It was an honor to be asked by the Director of Women’s Studies, Dr. Nira Gupta-Casale, to serve as Interim Director this semester. Thanks to the help of our marvelous graduate assistant, Elysa Hammer, and the gracious assistance of so many of you in the Women’s Studies Program, and our Dean, Dr. Jose Adames, we have been able to continue to grow as a program.

The Women’s Studies Curriculum Committee has been quite busy this year. Several projects are underway. After some three years in development, the Liberal Arts Curriculum Committee approved the Introduction to Women’s Studies course with minor revisions. It is an interdisciplinary course that will be team taught by professors from all four schools. In addition, our curriculum committee is reviewing women’s programs at other universities. We are revising our collateral requirements and creating a curricular planning form for students enrolled in the program. Also in development is a capstone course which, reflecting the interdisciplinary nature of our Introduction to Women’s Studies course, will allow students to intern in the discipline of their choice with a focus on women’s studies. Finally, plans are underway to review all Women’s Studies courses currently listed and encourage development of new courses university-wide.

The Scholarship Committee has posted notices and distributed flyers encouraging students to submit essays and artistic works centering on women’s issues. This is a fine opportunity to highlight work on women and to be rewarded in the process. Three scholarships will be awarded. Submission deadline is March 1. Scholarship recipients will be notified on March 26 and honored at Café con Leche on March 29.

The events of Women’s History Month in March are scaled back this year, as we determine how best to plan these events and, in particular, how to develop attendance.

We continue to improve the Women’s Studies Office. We are planning to enter the modern age by purchasing a fax machine. Any suggestions or contributions to our efficiency or decor are always welcomed.

A final exciting development deserves to be mentioned. Preliminary discussions are underway to host a Women’s Conference at Kean University during fall semester, 2002. Our tentative title is “Gynocide” which would focus on all aspects of female survival worldwide: abortion of female fetuses; inadequate health care and education; violence against women in their homes, by their governments, and to each other.

With your help, awareness of women’s issues continues to grow at Kean University. We are grateful for your concern, your passion, and your participation.

March is Women’s History Month

Human Relations & Counseling Center (HRCC) Programs for Sexual Assault Awareness Week/Women’s History Month:

- **Take Back the Night**
  - **Sexual Assault: When It’s Someone You Know, Someone You Love**
    - Speaker: Alberta Montano Di-Fabio
    - March 22, 2001, 5pm-6:30pm
    - Little Theater
    - Co-Sponsored by HRCC and Women’s Studies Office

- **Clothes Line Project Workshop on Child Abuse**
  - University Center Pre-Function Lobby
  - March 27, 2001, 2pm-3pm
  - Co-Sponsored by Kean Day Care Center, Prevent Child Abuse NJ, Kean Community Involvement Committee, and HRCC

Date Rape Drugs: What You Don’t Know Can Hurt You
Speaker: Robert D. Laurino
Essex County Prosecutor’s Office
March 29, 2001, UC-228
9am-9:30am Continental Breakfast
9:30am-11am Speaker
Co-Sponsored by Women’s Studies Office and HRCC

More Programs:

- **Strategies to Prevent Child Abuse: Helping to Make Families Stronger (Panel Discussion)**
  - March 27, 2001, 11am-12:30pm, Little Theater
  - Co-Sponsored by Kean Day Care Center, Prevent Child Abuse NJ, Kean Community Involvement Committee, and HRCC

- **Café con Leche/WSP Scholarship Awards**
  - March 29, 2001, 2pm-4:30pm, UC-228
A Debate: RU-486

Pro RU-486

Abortion. The word evokes strong reactions. It has been a political and moral hot potato since I was old enough to vote and it has been the source of many tense debates in my family. I keep all of this in mind as I gather my thoughts about the drug Mifepristone, more commonly known as RU-486, the “abortion pill”.

As a pro-choice advocate, I support this abortion pill because it gives a woman another option in making a decision about her pregnancy. Since this is an important issue to me, I gathered the facts (which I would encourage every woman to do on her own). I discovered other aspects about RU-486 that further strengthened my support of it.

First, RU-486 is a non-surgical method of abortion. It is used in the early stages of pregnancy (i.e., 49 days or less). A woman ingests Mifepristone and ingests Cytotec two days later. About two weeks later, a medical examination confirms if the abortion is complete.

The fact that the procedure is non-surgical is very beneficial to women. It eliminates an invasive procedure or surgery. It could reduce the estimated 20 million unsafe abortions that still occur worldwide due to unhygienic conditions. Also, RU-486 will make abortions more accessible because the number of providers will increase. The days of women, doctors, nurses, practitioners, and nurses being harassed, threatened, and murdered at abortion clinics would be history. Finally! Without harassment, doctors and nurse practitioners would prescribe RU-486 in the privacy of the office visit. Furthermore, this procedure would ensure privacy and empowerment for women.

Mifepristone has proven to be safe and effective in Europe for the past 10 years. In September, 2000, the FDA approved its use in the U.S. with restrictions (although is has been met with much opposition). Full FDA approval may hasten its use for other medical maladies. For instance, it may be used successfully in treating HIV/AIDS and certain types of breast cancer tumors. Also, it can function as an anti-glicococoid and be useful in the treatment of Cushing’s disease and glaucoma. However, expanded medical possibilities remain unexplored due to current restrictions.

The approval of RU-486 is a very important step in women’s rights. It increases a woman’s options. As medical advances occur, they need to be accessible to women; not denied.

Con RU-486

Some say that the new “abortion pill”, RU-486, is a new alternative to surgical abortion and it will make early abortion for Americans less morally troubling. RU-486 may be a new advancement in technology for women’s health, but there are many negative physical side effects. RU-486 may be less invasive than surgical abortion but its aftermath, in my opinion, is far more invasive to a woman’s body and it has painful side effects, worse than the surgical procedure of abortion. A CNN report (2000) noted that a small percentage of women might need “additional surgery or blood transfusions” after the use of RU-486.

The FDA tested and approved RU-486. Two percent of FDA candidates hemorrhaged and one percent bled so severely that they required hospitalizations, blood transfusions or surgery. The actual number of FDA candidates who tested RU-486 was unknown. The FDA also reported that bleeding and spotting lasted for about 9 to 16 days. After enduring physical distress and adverse side effects, between 8 percent and 23 percent of women who used RU-486 never completely abort or do not abort at all. An incomplete abortion or non-abortion requires the additional physical trauma of surgery or a surgical abortion to complete the pregnancy termination. RU-486 may even cause death to the fetus and/or mother.

Searle Pharmaceuticals opposes the use of its drug Cytotec, which is used regularly with RU-486. Searle warned that serious adverse events could occur such as uterine hyperstimulation, rupture, and perforation.

As a woman, RU-486 is not a healthy alternative to terminating a pregnancy. There are far too many potential complications and side effects. And, there are many other options besides termination (such as adoption). Too many women sacrifice everything to have a baby, while too many women risk their lives to abort. Injustice. Considering the serious side effects of RU-486, if I were pregnant, I would not use it out of concern for my physical health.

Reference

Gender-Based Medicine: Our Strength Comes From Our Differences
By Josh Palgi
Department of Physical Education, Recreation, and Health

Throughout the years, many doctors have dedicated their careers to the study and treatment of women’s health. Until recently, the gold standard of treatment was based on studies of men. Now, contemporary scientists recognize gender-based medicine, or the study of differences between male and female physiology, as the current standard.

Western thoughts about sex, from Eve to Aristotle, believed that female babies were produced from cooler sperm. These thoughts were tainted by the notion that “female” was a kind of imperfect or unfinished male. Medical science, however, has progressed from treating women as though they were simply smaller men to realizing that sex confers many more differences than those differences related to reproduction. One of the theoretically important differences is the larger size of the connector between the two brain hemispheres in women. This means that women’s hemispheres are less specialized. For example, a stroke that damages the left hemisphere leaves men barely capable of speech while the same damage to a woman’s left hemisphere is far less debilitating. She can use both hemispheres for language because of the large connector.

It is not only our brain functions that apparently diverge, but also many aspects of our physiology that are affected by gender. Some examples include the way women and men metabolize alcohol and drugs; the way male and female circulatory systems work; and the degree of female and male resistance to infection.

In contrast to the feminist premise that women can do anything men can do, science is demonstrating that women can do some things much better. They have many biological and cognitive advantages over men. Yet, there are some things that women do not do as well as men. Thus, gender-based medicine, it is based on the premise that “gender matters”:

- Women are more likely to be right-handed and less likely to be color-blind than men are.
- Women’s brains are smaller, as befits their smaller body size, but more densely packed with neurons.
- Women have more immunoglobulins in their blood.
- Men have more hemoglobin in their blood.
- Men are more attuned to internal aches and pains.
- Women experience a significant change in their bones later in life.
- Women take longer to digest food, which leaves them three times as vulnerable to chronic constipation as men and twice as likely to develop intestinal disorders.
- Female saliva differs chemically from that of male saliva.
- Women devote more regions of their brain to sadness.
- Men are 10% taller, 20% heavier and 30% stronger.
- Women are resistant to fatigue.
- Depressed men respond better to drugs that affect the neurotransmitter systems of norepinephrine and serotonin.
- Women respond better to drugs that target only the serotonin system.

Recent research demonstrates that while men begin to suffer from coronary artery disease earlier in life, women are more likely to die from coronary complications once they are afflicted. Men are also more prone to high blood pressure throughout most of their life, but as women age, this advantage disappears. The delayed onset of cardiovascular disease in women may be linked to estrogen, a female hormone. Estrogen protects the circulatory system from disease by making blood vessels more elastic, stimulating them to expand, allowing good blood flow, and preventing cholesterol accumulation. As women age, however, they lose the protective benefits of estrogen.

Mary Catherine Bateson, former President of Amherst College, has described women as “peripheral visionaries”, or able to follow several trains of thought simultaneously. Men, by contrast, seem most capable when focusing intensely on a single topic. This may partially explain why earlier male researchers focused on only male subjects and why, with the increase in female scientists (and their “several trains of thought”), contemporary researchers now value female subjects and gender-based medicine.

Science and medicine are finally realizing that the differences that exist between men and women necessitate developing distinct therapeutic treatments addressing the differences in physiology. As the French say, “Viva la difference”!

Suggested Reading
Ladies Home Journal (March, 1999)
Time (March 8, 1999)
www.nhlbi.nih.gov/nhlbi/whil ♀

Pro RU-486, Continued
(Continued from page 2)

We must move forward and not take a step backward to let someone else, such as our government, control women’s options. A return to the days before legalized abortions is terrifying to me. We must move in the direction of choices and options. RU-486 gives us both.

Suggested Reading
www.choice.org
www.naral.org ♀
Reducing Conflict Among Senior Women: The High School Cafeteria Revisited

I have been presenting workshops for the past two years to a group of senior women. I was approached by a director to address an issue causing conflict at the lunch meetings. Some of the women were excluding other women. This took the form of “You can’t sit here; this seat is saved!” This reminded me of the typical high school cafeteria and the opening scene of the movie Forrest Gump, when the poor boy could not find someone who would let him sit next to them on the school bus. Like Forrest Gump and outcast high school students, these women wandered from table to table (one had a walker) looking for a seat (and acceptance).

You cannot resolve conflict until the parties have acknowledged that there is a conflict. I observed and assessed over several nice lunches. The women looked like very nice older women to me, yet one theme that emerged from my lunchtime visits was a definite “they” and “we” attitude. “They took more than their fair share from the buffet”; “they pick up cheese with their fingers”; “they always...”; “we never...” Aha! Adolescents...sibling rivalry...gangs (all they needed were jackets and colors!).

How was I supposed to reduce conflict without giving offense? I had an idea that might work. I must admit that these women love me; they praise and pet me after each presentation. One told me that usually they get a presenter who “tells us we are old and will be sick and die”. I, on the other hand, usually make them laugh. So I thought that we had enough rapport to share at a different level to resolve their lunchtime behavior.

I asked everyone to sit in a circle and respond to many different life experiences they had had in their long lives. Bit by bit, they began to share...as a child who had lost a parent; lost a sibling; worked in a factory; been poor; married young; been widowed; enlisted in the Service; moved many times; was lonely; still lived with family members; lost an infant; lost a grown child. How did they cope with these situations? I tried to make connections across the room by asking them to greet women they did not know. Many talked to “strangers” for the first time that day. It was beautiful.

We processed what had happened. One woman who always sat at the “white hairdo” table admitted that the ladies with accents were lovely. One woman said, “I didn’t know we all had so much in common.” Another said she would sit at a different table each time to meet new people. Two women discovered that they lived close to each other and could help each other. Some women did not “get it” at all. Overall it was lovely and the lunchtime norm was changing for many women.

It was interesting to know seniors at the Senior Center can act just like adolescents. It is nice to know that it is never too late to improve relationships. People are just people; everyone is real. These women are wonderful and I treasure my time with them. Being a counselor and a professor from Kean, means I am welcome at all of the tables and I welcome everyone to my table. ♀

Domestic Violence: Peace at What Cost?
By Juneau Mahan Gary
Department of Special Education and Individualized Services

Victims’ chilling accounts of their helplessness in dealing with ineffective human services and criminal justice systems, as well as their attempts to encourage peace at home with the abuser, often result in “peace”. But at what cost and to whom?

Accurate, supportive, and helpful information about effective and helpful resources and support systems might empower some victims (usually women) into action. She may begin to comprehend the dangerous and possible fatal risks that accompany indecisiveness about leaving the relationship or getting help. The informed and empowered woman will realize that she is not alone nor as isolated as she frequently feels.

In our quest to thwart violence against women, we must also address diversity issues. Specifically, we must address attitudes towards battering held by members of various cultural groups. If battering is “tolerated” or condoned in one’s country of origin or in one’s cultural group, the victim may not possess skills to reach out for help, may not speak English well enough to communicate her distress and/or fear alienation by her peers for seeking help outside of the group. Specific cultural resources (such as Manavi) and resources for victims in lesbian relationships (such as the Lesbian Hotline) should be consulted.

Finally, we need to move from asking stereotypic and judgmental questions such as “why was she beaten?” or “why did she stay?” to “why is he abusing her?” Some of the resources below can assist the abuser (usually a man) to acknowledge and stop his abusive behavior. Without active intervention, the abuser will simply continue the abusive behavior and victimize more women. Abusers should be referred for counseling and intervention services (such as Men Against Violence and Alternatives for Men).

Telephone helplines can empower victims and/or helpers to seek local referrals and resources including information about each county’s confidential domestic violence residence for victims and their children:

- Domestic Violence Hotline: 800-572-SAFE (7233) (also bilingual, minority and TDD services)
- Project Protect: 908-355-4357 (for Union County)
- NJ Coalition of Battered Women: 609-584-8107 (Lesbian Hotline: 800-224-0211)
- NJ Div. on Women, Prevention of Violence Against Women: 609-292-7743
- NJ Office of Victim-Witness Advocacy: 609-989-6428

(Continued on page 8)
Grace’s Story  
By Melissa Bahleda  
Office of the President

My Aunt Grace was diagnosed with cancer in 1987. She had been ill for awhile, suffering from a variety of ailments, but the diagnosis of bone cancer was a difficult one for everyone to accept, especially her five children and numerous grandchildren.

Grace had lost her husband to cancer years before, so she realized what it meant for her and for her family. I went away to college. My aunt, who had lived quite a distance from me before, was now even further away. And then she decided that a move might be good for her, so she and her daughter Alice, a nurse, bought a modest but pretty home in a rural town in Pennsylvania.

The entire family seemed to be quite shocked that she would elect to move from an area with highly advanced hospitals and medical staff to a remote area with small under-funded, under-staffed facilities. But, then again, we thought maybe she just wants to go somewhere “quiet” so she can die in peace.

We were wrong. Although she suffered from periodic bouts of pain and illness, Aunt Grace did not die. She thrived! Although she was further away from me than ever, we kept in touch. Every couple of months, I would write to Aunt Grace, tell her of my education and of my travels. She would always respond with a letter of encouragement, never mentioning the cancer, only saying that she was doing “rather well, thank you”.

When my husband’s medical training took us to a foreign country for two years, I was terrified. Life there was so different from anything I’d ever known! But letters from friends and family kept me going and of course, those letters of encouragement from Aunt Grace, who, in her sweet, calming voice, applauded my “sense of adventure” and expounded on “this wonderful opportunity I’d been given”. Over the course of those two years, the letters came less frequently and were often shorter and a little more difficult to read. But they came nonetheless, and my Aunt’s courage and strength gave me the courage and strength to grow and flourish in a foreign land.

When I returned last winter, I was told my Aunt’s condition had worsened. She was now in the hospital and was not expected to live much longer. My husband and I went to visit her, and although she was now frail and unable to leave her hospital bed, her eyes and smile still spoke the same words of encouragement and love she’d always given me.

My Aunt fought her cancer for over 13 years, providing her family with a mother and a grandmother that they wouldn’t have had if this kind, soft-spoken woman had not also had the courage to fight. Even though she’s gone, she is definitely a survivor, not only to her immediate family, but also to me. I have become a kinder, more supportive, more generous person because of my Aunt Grace’s encouragement and example. As long as her words and her love live on, so will she.

At my Aunt Grace’s funeral, the pastor, who had known my Aunt for most of his life, commented on the fact that never had he met a person whose name so aptly described them as Grace’s had. Maybe this is her on-going gift to those who loved her: Grace.

Editor’s Note: This work is being considered for the Courage Awards Program, sponsored by cancerpage.com, a web site devoted to bringing help and inspiration to cancer patients and their families. It is reprinted with permission.

Late Lunch at the Rusty Scupper  
By Susanna Rich  
Department of English

Go ahead, my mother says, Eat.  
I fork at her sliced tomatoes.

She says, I have plenty. Take.  
I say, Try this chicken,

and drop my napkin to the floor. She stops me from bending for it—tears me half her own.

We do this, asparagus for melted Swiss, until I almost say, I’m sorry. Make it all right.

My mother and me alone in this dark place, ships listing in stained-glass winds—
she hasn’t brought a family album
she knows I can’t fill, doesn’t cry

about my grandmother’s dying alone,
my photograph by her head. This time

we are each other’s daughter and mother—
back again and forth—spoons, tea bags,

reading glasses, rings—every unspoken thing rocking between us, rocking.
A Personal Evolution in Leadership: Past, Present, and Future
By Vasudha Nataranjan
Department of Special Education and Individualized Services

As the airplane descended gently towards Dammam Airport in Saudi Arabia, the young woman looked down at the twinkling lights through brimming eyes. She was apprehensive about living in a completely new culture and starting a new life away from the familiar and comforting environs of her native India. Yet, at the same time, she was filled with subdued excitement about joining her husband and making their joint dreams a reality. That was me in 1987…

Looking back, I have come a long way. Breaking away from the restraining chains that the Kingdom of Saudi Arabia places on women’s pursuit of professional ambitions, I arrived in the U.S. in 1992. Talk about an antithesis; this country afforded me so much opportunity that I was completely intimidated by the freedom at my disposal. While there lay an ocean of opportunities for me, I was also afraid of the unknowns that the ocean might hold. Five years of limitations and over-protection in Saudi Arabia had caused a lot of uncertainty and diffidence and I was not quite sure how to deal with the challenges that lay ahead.

I have always been passionate about education and welcomed the chance to earn a higher degree in this field. As I pursued my doctorate, I gained confidence and a sense of purpose. Now, as I stand in front of my students at Kean, I am filled with great ardor to make a difference. I try to instill in my students the magnanimity of their contributions as teachers. How they should treat this responsibility - this calling - with great reverence. As I wax eloquently in my courses, I try to instill values that foster a deep sense of commitment to society and to educating children.

For me, this is the beginning of my professional life. I know I have to do great things. A friend told me once, that even animals fend for their families. As the most intelligent beings on this planet, humans owe it to ourselves to make the world a better place and to reach out and touch more lives. This has been the guiding principle of my life.

Every time I travel to my native India, I am struck by the lack of resources and services for children with special needs who are gifted or learning disabled. I am determined to facilitate services for this population and provide parents, teachers, and children the impetus that will propel them to success. I want to use my education and experience to kindle hope for these children and their parents. There is an acute dearth of teacher programs and trained teachers in India. I want to be a forerunner in establishing teacher-training institutes along with allied learning centers in many parts of India, based perhaps, on the Teacher of the Handicapped Program at Kean University.

I believe that success begets success and I want to be able to extend these strategies to many of the South Asian coun-

ACE-NIP, ACE-NET, ACE-WHAT? Just What is it Anyway?
By Verneda Hamm Baugh
Department of Psychology

The American Council on Education National Network of Women Leaders in Higher Education (formerly known as the ACE National Identification Program, or ACE-NIP) is a state-based national network of leaders who are committed to strengthening women’s leadership in higher and adult education. Launched as ACE-NIP in 1977, the program’s primary commitment was to identify and promote the advancement of women in higher education, especially women of color and those who had not participated in the past. The name was revised in 1995 to ACE-NET (net is short for network), to reflect the expanded role that had developed over the years as the national, regional, and state networks evolved. ACE-NET is committed to crafting an educational, social, and political climate in which the worldwide voices and values of women are heard and included in an effort to shape the public agenda.

At the state level, NJ ACE-NET has a State Board of Directors and Kean University’s representative is Dr. Lois Richardson, Assistant Vice President for Academic Affairs, who was also an ACE fellow. Kean Professor Isali Alsina is currently an ACE fellow. At the local level, the Kean University Chapter of ACE-NET maintains an atmosphere of collegiality and interaction among women, strives to explore women’s issues, and promotes networking among women on campus.

The Kean Chapter began almost 20 years ago under the leadership of a number of inspiring women such as Selma Dubnik, Bonnie Kind, Eleanor Laudicina, and Sue Lederman. Currently, Kean’s active chapter is coordinated by Ruth DeSanto (Assistant to the Vice President for Administration and Finance), Alice Kelly (Director of Graduate Studies), Verneda Hamm Baugh (Assistant Professor of Psychology) and a planning committee. Each semester, the Kean Chapter sponsors two luncheon meetings on campus. The fall meeting is customarily used to welcome new women administrators and professional staff; the spring meeting includes a presentation. Past presentations included:

- The 4th World Conference on Women (in Beijing, China)
- Women and Technology
- Women’s Health Issues
- Time Management
- Mentoring
- Retirement Planning

NJ ACE-NET meetings are convened twice a year to further explore women’s issues and exchange ideas among state institutions. In April, 1998, Kean University hosted a statewide meeting.

Faculty, professional staff and administrators are invited to chapter meetings. Everyone is encouraged to attend and share ideas.
Pears of Wisdom for Women in Leadership Roles
By Donna Strigari
Department of Special Education and Individualized Services

Without a doubt, the number of women in leadership roles in school districts is increasing rapidly. In a recent doctoral study, Barbara Sargent (Seton Hall University), examined the perceived leadership style, socio-economic background, and career path of a sampling of New Jersey female public school administrators. If statistical data could paint a picture of the typical New Jersey female principal, she would:

- Be Caucasian, married with two children, and approaching 50.
- Have attended a public high school, a state college or university at the undergraduate and graduate levels, and hold a graduate degree.
- Have parents who attained an elementary or high school degree.
- Have a father who worked outside the home, typically in a management position.
- Have a mother who was a homemaker or worked in a skilled or unskilled labor position.
- Have been the eldest child or an only child.
- Have been an elementary school teacher for approximately 15 years.
- Be a principal in an elementary school for nearly 11 years.

Sargent expanded her doctoral research and sought advice and anecdotes from other female school principals in the U. S.; I responded. I was fortunate to have female role models and mentors in leadership positions. To my amazement, much of my advice was included in her “survival tips for female administrators” (Sargent, 2000). She profiled me stating “Dr. Donna Strigari reflects the high task/high relationship style projected by women.”

I shared a story that Sargent (2000) included:

At Grandparents’ Day, I overheard two grandfathers in a conversation about me. They said, “Yeah that pretty blonde in the office runs a great school.” At first I was slightly chagrined. Then I realized I should take all the praise I can get because some days are harder than others.

Hence, the title of Dr. Sargent’s article emerged: That Pretty Blonde in the Office Runs a Great School: A Profile of New Jersey’s Female Public School Principals (Sargent, 2000).

What a great honor and surprise for me to see this in print! Yet, I must admit the experience of sharing and receiving advice from other female colleagues is extremely validating to my professionalism. Such pearls of wisdom are priceless.

Reference

A Personal Evolution in Leadership, Continued
(Continued from page 6)

tries with limited educational services. It is imperative to create a social awareness about special education and open doors for students with special needs. I plan to convene conferences and workshops and also use the media to increase awareness. Resources for teachers are limited in these nations and I want to be a founding member of a professional journal in special education that addresses educational issues relevant to South Asian countries.

Having spent the best years of my life in the U.S., I love this country as my own. Therefore, her problems are my problems. I worry constantly about the children and the endless debate about the languishing state of our public school system. I am convinced that America is a world leader in so many respects. For it to continue to lead, its citizenry must undertake the challenge to revamp the school systems here. It is the educator’s responsibility to create greater sensitivity to children’s issues, whether it is teaching children to eat correctly, reduce mental dependence on TV and the Internet, or to develop a strong value system.

I pledge allegiance to this cause. This is my road to Nirvana.
IN THE NEWS........

Rose Gonnella and Robin Landa (both Dept. of Design) collaborated on 3 recent books, Creative Jolt Inspirations, Creative Jolt, and Visual Workout: A Creativity Workbook.

Nira Gupta-Casale (Women’s Studies Office) and Dean Casale (both Dept. of English) had a healthy addition to their family and to the Kean family in December. All are doing well.

Beverly Kling (Dept. of Special Education and Individualized Services) is Issue Editor of School Connections (Spring, 2001) with a focus on “special education in the new millennium”.

Marsha S. Robinson (Dept. of English) authored “Doctors, Silly Poor Women and Rebel Whores: The Gendering of Conscience in Foxe’s Acts and Monuments” in John Foxe and His World (a collection of essays).

Women’s Studies Course Offerings
Fall Semester, 2001

COMM 3630 Gender, Language, and Communication
ENG 3700 African-American Women Writers
HED 3160 Health Perspectives for Women
HED 3400 Human Sexuality
PSY 2630 Psychological Perspectives on Prejudice and Racism
PSY 3340 Psychology of Women
SOC 2100 Sociology of the Family
SOC 2308 Female World: Fact or Fiction

5 Web Sites of Interest to Women
(No endorsement is implied)

New Jersey Women’s History:
www.scc01.rutgers.edu/njwomenshistory/index.htm

Women’s Career Network:
www.wcn.org

Health Information for Minority Women:
www.4woman.gov/minority/index.htm

International Research Institute on Jewish Women at Brandeis University:
www.brandeis.edu/hirijw

The Five Colleges Women’s Studies Research Center:
www.wscenter.hampshire.edu

Special thanks to Anne V. Lawrence and Maria del Carmen Rodriguez-Solis for their contributions.

Domestic Violence, Continued
(Continued from page 4)

- NJ Div. of Civil Rights: 609-292-4605
- NJ Violent Crimes Compensation Board Victim-Witness Hotline: 800-242-0804
- National Resource Center on Domestic Violence: 800-537-2238 (also bilingual, minority, lesbian and abuser services)
- Health Resources Ctr. on Domestic Violence: 800-313-1310
- Women’s Referral Central: 800-322-8092 (also bilingual, TDD, lesbian, minority and abuser services)
- Manavi (908-687-2662) and Sakhi (212-868-6741) (services for women of South Asian origin)
- Men Against Violence (908-355-1500) and Alternatives for Men (908-272-0304) (services for abusers)

It is time to empower. Stop putting Band-Aids on gushing and chronic wounds. ♀