. Setting some time aside for oneself, be it through music, physical activity, cooking, or just putting the book down and staring out the window for several minutes can truly alleviate stress.

Parting thoughts:

Bottom line: every female is different in body, mind and soul. Hence, what is considered normal for one may not automatically be normal for another, and hence treating (if needed) one female will not be the same as treating another female with a similar issue. Treatments to alleviate and/or to regulate one’s cycle are available through doctors and other medical practitioners. Maintaining a healthy lifestyle, hard as it may be, is vital to regulating the menstrual cycle, and there is help and advice available for those who seek it.

For further information on this topic, consult with a doctor or other medical practitioners.

References:

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You are sure to have heard of trans fat, or at least seen it on packages along supermarket aisles. But what is it?

Trans fat is a specific type of fat formed when liquid oils are made into solid fats, like shortening and hard margarine through hydrogenation. Hydrogenation is a process by which hydrogen is added to vegetable oil to increase the shelf life and flavor stability of foods containing these fats.

Sounds like a good thing right? Wrong.

Trans fats, like saturated fat and dietary cholesterol, raise LDL (low-density lipoprotein) cholesterol levels that could increase the risk of coronary heart disease. According to the National Heart, Lung, and Blood Institute of the National Institutes of Health, over 12.5 million Americans suffer from CHD, and more than 50,000 die each year, making CHD one of the leading causes of death in the United States today.

The recent buzz stems from the current governmental interest in trans fats. The government is requiring trans fat amounts to be stated on all food packages by 2006 (saturated fat and cholesterol amounts were stated by 1993), and companies are striving to decrease trans fat quantities in their products. In order to do so, companies often undergo rigorous package redesigns to announce "0 grams trans fat" in order to appeal to consumers. On January 13, 2005, Gorton’s, the nation’s leading frozen seafood brand, became the first frozen seafood brand to remove trans fatty acids from its entire line of 56 products due to the increasing consumer concerns about trans fat intake.

Many other companies that also follow consumer concerns have revised products in order to remove trans fats. Other recent changes include Pepperidge Farm Goldfishes, Campbell’s chunky soups and Spaghetti-Os, and Kraft Foods Inc. which has removed Trans fats from Triscuits and Oreo’s. Companies are scrambling to make sure that when eliminating trans fat, the new product’s combined total of trans and saturated fats is lower than the original amount.

You still have to wait until January 2006 until the massive label overhaul, but what you can do now to avoid trans fats is read ingredient labels and look for the words "hydrogenated or partially hydrogenated oils" or "vegetable oil shortening and/or margarine," and keep such foods from your daily intake.

This process is a little bit trickier with food that comes without labels, however, there are still things that you can do in such situations, especially in restaurants and bakeries. You just have to ask what kind of oil or fats they use and not be shy about it. Ask about those fries, about that donut, the piecrust, and that bread. Every time you ask, you are sending a message to the seller that you do not want trans fats, and with this kind of active approach, we can join together to make this world a more healthier place.

- Christine Chen
Facing Mental Health Issues in College

When midterms or finals season comes around the corner, stress levels are at an all-time high on campus, leaving students feeling grumpy and exhausted. They feel overwhelmed and overworked. College students experience such extreme conditions daily with their many academic obligations, with the finals season being the peak stress period. Then students also have to worry about relationship breakups, outside responsibilities, strained friendships, and homesickness. Taking all this into account, it really is no wonder that surveys indicate a rise in the number of college students with mental health problems of all types. More and more students are seeking professional help in their school counseling centers year after year, in addition to taking psychiatric medication. The myths are false: college is not 4 years of all fun and games for most, but is really a site where mental health disorders first develop for some people. The most common mental health crises that college students suffer include bipolar disorder, anxiety disorder, and eating disorders, all of which will be discussed in this article.

Bipolar Disorder

Bipolar disorder, once known as manic-depressive order, is a condition in which “someone alternates between periods of depression and periods of mania, which are opposite extremes” (Kalat, 635). When manic, individuals are hyperactive, rapidly talkative, easily irritable, and are characterized to have a flight of ideas. Writers like Virginia Woolf were known to have bipolar disorder and admitted to writing their best pieces when manic.

Symptoms often begin to emerge among college students and have a biogenetic basis. According to Richard Boyum from the counseling services in the University of Wisconsin, the major symptoms include drug abuse (like alcohol and marijuana), explosive anger, aggressive behavior, inappropriate sexual behavior, and long periods of sleeplessness.

The taking of lithium salts is a common treatment for bipolar disorder. Anticonvulsants and antidepressants are also used to treat individuals with the condition. The medication tends to be especially effective when taken in conjunction with counseling, which aids in dealing with the behavioral aspects of the disorder. Boyum stresses that sticking to a regular sleep schedule is imperative for those who are bipolar, despite the difficulty for college students. Moderate exercise and consistent eating habits can also help.

Anxiety Disorder

It is very easy to overlook the magnitude of anxiety disorders considering that people naturally experience bouts of anxiety on a daily basis, with the multitude of everyday stress factors that can arise. However, anxiety disorders are in fact serious. They are mental illnesses that can cause people “to feel frightened, distressed, and uneasy for no apparent reason” (http://www.nmha.org/camh/anxiety). It is a debilitating disorder that prevents a person from leading a normal, healthy lifestyle due to the overwhelming and constant anxiety that overtakes them. It is in fact the most common mental illness in the United States, affecting more than 19 million people each year.

There is a variety of anxiety disorders, all of which will briefly be run through. One form is the panic disorder, which is characterized by episodes of panic attacks (unexpected and sudden moments of extreme terror) and physical symptoms that include chest pain, shortness of breath, heart palpitations, and other symptoms that resemble those of a heart attack. Panic disorders are particularly more common among young adults, which make college students very prone to acquiring the illness. Often, people with panic disorders develop phobias for locations or situations where they experienced panic attacks. This can take a toll on their daily functions as they begin to avoid these places and situations. Students then eventually develop agoraphobia, a fear of the outside, unfamiliar world.

Another type of anxiety disorder is obsessive-compulsive disorder (OCD), which is characterized by the constant attack of unwanted thoughts (obsessions) or certain acts (compulsions) that they feel can never be satisfied. The ritualistic acts are often performed as a means of eliminating the obsessive thoughts; the familiar ones include hand-washing, cleaning, and checking if something is turned off or everything is in order. Evidence that OCD has a neurobiological basis is steadily mounting while it is being less attributed to family struggles and childhood traumas.

An additional form of anxiety disorder is Generalized Anxiety Disorder (GAD), which “is characterized by 6 months or more of chronic, exaggerated worry and tension that is unfounded” (http://www.nmha.org/camh/anxiety).

(continued on page 10)
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People that are affected continuously worry about such things as health, family, and money, even during untroubled times. They get easily nervous and uneasy, suffering from a variety of physical symptoms that include hot flashes, fatigue, muscle tension, and trembling.

**Eating Disorders**

College students who turn to eating disorders as a solution usually use it to block out stressful thoughts from their mind. Then calorie count and weight will be the only things they would have to worry about as they push the overwhelming academic and social pressures away. Moreover, students with eating disorders grasp onto them for a sense of control in their lives. In stressful atmospheres where their unknown futures are being dictated and when disappointing grades are distributed, their eating disorders become the one thing they know they can conquer and have control over.

There are different types of eating disorders. The most common are Anorexia Nervosa and Bulimia Nervosa. A person who suffers from anorexia refuses to maintain a healthy body weight because he/she is constantly worried about gaining weight and becoming fat. Anorexics are perfectionists who desire low body weights. Bulimics resort to binging and purging to resolve the internal conflicts they are suffering. They will quickly eat as much food as they can get their hands on and then within minutes, make themselves vomit everything out. According to Nikki Katz from www.about.com, bulimics use binging and purging as a source of punishing themselves or as a relief from feeling overwhelmed. Another less talked about eating disorder is compulsive eating. People who suffer from compulsive eating disorder use food to “fill a void, hide from their emotions or cope with their problems” (Katz). They usually have low self-esteem and are ashamed of their high weight.

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- www.nmha.org/camh/anxiety
- www.mirror-mirror.org/college.htm

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**Sleep Deprived Residents = Drunken Drivers??**

Does a sleep deprived medical intern have anything in common with a drunken driver? Of course! As prospective medical students, we always want to have a glimpse of the life beyond medical school. Many of us have heard about the long working hours as medical interns, but many have not heard about the problems associated with how residents are being sleep deprived. As a consequence, sleep deprived residents function no differently than drunken drivers as they drive on the road.

In the current issue of The New England Journal of Medicine, Dr. Charles Czeisler and his research group at Harvard University presented a research that they conducted in order to address the potential risks that medical interns are facing as they work extended shifts. The authors reported the results of their analysis from 1400 interns in which they found that the participants’ extended work shifts averaged 32.0 ± 3.7 hours. Their monthly risk of a car crash during the commute after an extended work shift was increased by a factor of 16.2. In months in which interns worked five or more extended shifts, the risk that they would fall asleep while driving or while stopped in traffic was significantly increased.

Research data pointed out how a 17-hour extended work shift decreased performance on cognitive psychomotor tasks, as would a blood alcohol concentration of 0.05 percent. In the United States, the legal limit of the blood alcohol concentration for commercial drivers is 0.04 percent, and for most noncommercial drivers is 0.08 percent.

Not only do sleep-deprived medical interns face higher risks as they drive, but they also make serious errors more often in a medical setting. This ranges from administering an overdose of drugs to patients to sticking tubes into the wrong veins. Studies show that during the longer shifts, interns made five times as many diagnostic errors, often overlooking symptoms that maybe be indicative of special diseases. As calculated, they can make 36% more significant medical errors of all kinds. Fortunately enough, these errors are often caught by other hospital staffs which prevented patients’ lives from being sacrificed.

As physicians pledge the Hippocratic Oath at the beginning of their careers, they swear to treat every patient to the best of their abilities and judgments, while abstaining from whatever is harmful or mischievous. However, at the sleep-deprived state of mind, working at the 17th hour of their marathon shifts, how are medical interns expected to abstain themselves from performing harmful mistakes to their patients? In order for the quality of medical practice to be maintained, obvious changes to the current treatment of medical interns need to be carried out.

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- Cathy Hau
Clubs on Campus

AMSA (American Medical Student Association)
http://www.ocf.berkeley.edu/~amsa/

BSHA (Black Students in Health Organization)
http://www.ocf.berkeley.edu/~bsha/

CHE (Chicanos and Latinos in Health Education)
http://www.ocf.berkeley.edu/~cheucb

EMBS (Engineers in Medicine and Biology Association)
http://www.inst-eecs.berkeley.edu/~embs

Medical Cluster
http://www.ocf.berkeley.edu/~mcluster

PMHS (Pre-Med Honor Society)
http://www.ocf.berkeley.edu/~pmhs/

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