



# Students struggling with learning disabilities get assistance from CEA

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Transitioning from high school to college is an enormous undertaking for many 18-year-olds, but making the jump while also battling a learning disability made it almost impossible for freshman McKenzie White.

When White, who is majoring in kinesiology, was in third grade, her elementary school tried to hold her back a grade for comparatively low scores in reading, but her mom requested that the school administrators test her for dyslexia, White said. Her mom's suspicions were correct, and White has been learning to adjust to her diagnosis ever since.

White is one of the 15 to 20 percent of Americans who struggle with dyslexia, according to the Dyslexia Center of Utah. The disorder is genetic and cuts across racial and ethnic borders, with generally the same percentage of people diagnosed across the world.

White's elementary school required students to take timed reading tests

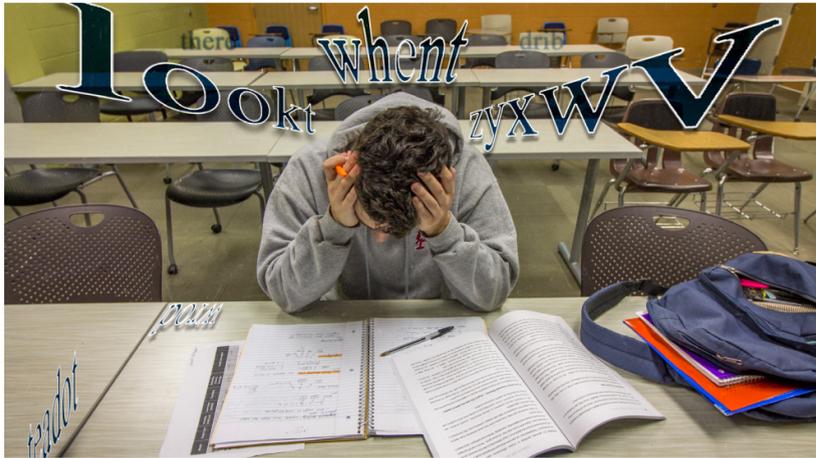


Photo Illustration

Staff Photo

on computers and answer comprehension questions following the reading passage, which was too difficult for White, she said.

"I would get to a point where I was so frustrated that I would just sit there and give up," White said.

White registered with the Center for Educational Access when she arrived at the UofA and receives benefits like extra time on tests and a distraction-free testing environment. Additionally, she is able to pick her classes in advance, giving her the ability to choose classes in the morning

when her mental acuity is at its peak, White said.

Around 3,000 students are registered with the CEA, said Heidi Scher, associate director of assistive and instructional technology with the CEA.

Dyslexia is the most common learning disability reported among first-year college students, according to the National Academic Advising Association.

This is a common theme among those that are registered with the CEA, Scher said.

Accommodations for learning disabilities can

provide students with an entirely new college experience, Scher said. Students with learning disabilities tend to see a positive change in their grades once they begin receiving accommodations.

"If they have struggled their entire life, and it's just recently been identified, first they feel relief because now they understand that they're not stupid," Scher said. "For most of their life, they've felt that they're behind their peers."

See "CEA accommodations" on page 7

# Professors require doctors' notes despite privacy laws

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The conflict between a professor's right to request documentation for a student's absence and a patient's right to medical privacy can lead to confusion for students wanting to use the UA Pat Walker Health Center.

The UA policy for student absences states that an acceptable excuse must relate to the health of the student, funerals of close family members and university functions, according to UA guidelines.

Students should not have to give up detailed information about their medical treatments because it forces them to share medical records protected under the Health Insurance Portability and Accountability Act, said Zac Brown, assistant director of communications for the PWHC. Health center officials do not encourage students to share these details.

PWHC has never offered doctors' notes, Brown said.

"I don't even know of any university, SEC or otherwise, that offers doctors' notes," Brown said.

While students can not get doctors' notes from PWHC, they can use an "Absence From Class Form" provided through the UA Medical Services Department to properly communicate about a class absence due to medical reasons, Brown said.

Alternatively, students can go to their patient portal and print off their confirmed appointment, Brown said.

Some students turned to other methods to explain their absences to their professors.

Senior Dylan, who is identified by his first name only because his actions violated UA policies, forged a doctor's note for a professor that required signed evidence for an excused absence, he said.

Dylan did not want to go to a clinic and pay just to get a note because he only had a cold, he said. Instead, he used Photoshop.

"I went to Google images, found a generic doctor's note and photoshopped in a logo from one of the local clinics," Dylan said.

Then Dylan signed it and gave it to his professor, who asked no questions about the forged note, he said.

Dylan never got in trouble for forging doctors' notes, even though he wrote several for himself in that class and made notes for a few friends

in similar situations, he said. He thinks that for minor illnesses students should be able to email their professors about it instead of paying to see a doctor and get a signed note. Dylan thinks that these notes should only be used in the case of long-term illnesses.

The provision of health care to the individual, and the past, present or future payment for the provision of health care to the individual, are examples of private information protected under HIPAA and sometimes the Family Education Rights and Privacy Act, according to Health and Human Services. Individual identifiable health information, like common identifiers including names, addresses, birth dates and Social Security Numbers, are also protected under HIPAA.

There is no formal attendance policy for student absences that all professors can follow, Brown said, but Brown is communicating with an Associated Student Government senator, Kianna Sarvestani, who has been working for a couple of years to gain support for a standardized attendance policy.

"Our whole mission is really to make sure that we're keeping students healthy," Brown said. "We're giving them information and educating them on how to be healthy and successful academically, so giving them excuses to miss class is not our main goal."

PWHC gets complaints every year about the lack of doctors' notes, Brown said.

"We understand this is a point of frustration," Brown said. "This is something we hear about all the time."

Students do not have to disclose anything about the state of their health while visiting the doctor. Being forced to disclose information about their health is a violation of privacy without written consent from that student, according to HIPAA.

"In the case of illness, the university policy says that the faculty member has the right to ask for documentation. However, they cannot demand a particular document," said Douglas Rhoades, a professor for the Department of Biological Sciences.

The instructor has the right to require that the student provide appropriate documentation for any absence for which the student wishes to be excused, according to the Attendance Policy for Students in the UA Faculty Handbook.

See "Some professors" on page 8

# Growing number of students use CBD to treat illness

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She originally thought it was vertigo. Her hands grasping at the walls to steady herself, she walked through the house like it was on a slant. It was not until she lost her hearing in her right ear that it occurred to her that it was something else, that was when she found out that she had a tumor the size of a golf ball near the center of her brain.

Alumna Jennifer Green was introduced to CBD at a Christmas party after she began treatment for her tumor. The host approached Green, and Green told her she felt sick, she said. She gave Green a bottle of CBD and a sublingual to try for seven days.

"I started taking it, and on the fourth day, I was washing dishes, and I realized I wasn't sick that morning," Green said.

Arkansas became one of 47 states that allow the production and sale of CBD oil after state legislators passed Arkansas Act 981, more commonly referred to as the Arkansas Industrial Hemp Act, in April 2017.

The act allows the growth and cultivation of industrial hemp, a type of Cannabis



Taffy Kavanaugh Staff Photographer

Junior Triston Gill applies CBD salve to his wrist March 4 to help relieve stress. He has been using CBD for a year to help calm down from the stresses of college.

sativa plant species that is specifically for the industrial uses, and all of the products that can be created from the plant, including cannabidiol commodities, according to the bill. CBD products made from hemp in the state have to contain less than 0.3 percent of THC, which is the psychoactive part of the plant that gives people a high feeling.

Although Green uses hemp-derived CBD for nausea along with about 31 percent of CBD users, the majority of CBD users take CBD to treat anxiety, according to a 2017 report by the BrightfieldGroup and Hello MD.

Senior Camryn Crain, who is majoring in marketing, has

had anxiety since she was 13 years old, she said. Although she struggled with anxiety, it was never something she wanted to speak to a doctor about because she did not want to be medicated. Crain wanted to approach her anxiety with more natural remedies, so when Arkansas legalized CBD oils, she began researching it, she said.

Crain decided to learn more about CBD and how it could treat her anxiety after speaking with the owner of CBD Sacred Leaf at the gym during a workout class, she said.

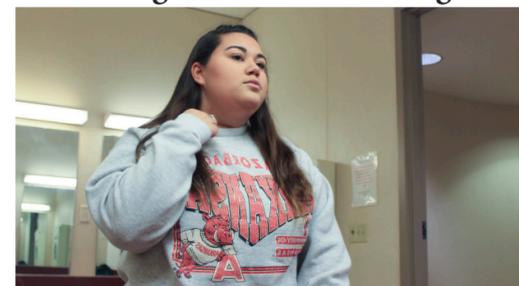
Crain purchased her CBD at CBD Sacred Leaf, where they taught her how to calculate her

body mass and what dosage of CBD was safe for her to use, she said.

As the use of CBD products increases for recreational and medical use, state officials have backtracked on its stance of how safe the hemp-derived oil is for people. The Arkansas Department of Health issued a warning in February for people to have a "heightened awareness about the use of products derived from Cannabis, including marijuana and hemp," according to the statement.

See "Hemp products" on page 7

# Body dysmorphia keeps students from feeling comfortable in college



30 million people in the U.S. suffer from an eating disorder at some point in their lifetime.

# Stressed, anxious students use weighted blankets to alleviate symptoms



Students turn to weighted blankets as a means to cope with symptoms of stress and anxiety.

# House bill might raise minimum age for purchasing nicotine products



A bill in the Arkansas State Legislature might restrict nicotine product sales to people 21 years or older.

Editor's Note

# Students share battles with bodily, mental health



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semester, classes are starting to take their toll on us and the flu is still rampant.

I never really thought of mental illness prior to college. It did not exist in my family. Depression was "just a fancy word for feeling bummed out," as Dwight Schrute would say, and anxiety was something you just needed to get over. My freshman and sophomore years quickly went by, filled with friends, classes and achievements. If I skipped class, it was to get Starbucks with a friend or study for an upcoming exam.

Then the dam broke and things fell apart about halfway into junior year. I felt hopeless, and the motivation I once had to go to class and make something of myself was gone. I dropped all but one of my classes and considered killing myself on a

daily basis. It was not until two years later, as I am in my fifth year of undergraduate studies, that I am beginning to feel happy again.

I am not alone in this feeling. Out of more than 4 million students surveyed, almost 42 percent had anxiety and almost 37 had depression, according to an American Psychological Association report from 2013.

But this issue is not just about mental health. We cover the struggles of students with disorders such as ADD and dyslexia, students turning to CBD in place of prescribed medication and the obstacles students face when professors require doctors notes for illnesses when the health center on campus refuses to give excuse notes.

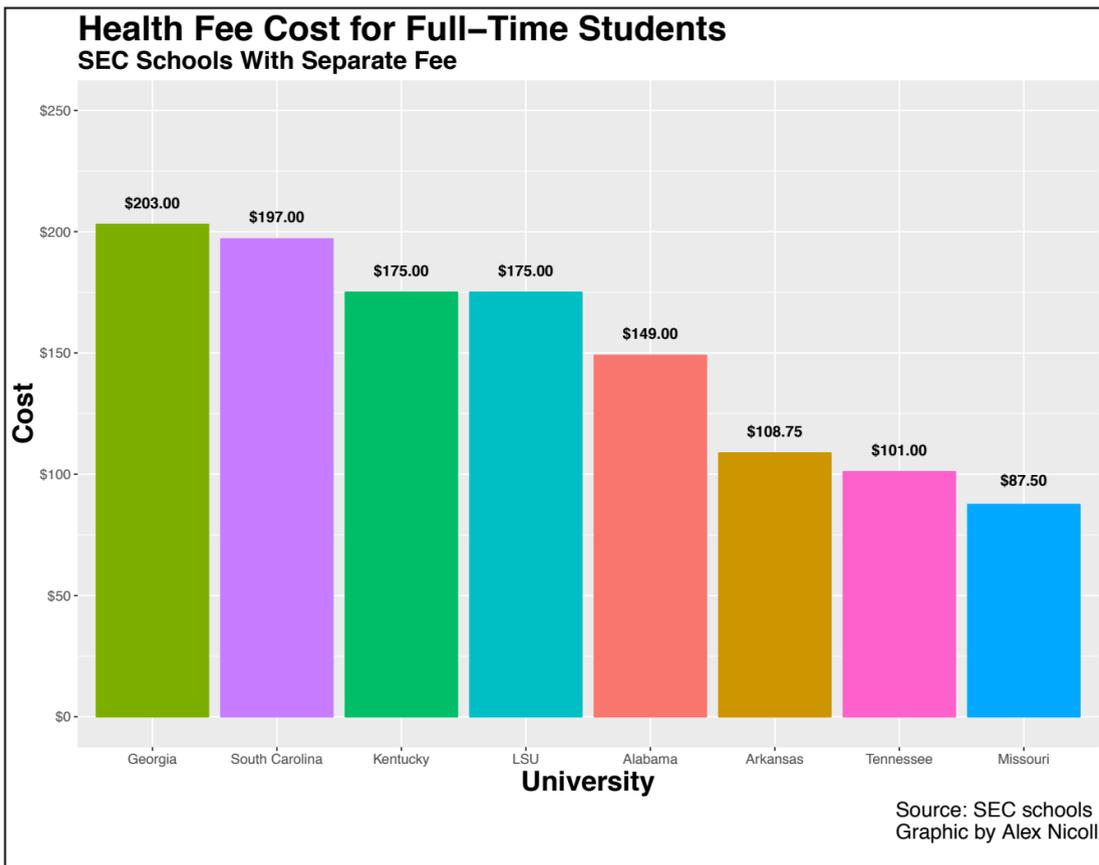
These are problems that affect everyone, in one way or

another. I personally relate to the story about dating a person with a mental illness. Both my boyfriend and I struggle with anxiety, depression and suicidal thoughts on a daily basis. The thoughts and feelings within our heads have made it difficult at times for us to remember the love and happiness we find in one another. I am sure you will find a story in this issue that you connect to, whether it be about your opinions on government-issued health insurance, struggles to make it to class when anxiety fills your body and forces you to stay home, or body issues that have kept you from living the life you want.

No matter the case, these stories are about people we interact with everyday and people whose stories deserve to be shared.

For our March special issue, *The Arkansas Traveler's* editorial staff decided to focus on the mental and physical wellness of UA students. We are almost halfway done with the

# PWHC has no plans for health fee increase because of difficult, slow approval process



**Katelyn Duby**  
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Officials at the UA Pat Walker Health Center think a student health fee increase would allow for increased access to services like STI screenings and flu vaccines but do not plan to propose a fee adjustment to the chancellor, they said.

Following the recent expansion of the health center, PWHC officials expect to pay off bonds for the next 20 years, said Mary Alice Serafini, the associate vice chancellor and executive director of PWHC. The student health fee is the only thing generating money for salaries, she said.

A UA student enrolled in 15 credit hours pays a \$108.75 health fee each semester. The fee covers wellness and health promotion educational programs, behavioral health assessments and individual consultations with certified wellness coaches, registered dietitians and orthopedic specialists. The fee also covers sexual assault response services and mental health services, such as 24-hour mental health emergency care, group counseling sessions, case management and referral

services, and advocacy programs, according to PWHC.

An increase in this fee could allow PWHC to expand its staff and its services, because they understand that Chancellor Joseph Steinmetz would be supportive, she said.

UA officials want to keep student fees as low as possible, but Serafini does not think Chancellor Joseph Steinmetz would be supportive, she said.

"The university makes every effort to keep student costs, including fees, as low as possible so that students who have unmet financial needs have a better chance of staying in school and graduating," Voorhies said.

PWHC executives have not approached Chancellor Joseph Steinmetz about a fee increase in 10 years, but they are aware he is typically against increasing student fees, Serafini said.

If there were a student health fee increase, Serafini would want to prioritize salary increases for staff members to keep salaries competitive with other SEC schools, but she would also like to see PWHC offer free flu vaccines, she said.

The student health fee at the University of Missouri covers yearly flu vaccines and

STI screenings, in addition to same- and next-day medical visits, same-week behavioral health assessments, and up to four mental health assessments, according to the university. The fee, at a flat rate of \$87.50, is the lowest in the SEC.

The student health fee at the University of Georgia, which is the highest in the SEC at \$203 per semester, covers the same services as the fee at the UofA.

The student health fee at the University of Kentucky is \$175 per semester and covers some STI screenings in addition to services like those offered at the UofA.

It is possible that with a student health fee increase, PWHC would be able to offer free STI screenings, but it would not be a guarantee, Serafini said.

Junior Robyn Cobb, who is majoring in environmental science, thinks an increase in the student health fee would be beneficial, because it is likely that more students would use the services offered at PWHC if they were more affordable, she said.

If the fee increased, Cobb would want to see PWHC officials prioritize the services the women's clinic offers, she said.

"I think services like pelvic examinations for women should be a priority,

since college students are typically at the age at which you need to get that done," Cobb said.

Counseling and Psychological Services were particularly beneficial to Cobb, and she would be interested to see what mental health service initiatives would result from a fee increase, she said.

"With all the stress and pressure that comes with being a student, I think any amount of increased funding towards CAPS would be worthwhile," Cobb said.

Sophomore Devyn Meyer, who is majoring in engineering, does not think a student fee increase is necessary because PWHC already offers everything an on-campus health facility should and covers all of students' basic needs, she said.

"I don't think that students lack access in one particular area," Meyer said. "I think Pat Walker has covered all areas and made it easy to access all types of health care."

Meyer thinks that student fees should not have to increase for PWHC to expand and meet students' needs, she said. Because students already pay so much in tuition and fees, Meyer thinks it is ridiculous to increase that amount, she said.



# THE ARKANSAS TRAVELER

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# Eating disorders afflict students, affect performance

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Sophomore Ashlyn Brothers stands at a healthy 115 pounds, but just five years ago, she was on the verge of death by starvation because of her eating disorder.

Eating disorders affect about 30 million people in the U.S., according to the National Eating Disorders Association.

When Brothers was 15 years old, she was living in California, trying to make it as a child actor, she said. With people constantly criticizing and making judgement calls about her appearance, Brothers felt out of control of her circumstances and used calorie counting to take back some of that control.

"I started limiting (calories), and I found this satisfaction in being able to say I can limit the amount of calories that I consume in a day, and I could control the amount of exercise that I did," Brothers said. "And so through that process, I became addicted. I became an eating addict. I became a human calculator. I could calculate the amount of calories just by looking at something."

Brothers' disorder only got worse when she started receiving compliments for her weight loss, she said. She felt like those comments validated her restricted calorie intake, so she began to eat even less.

Body dysmorphic disorder is a mental disorder in which it is difficult to stop thinking about one or more perceived flaws in appearance, which are either imagined or minor to others, according to The National Institutes of Health.

Body dysmorphic disorder most often develops in teenagers and occurs in about 2.5 percent of males and 2.2 percent of females in the U.S., according to the Anxiety and Depression Association of America's research in 2013.

When Brothers reached 50 pounds, a doctor diagnosed her with anorexia, she said. She spent multiple months recovering, with weekly doctor, psychiatrist, psychologist and Christian counselor visits.

"I did not want to get better, and I accepted the fact that I was going to die," Brothers said. "But if I died, at least I looked skinny."

Brothers uses her experiences with anorexia to mentor other girls she meets who struggle with eating disorders, she said.

"Talking about it is the most crucial thing you can do because if you don't talk about it, it'll eat you alive, which is what it did to me until I finally decided to start talking to people about it," Brothers said.

Brothers has told her story to dozens of



Courtesy Ashlyn Brothers

Sophomore Ashlynn Brothers spent months recovering from an eating disorder as a teenager after her restrictive eating habits caused her weight to drop to 50 pounds.

people, and every time she tells it, someone is able to identify with her struggle, she said.

Freshman Alexis Massey dreaded looking in the mirror, afraid of seeing nothing but stretch marks and imperfections that would keep her from even being able to face people in her classes that day.

Massey has been dealing with body-image issues her entire life, she said. When Massey was 11 years old, she started thinking her body was not good enough because of bullying and negative comments from her family.

and started experiencing symptoms of depression, which affected her schooling, she said.

"I was depressed, and I didn't think anyone would understand, and I wasn't as close with my mom as I am now, so I felt like I couldn't confide in anyone or ask for help with what I was feeling," Massey said.

Massey sometimes skipped school because she was so afraid that she would get comments on how she looked and what she wore, she said.

Growing up feeling unsure and insecure in how she looked, Massey turned to food as a relief, she said. She would binge eat to feel better when people made comments about her weight. One comment that has stuck with her happened in gym class.

"One time in P.E. I was walking my laps and one of the guys said, 'You should try running fatty,'" Massey said.

Massey began to spend an unhealthy amount of time in front of her mirror every day, criticizing her body, she said. The people around her would tell her that she was beautiful, but she did not believe them.

Massey has come a long way in her journey to accepting her body for what it is and has a different outlook on herself now, she said. Massey realized that most people do not see the little things that she does and so she has stopped criticizing herself in the mirror as often as she used to.

"I definitely feel more comfortable around people because my support system is so strong now," Massey said.

But even though a lot has changed, she still has moments where she feels like she did when she was younger.

"Of course I still have days where I do not want to go out because I'm worried of what people are going to see," Massey said. "Those are the days that I wear baggy clothes like hoodies and big shirts to hide my body."

The effects of a negative body image left Massey feeling afraid of what others will think, but now she wears what she wants to, she said.

"Yes, I still suffer from depression because I genuinely hate my body no matter how much I say I don't," Massey said. "It puts me down in a place where I tend to hide my body and worry but not as much anymore. Now I surround myself with the people that I know will support me not just for my looks, and now I don't get those comments."

The UA Pat Walker Health Center on campus provides Counseling and Psychological Services. Counselors offer therapy and workshops to address the negative effects of body dysmorphia and eating disorders.

# Flu vaccine more effective, fewer UA students infected

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Although there have been fewer cases of flu among students this year, persuading students to get the flu vaccine is always difficult, a UA Pat Walker Health Center official said.

"Though this has been one of the better flu seasons on the UA campus, it still feels like an uphill battle to get students to receive the vaccine," PWHC Nursing Director Lyn Edington said.

PWHC staff treated 77 students with the flu from Feb. 25 - March 2 and 83 students from Feb. 18 - Feb. 24, PWHC officials said.

Students visiting PWHC because of the flu made up about 17 percent of total patient visits in February, which amounted to 459 positive flu cases in spring 2019 as of March 1, Brown said.

This year is nothing compared to the last two years, PWHC Medical Director Huda Sharaf said.

The 2018-19 flu vaccine was about 47 percent effective, which is 7 percentage points higher than in 2017-18, according to an interim estimate by the Centers for Disease Control and Prevention.

"It's a lot better than 0 percent," Sharaf said. "All things considered, these are pretty good numbers."

Flu season typically lasts between October and May in the U.S., but cases of the flu peak between December and February, according to the CDC.

In February 2018, positive flu cases made up more than 18 percent of students visiting the health center. This year, the number has dropped to 17 percent, Zac Brown, PWHC assistant director of communications at PWHC said.

The flu can spread quickly across college campuses, especially if students and faculty have not received the annual flu vaccine, Sharaf said.

Although 70 percent of college students think that it



Kevin Snyder Photo Editor

The CDC recorded a 7 percentage point increase in flu vaccine effectiveness between the past two flu seasons, rising from 40 to 47 percent in 2018-2019.

is important to get an annual flu vaccine, only 46 percent have reported actually getting vaccinated, according to a 2017 study by the National Foundation for Infectious Diseases.

Junior Bethany Stafford, who is majoring in elementary education, did not receive her vaccine for this flu season and got the flu. She was not allowed to leave her room because she was still contagious, she said.

"I didn't get the vaccine just because I have never had one before, and I have never had the flu, so I didn't really see the need to get one," Stafford said. "I wasn't allowed to go to class or even leave my room for a couple of days. It got really lonely and boring being in my room all day by myself. I even missed a midterm I will have to make up later in the semester."

Freshman Adam Davidson, who is majoring in biology,

had a difficult time keeping up in his classes while he had the flu in late January, he said.

"It really took a lot of my time," Davidson said. "It affected my ability to sleep and really just occupied a lot of my time. It was exhausting being sick."

CDC officials recommend that adults get the flu vaccine before flu season begins or by the end of October. It takes two weeks after receiving the vaccination for antibodies that protect against flu to develop in the body. Being vaccinated later can also be beneficial, and flu vaccinations are offered into January or later, according to the CDC.

The effectiveness of the vaccine as reported by the CDC is generally an educated guess, Sharaf said.

Determining the effectiveness of the flu vaccine can be challenging for the CDC. The CDC uses mathematical modeling to estimate the

effects of illness associated with the flu in terms of cases, hospitalizations and deaths. These figures are then used to determine the efficiency of the vaccine for that flu season, according to the CDC.

The flu vaccine contains four strains, two for the influenza A virus and two for the influenza B virus. It is possible for these viruses to mutate and affect the efficiency of the flu vaccine that has been used in previous years. The strains did not mutate this year, Sharaf said.

The flu vaccine prevented an estimated 5.3 million influenza illnesses, 2.6 million influenza-associated medical visits and 85,000 influenza-associated hospitalizations in 2016-17, according to the CDC.

"Our goal is to get the number of vaccinated students up. Getting the vaccine decreases both the symptoms of the flu and the flu's longevity," Sharaf said.

- FLU SEASON RUNS OCTOBER TO MAY

- THIS YEAR SAW A 7 PERCENTAGE POINT INCREASE IN EFFECTIVENESS FROM LAST YEAR.

- FLU VACCINE PREVENTED ESTIMATED 5.3 MILLION ILLNESSES IN 2016-2017

- PWHC STAFF TREATED 160 STUDENTS FROM FEB. 18 - MARCH 2

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SOURCES: CDC & PAT WALKER HEALTH CENTER



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# Weighted blankets help students with anxiety, PTSD

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After waking up multiple times a night for the past five years, Sophia Gibson found weighted blankets as a means to subdue her symptoms of post-traumatic stress enough to sleep through the night.

Gibson, a freshman majoring in anthropology, developed PTSD in 2016, when she was ran over in a major car accident. A symptom of her PTSD was insomnia that caused her to wake up two or three times a night, she said. She discovered that having weight on her at night would help her fall asleep faster and longer, so she would sleep under five or six comforters.

While multiple blankets helped Gibson fall asleep, she knew having so many comforters on her during the summer was not safe, she said. Gibson discovered weighted blankets when she went to a friend's house and received her own as a gift in December. Since then, Gibson has only woken up once before 5am with the use of the blanket.

"I'm not lying awake and staring at the ceiling and pondering life quite so much. Instead, I'm getting quickly to sleep," Gibson said. "In fact it's so quick sometimes that I'll close my eyes and wake up in the morning."

Weighted blankets are specialized blankets stuffed with metal washers or plastic pellets to increase their mass. Weighted blankets use "the power of 'deep touch pressure stimulation' to simulate the feeling of being held or hugged," which increases serotonin and melatonin levels, according to Gravity Blankets, a product leader in the weighted blanket market.

Gibson's blanket weighs 18 pounds, she said. The consistency of the weighted blanket helps her fall asleep quickly, Gibson said.

Another student at the UofA also uses a weighted blanket to improve their mental health and general wellness.

Freshman Adam Neal, who is majoring in art, uses his weighted blanket, which he got in September, to cope with his anxiety, he said. Neal's anxiety began during the start of high school, because he was stressed about growing up, homework and money.

"It's really good if you're having a really bad day to just put it on your shoulders. I know the phrase 'weight on your shoulders' is normally a bad thing. It just comforts me," Neal said.

Weighted blankets can be costly, with Gibson and Neal's weighted blankets each costing \$150, but Susan Tyler, a mental health professional, thinks they are worth the cost, she said.

Tyler first learned of weighted blankets while working at the preschool therapeutic day treatment program at Ozark Guidance, a non-profit behavioral health center, she said. There were miniature weighted blankets as well as stuffed animals filled with dried corn and beans, which were used for anxiety and to help calm children.

Tyler thinks that weighted blankets can help with anxiety, but no one method can fit all people, she said. With a majority of people, weighted blankets tend to work pretty well.

Huda Sharaf, the Pat Walker Health Center medical director, thinks that the use of a weighted blanket is all right as long as it is not used in place of more effective treatment, she said.

"(Weighted blankets) shouldn't be in lieu of more effective medicine," Sharaf said.

"But I'm open to alternatives like that, as long as it isn't going to be harmful of the patient."

Zac Brown, the assistant director of communications for PWHC, has his own weighted blanket, which he received from a friend as a gift, he said.

"I mean, I like mine," Brown said. "It was weird at first, but I got used to it. I just enjoy it. To be honest, it helps me be less nervous."

There is a need in the community for trauma victims and for children with autism to receive weighted therapy, said Johny Mahler, the founder of Weighted Wonders Outreach and co-leader of Faithbridge Prayer Blanket Ministry. Weighted blankets are one of the easiest therapies to provide to help children, but they are not covered by insurance and most people do not know how to make them.

Mahler goes to organizations, churches and sewing groups in the community to teach them how to make weighted lap blankets, she said.

Mahler began making weighted blankets in 2009, when a woman at a Daisy Girl Scout event asked if Mahler could make one for her family, she said. Mahler researched how to make weighted blankets extensively and did a lot of experimentation to find the best way to craft the blanket.

Weighted Wonders makes weighted lap blankets for special-needs classrooms, occupational therapist offices and individual families, Mahler said. Each blanket is custom-made for each child and are donated to families at no charge. Mahler does not use poly pellets, which many other weighted blankets use. Instead, she uses zinc washers as weights and then covers them with fleece.

"I am currently working on four blankets that will go out to

a teen runaway center who sees kids in traumatic situations every day," Mahler said. "The counselors often need something to help a child feel safe immediately, especially in child trafficking situations."

Weighted blankets have been proven for years to help those suffering from seizures, Autism Spectrum Disorder, Aspergers, Bipolar Disorder, Alzheimer's, ADHD, PTSD and many other conditions, Mahler said.

"The bigger picture here is that we are going out and teaching others to make weighted blankets in their own community and make a difference in the lives of their neighbors," Mahler said.



Kevin Snyder Photo Editor  
Freshman Sophia Gibson wears her 18-pound weighted blanket Feb. 20 that she uses to help her sleep.

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# OPINION

## Career idealism hinders students' mental health

Emma Richardson  
Columnist

The mental image associated with the phrase "self-care" is an inviting one — a bubble bath, candles, a hike or a good meal. In general, it is the idea of being able to temporarily escape the pressures of daily life. However, these activities require time, a resource in which most of us are already lacking.

Tending to our mental health has just become another item on an already overflowing checklist with which students must keep up, which is counterproductive. Not only does this view diminish the importance of mental health, it can also lead to further damage because it creates guilt when students are unable to balance school, work and mental health.

Unfortunately mental health and professional achievement

have been placed in direct opposition to each other. We often have a "more is better" mindset when it comes to career building. We study hard, but we could study even harder, get an even better job and make even more money. Taking time for mental health becomes a missed opportunity to accomplish something within an academic or professional arena.

However, health professionals have pointed out the potential harms of this attitude, and many institutions are taking steps to address the issue in arenas such as academia. The UA Wellness website lists the mental health resources available to students, most notably Counseling and Psychological Services. CAPS offers individual counseling sessions, group therapy and crisis counseling with the goal of providing healthy coping mechanisms for the stress students face.

Personally, I have benefited

a great deal from CAPS and learning how to manage pressure, but that is not to say that self-care does not come at a price. At the beginning of the semester, I decided to make my mental health a priority, and as a result my grades have taken a hit. I've flunked a few assignments because I chose to go to bed instead of pulling an all-nighter, and frankly I still feel guilty about it.

At the end of the day, self-care does not pay the bills and because of that, prioritizing it will always feel like a waste of time in comparison to activities with concrete payoff. I can't zen my way to the top

of a competitive job market, and graduate school applications are not going to accept "I just chose to prioritize my mental health" as a reason for a mediocre GPA.

All the yoga and bubble baths in the world won't change the fact that we operate in a culture where efficiency is currency. While resources like CAPS are both good and necessary, the reality is that they can't fix the large-scale issue: the way students are taught to prioritize.

Pushing mental health while maintaining the "more is better" attitude toward achievement accomplishes nothing of value. It only puts something new on the plate without taking something

else away, which can ultimately make the problem worse.

Additionally, with so much emphasis placed on mental health and self-care, there is a very real guilt that comes with neglecting it. In other words, students might experience anxiety about how we're too busy to deal with our anxiety.

We live in a culture that demands we do it all and that we do it while staying happy, healthy and emotionally stable. These are not reasonable expectations. It's up to us to decide how we want to structure our lives and what to prioritize, but it is also important to recognize that we can't balance everything all

the time. It can be beneficial to utilize resources like CAPS to help manage stress, but in a society where measurable accomplishments are all that matter, the bigger problem remains.

Putting "exceptional mental stability" on a resume will accomplish very little because we live in a results-oriented world, but that also doesn't mean we must live our lives in that way.

Emma Richardson is a junior English major and a columnist for The Arkansas Traveler.



Claire Hutchinson Cartoonist

## Gov. Hutchinson works hard to make Arkansans uninsured

Joah Clements  
Opinion Editor

Gov. Asa Hutchinson's (R) Arkansas Works program, which expands federal Medicaid coverage options for low-income Arkansan families, changed in March 2018 to mandate that recipients work full-time.

Allegedly implemented to motivate more Arkansans to join the state workforce, the changes to the program instead seem to have primarily assisted in dropping more than 18,000 of recipients from the Arkansas Works coverage. The full-time work mandate is simply an unnecessary extra step and makes the state-funded health care process too complex.

These alterations represent a marked stance against accessible

health care by Hutchinson, whose efforts in relation to Arkansas Works can only be labeled as experimental.

Indeed, criticizing the Arkansas Works program can be a little daunting because there are few other programs to compare it to at the state or federal levels. In June 2018, a federal Kentucky court ruled a similar program unconstitutional, and there are no other comparable state programs currently in effect.

Nevertheless, the amended version of Arkansas Works was partially rolled out to state-insured Arkansans between ages 30-49 in June 2018 and was totally uninhibited by court proceedings. As of 2019, the program affects all Arkansas Works recipients ages 19-49.

As a result, approximately 200,000 Arkansans will now be responsible for reporting their

monthly work activity or risk being expunged from Arkansas Works coverage. Clearly an additional requirement like this is counterproductive when it comes to a program like Arkansas Works because socialized health-care programs are supposed to be easily accessible instead of excessively complex.

Unfortunately, a precise estimate of the number of Arkansans now insured by the state's health-care program is difficult to ascertain, as the program has hemorrhaged members since its inception.

In late 2018, Arkansas Works lost 29 percent of the recipients who were subject to the program's early rollout stages, so there is no telling how many more members will be lost as the work requirement becomes more pervasive. What makes this issue so convoluted is that, on paper, the Arkansas Works program seems to have the necessary provisions for preventing such a staggering drop in members.

There are a number of exemptions that allow non-working recipients to maintain their Arkansas Works enrollments. For example, I myself am a recipient of Arkansas Works, but I am also a full-time

student. My student status counts as a work exemption, and in this way I may write my criticisms of the program while being simultaneously insured by it.

There are other exemptions, too, most of which allow reporting for employment barriers, such as disabilities and rehabilitation programs. This can all be done over the phone or on access.arkansas.gov, which provides a government-run website portal for reporting Arkansas Works employment hours and exemptions.

However, it is this exemption system which largely contributes to Arkansas Works' rapidly deflating enrollment numbers. Even for someone like me, with the comparatively flexible schedule and unlimited internet access that is allotted to most any college student, reporting my exemptions has been nothing short of a bureaucratic fever dream.

First, whether it is over the phone or online, recipients of Arkansas Works may only report their monthly work activity (or lack thereof) between 7 a.m. and 9 p.m., a seemingly unnecessary constraint especially when it comes to an online portal, which should not require constant human surveillance.

In my own experience with the

website, logging in within these time constraints is only half the battle. I usually have to attempt to log my information several times before the Arkansas Works portal actually registers it, because the rest of the time, the website spits back server error messages.

Though these hurdles are inconvenient at worst, I am also not someone who is working multiple jobs and long hours in order to scrape together a living wage. Because low-income workers are the primary focus of the Arkansas Works program, there is simply too much confusion in the work reporting process to label the alterations to Arkansas Works effective, and I am not alone in thinking so.

Legal Aid of Arkansas, a nonprofit organization dedicated to providing legal aid to low-income Arkansans, has filed a lawsuit against the federal government, citing that the Arkansas Works program has become too difficult for recipients to navigate.

Ultimately, Arkansas Works represents the sort of state health care mess that is only possible under the Republican leadership to which Arkansas is fastened. Considering the

inconsistent histories of health-care positions tied to major Arkansan politicians like Hutchinson, this really comes as no surprise.

Hutchinson has wavered between being for and against the Patient Protection and Affordable Care Act depending on which suited him at the time. In May 2018, prior to his gubernatorial primary, Hutchinson backed the ACA to boost his support. Only eight months before in September 2017, the governor backed the temporarily popular GOP stance to "repeal and replace" the ACA.

However, the governor's alterations to Arkansas Works solidify his current approach to health care and run fully counter to the ACA ethos. Uninsured Arkansans will doubtlessly become an increasingly large voter category in the coming months, and they should remember who is responsible for that.

Joah Clements is a senior English major and the Opinion Editor for The Arkansas Traveler.

### Quote of the Issue

"I did not want to get better, and I accepted the fact that I was going to die. But if I died, at least I looked skinny."

- Ashlyn Brothers, UA sophomore, broadcast journalism major

Eating disorders afflict students, affect performance, pg. 3

# THE ARKANSAS TRAVELER



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## Schools should provide days off for mental wellness

Hunt Cummins  
Opinion Columnist

Rates of depression and anxiety are shockingly high across all levels of academia. According to the American Psychological Association, 1 in 3 college freshmen suffers from a mental illness that affects their scholastic performance, with major depression and anxiety being the most common of these.

But it's reasonable to doubt those findings. Finding someone who didn't have some degree of difficulty adjusting from high school to college would be a tremendously difficult endeavor, and the scientific evidence clearly shows minimal improvement over time, most notably among graduate students. A 2018 Harvard University study of doctoral students showed that 11 percent had considered suicide in the last two weeks. At every level, America's college students are deeply ill.

There is little conclusive data showing the number of people with diagnosed mental illnesses at the UofA, but that shouldn't be interpreted as a lack of action

on the university's part. The UofA does offer counseling services to its students, although the university only provides short-term counseling.

The UofA also offers drop-in counseling through its casual Let's Talk program. While those who use these programs surely benefit from them, there's a simple and inexpensive option that the UofA could use to improve the mental health of its students: a day off to manage mental illness.

Mental-health days have accrued a mild degree of recognition in popular culture, though it can be difficult to define exactly what they entail. In their broadest classification, they are personal days that are redeemable for reasons outside of purely physical illnesses. For the purposes of this piece, a mental-health day refers to a day of missed classes that is indispensable to the management of a student's mental wellbeing.

"Spoon theory" is a common metaphor in chronic illness circles. Essentially, the theory purports that those afflicted with chronic or debilitating illnesses have a limited amount of emotional and physical energy for day-to-day tasks. This energy is measured by an individual's spoons for the day.

Depression and anxiety, the most common mental illnesses college students face, fall comfortably into this analogy. Difficulties in addressing day-to-day issues are definitive symptoms in both of these illnesses, with depression bringing a deep apathy and lack of energy, and anxiety bringing debilitating fits of preoccupation and panic.

The struggle to balance academic, personal and social commitments can be exhausting and overwhelming. Students with depression or anxiety, and therefore a clinical shortage of spoons, are at a unique disadvantage.

This is where a brief respite from academic stress becomes useful, and for many students, a university-sanctioned mental-health day could represent such a moment of relief from academic requirement.

Obviously, some might be wary that such a system could be abused once implemented. Lazy students could very well use a mental-health day system to neglect class attendance requirements or to circumvent important deadlines. Thankfully, the UofA has the infrastructure to prevent this. The UofA, and uni-

versities in general, should treat a student that has to miss class or a deadline because of mental illness should the same way as a student missing those requirements because of a physical illness; a note verified by a mental-health professional should be provided. Though requiring this kind of documentation is currently prohibited by the Health Insurance Portability and Accountability Act of 1996, modifications would be necessary in order to implement a standard mental-health day.

Mental illnesses can be as debilitating as any physical illness, and they deserve the same respect and empathy. A day off could have long-lasting impacts on a student's success, while also compelling students to seek out mental-health services. Relentless pressure can cause long-lasting damage, and rest may be the key to abiding academic success.

Hunt Cummins is a junior political science major and a columnist for The Arkansas Traveler.

# Mental illness presents obstacles for healthy relationships

**Andrew Elkins**  
Staff Reporter  
@andrew\_elkins\_

At 17, all senior Jackson Merryman, who is majoring in criminal justice and sociology, could think about was his boyfriend. There was just one hangup: his then-boyfriend did not believe that Merryman's anxiety was a mental illness.

"He believed that you can just get over it," Merryman said. "And that made it worse."

That is when Merryman first realized he needed professional help, he said. But even as his anxiety contributed to his breakup with that boyfriend, he did not seek professional treatment until August 2016, his sophomore year in college.

Merryman's anxiety has made it more difficult to find potential significant others and affected every relationship he has been a part of, he said.

"I take things out on the people who are closest to me," Merryman said.

Almost 55 percent of examined college students in the U.S. receiving mental health treatment attended counseling for mental health concerns in the 2017-18 academic year. Of the almost 180,000 students, close to 35 percent said they were in a committed relationship, according to a 2018 report from the Center for Collegiate Mental Health.

Cassandra Dominick, a licensed professional counselor at Counseling Nook, thinks it is important to remember mental illnesses do not define a person, she said. Counseling Nook is a private clinic in Fayetteville.

"Most people struggle with anxiety, depression, adjustment to stressors or trauma at some point in their lives," Dominick said. "Struggling in this

way is incredibly common and does not define any individual. It doesn't mean that anything is fundamentally wrong with you."

In the last academic year, students sought help for anxiety more than any other mental health issues in the U.S. Out of almost 70,000 students, close to 62 percent indicated they were

When they began dating, they both showed signs of mental health problems, but she was not diagnosed until spring 2018.

"I felt like I had much more severe symptoms (than him)," Hayes said. "I'd have more violent and aggressive kind of moods, but it never became physical."

After Hayes and her boyfriend broke up, she had

A doctor diagnosed senior Sarah Bunch, who is majoring in communications, with anxiety and depression at 14 years old, and she began taking Prozac two months ago. She thinks the medicine has helped her mental state, and she is noticing a positive change, she said.

Bunch did not notice a

putting more strain on her relationship than before, she said.

"He had never suffered from mental illness," Bunch said. "He didn't understand at all where I was coming from with my anxiety or depression."

Bunch's ex-boyfriend tried to understand for six months, but it did not work out, she said.

Prozac two months ago. She thinks the medicine has helped her mental state, she said.

Dominick thinks that all couples, even if they are not dealing with a mental illness, can benefit from strong communication, she said.

"If you feel yourself getting overwhelmed or flooded in an argument, take a step back and communicate that you need to pause and revisit the situation when you feel calmer," Dominick said. "Meditation, exercise and good social supports are great for anyone."

Dominick thinks people should not expect others to meet their exact emotional needs. That is too much pressure for anyone, she said. If someone notices continual problems with sleep, appetite and general ability to function, additional help is available through therapy, she said.

Dominick thinks that no one should use mental health as an identifier, she thinks.

"Mental illness does not define anyone, just like diagnoses like asthma and diabetes do not define anyone," Dominick said. "Mental illness can be something that is a temporary or lifelong struggle, but everyone struggling with mental illness has a full identity that is so much more than that struggle."

Hayes thinks it is important to be lenient with significant others, but they should hold each other accountable, she said. She wishes someone had held her accountable for the destructive behaviors she had with her ex-boyfriend, she said.

Mental health services are available at the UA Pat Walker Health Center. Students, faculty and staff have access to 24-hour emergency mental health services by calling 479.575.5276. PWHC also offers counseling and therapy services in individual or group sessions.



Courtesy Sarah Bunch

Senior Sarah Bunch poses for a photo on a set of stairs in Eureka Springs on July 28 while visiting the town with her mother.

struggling with anxiety, according to the report from the Center for Collegiate Mental Health.

Freshman Fredi Hayes, who is majoring in political science and communications, was diagnosed with bipolar disorder, and she describes her illness as "the ultimate downfall of (her) relationship."

Hayes and her former boyfriend were each others' support system, she said.

a period of manic episodes. This is what led to a doctor diagnosing her, she said. After she got her diagnosis, a doctor prescribed Hayes Lamotrigine and Trazodone, which she still takes. Hayes accepts her diagnosis as part of who she is, but she does not let it define her, she said.

"This is who I am, and this is what I'm dealing with, but that doesn't define the entirety of me," Hayes said.

big impact on her romantic relationships until she hit her 20s, she said.

"With my first couple of girlfriends, I would just warn them and say, 'I'm gonna be sad sometimes, and I'm gonna have anxiety attacks sometimes,'" Bunch said. "The girls I was dating just understood and kind of rolled with it."

After Bunch became involved with a guy for the first time, she noticed her mental illnesses were

Bunch thinks being open about her mental illnesses helps her cope, she said. When she was a teenager, Bunch did not like to talk about her struggles with mental illness, and she thought of them as a secret, she said.

"Being open about it and being able to acknowledge it to the relationships that matter to me helps me a lot because it holds me accountable," Bunch said.

Bunch began taking

## CEA accommodations allow students to reach potential

Continued from page 1

Dyslexia affects the area of the brain that processes language, so students diagnosed with the disorder have difficulties in spelling, reading, memorization, speaking and reading out loud.

Many of the accommodations and resources offered to students with dyslexia are similar to those offered to students with ADD, Scher said. According to the Dyslexia Center of Utah, 30 percent of students diagnosed with dyslexia also have at least a mild form of ADD or ADHD. Students with ADD report that reading and notetaking are two of the most pressing issues they face in day-to-day life in college, so the CEA works to provide accommodations that readily address those issues.

The UofA offers several free computer programs that can provide in-depth assistance for learning disabilities to all students and faculty. Read&Write is a program that reads online text out loud, helps students sift through their online textbooks and creates effective study guides for them.

It is important to tailor the accommodations offered to each and every student who walks through the doors of the CEA, because no two students learn or process information in the same way. According to Scher, the CEA does their best to anticipate the needs of students, but they must be able to adapt to any unanticipated needs as well.

"You can line five people

up with the same learning disability, and what they discuss is very similar, but they will have nuanced differences," Scher said.

Across the SEC, the UofA is on a somewhat even playing field in terms of what accommodations are offered to students with learning disabilities. The University of Mississippi and the University of Alabama also offer extended time for tests and accessible format reading materials, as well as similar programs to those offered at the UofA. Students at Louisiana State University and the University of Missouri have a comparatively smaller array of options for disability accommodations, with a lower number of downloadable computer programs.

At Texas A&M, their disability services offer a much wider variety of accommodations than can be found at any other SEC school. In addition to the Read&Write program, A&M students have access to voice recognition software, video magnifiers and adaptive keyboards and mice.

CEA accommodations can alleviate the feelings of inadequacy for many students, Scher said. Once the barriers are reduced or eliminated, they finally have the opportunity to perform at their full potential.

By the time a student is in college, typically, they have learned how to cope, White said.

For example, White has a trick when it comes to reading out loud in a classroom setting,

she said. She reads the passage in her head twice before attempting to read it out loud, allowing her the chance to ingrain the information in her mind before attempting to read it aloud. Otherwise, she stutters and has a difficult time forming the words in her head as quickly as she needs to say them.

The transition from high school to college has not been as she predicted, White said. She expected to face more difficulties because of the increase in out-of-class reading that is required in college versus high school, but the ability to manage things on her own time has been a huge asset.

This is typical among students that have been diagnosed with learning disabilities prior to college, as it allows them the time to find out what accommodations work for them and their specific learning styles, Scher said.

Around 11 percent of all students who attend four-year colleges or universities report having a learning disability, according to the National Center for Education Statistics in 2012. The accommodations students can use that universities offer make it possible for their college experience to be just like their peers, according to Scher.

"It's not a harder experience for me than my friends. It's just a different experience overall," White said.

## Hemp products can react to prescription medication



Photo Illustration

Taffy Kavanaugh Staff Photographer

Continued from page 1

CBD may also react to some prescription medications, particularly blood thinners, said David Tindell, the chief operating officer of CBD Sacred Leaf. CBD can inhibit cytochrome P450, which might allow some medications to be absorbed more than in the average dose, which can possibly lead to an overdose.

Tindell thinks that in the past decade, but this year especially, more people are beginning to understand what CBD is and its benefits, he said. Tindell began using CBD to treat his insomnia, which he was not able to cope with using prescription medication.

Most people that came into CBD Sacred Leaf heard about CBD through word of mouth, specifically about how it may help their problems, Tindell said.

Tindell's father, who has carpal tunnel syndrome in his left wrist, first heard about CBD through word of mouth and how it might relieve his pain, he said.

"I said to him, months back, I was like, 'Dad, you need to try this pain cream. I think this can really benefit you. I think it'll help you feel better,'" Tindell said. "Well, my dad is a little bit more old school. He's kind of resistant to new things like this, and so he wasn't really interested in it. And one day, he's visiting the shop,

and he's kind of rubbing his wrist, and I say, 'I'm like, 'Dad.' I was like, 'You're killing me.' I go, 'Will you please try this pain cream?' And so what happens? He tries the pain cream. About five or 10 minutes after he puts it on, he says, 'Oh, I'll be damned, my wrist isn't bothering me.'"

Health department officials cited a study that stated only 26 of 84 samples of CBD oils, tinctures and liquids actually had the amount of the cannabinoid it claimed to have on its labels. People might not know if they are getting what they pay for because of a lack of regulations surrounding the hemp derivative, according to the statement.

# Arkansas house bill could raise age requirement for purchasing nicotine



Kevin Snyder Photo Editor

House Bill 1519 will prohibit the sale of tobacco products, vapor products, alternative nicotine products, e-liquid products and cigarette papers to anyone under 21.

**Lauren Ganim**  
Staff Reporter  
@laurenganim1

A Republican house representative introduced a bill into the Arkansas State Legislature that will raise the legal age to purchase nicotine products to 21, including cigarettes and e-cigarettes.

Rep. Lee Johnson (R), who represents district 75, which includes Greenwood, AR., filed House Bill 1519 to the Arkansas State Legislature on Feb. 19, according to the document filings.

The bill will prohibit the sale of cigarette papers and tobacco, vapor, alternative nicotine and e-liquid products to anyone under 21, according to House Bill 1519. Military members will be exempt from the minimum age requirement because military bases operate under federal, rather than state, law.

Johnson's goal for the bill is to push back the time that people are first exposed to nicotine, he said. By raising the minimum age requirement to 21, adolescents would no longer be able to get their 18-year-old friends to purchase tobacco products for them. It is less likely that high school age kids will have 21-year-old friends, so it will reduce their rate of nicotine exposure.

"When you are young, your ability to get addicted to nicotine is higher," Johnson said. "The earlier you are exposed to nicotine, the more likely it is that you will develop a lifelong addiction."

More people in the U.S. are addicted to nicotine than to any other drug, according to the Centers for Disease Control.

Freshman Keynan Roach, who is majoring in journalism, thinks it is

wrong to increase the nicotine levels of e-cigarettes to keep sales up, but if people are aware and still want to use e-cigarettes, then that is their choice, he said. If they tell the users the amount is being raised, they know what they are signing up for.

"(E-cigarettes are) going to cause long-term, harmful effects just like tobacco, just like cigarettes," said Huda Sharaf, the UA Pat Walker Health Center medical director.

While there are benefits to e-cigarettes compared to regular cigarettes, in that they do not produce the tar or carcinogens found in cigarette smoke, nicotine may impair brain development in adolescents, which can lead to attention deficit disorder and poor impulse control, according to a study by Harvard Medical School.

The U.S. Food and Drug Administration announced a Youth Tobacco Prevention Plan in September that targeted JUUL and other popular vaping companies in their campaign

to limit nicotine sales to minors, according to the FDA.

"We cannot allow a whole new generation to become addicted to nicotine," former FDA Commissioner Scott Gottlieb said.

Flavored e-cigarette juices often contain a chemical compound called diacetyl, which is associated with a lung disease called bronchiolitis obliterans, commonly known as "popcorn lung," which causes permanent damage to the bronchioles, according to the Harvard study.

E-cigarette liquids also often contain propylene glycol, which the FDA approved as a food additive but has unseen effects as an inhalant, Johnsons said.

"Vaping by itself it a health risk," Johnson said. "We don't know what the effects of the inhalants will be 15 years down the road."

Freshman Jeremy

Privitera, who is majoring in criminology, has tried vaping in the past and burned his lungs when he inhaled the vapor, he said. He thinks that if one hit made him feel like that, it is probably not a good idea to make a habit out of it.

"A lot of people will be affected if the bill gets passed," Privitera said. "It's probably going to be like alcohol on campus. There will be someone who has an I.D. to buy stuff."

Privitera thinks the bill should be passed and that the FDA should get involved because the majority of users are minors.

Privitera thinks the effects are more serious for student-aged adults, he said.

"I don't think passing the bill will be very helpful. I think people are going to be buying it (from other people) like alcohol," Roach said.

Crazy J's Smoke Shop on Garland Avenue, sells e-cigarettes, hookahs and

cigarette papers.

Crazy J's manager Colton Townsell thinks that raising the age limit would affect JUULpod sales the most, he said.

JUUL stopped accepting retail orders for its mango, fruit, creme and cucumber pods from more than 90,000 convenience stores, e-cigarette shops and other retailers, CEO Kevin Burns said in a blog post on the website.

"The fruity flavors are too appealing to teenagers," Townsell said.

He thinks the bill would affect the customer rate because teenagers and college students mainly buy pods and e-cigarettes from the store.

Johnson's experience as an emergency medical physician inspired him to introduce this bill to the Arkansas State Legislature, he said.

"I have seen firsthand the long term effects of nicotine addiction, and it isn't pretty," Johnson said.

## Some professors offer free absences to cover sick days, student emergencies

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Some professors do not have a policy toward the doctors' notes, and, instead, a simple email explaining the student's absence will suffice.

"I still believe there is some honor in the world, and so if students respect the honor system and say they've got the flu, I'll believe that," archaeology professor Ken Kvamme said.

Kvamme prepares for

the possibility of students missing class for illness, emergency or any other reason by setting aside a certain amount of excused days in the semester where students can miss without any penalties, Kvamme said.

"I'd be really shocked to find out that there are professors on campus that don't accept any doctors' notes," said Lori Holyfield, the director of undergraduate studies and professor in the sociology

and criminology departments.

The professors and faculty receive reminders through email about outbreaks, for which students commonly miss days, so they are always prepared, Holyfield said.

Holyfield thinks the idea of professors not accepting a doctor's note "sounds like one of those urban myths," she said.

If a student thinks their privacy has been violated by providing a doctor's note, that student can go to Silas Hunt Hall or the dean's office to present their argument.

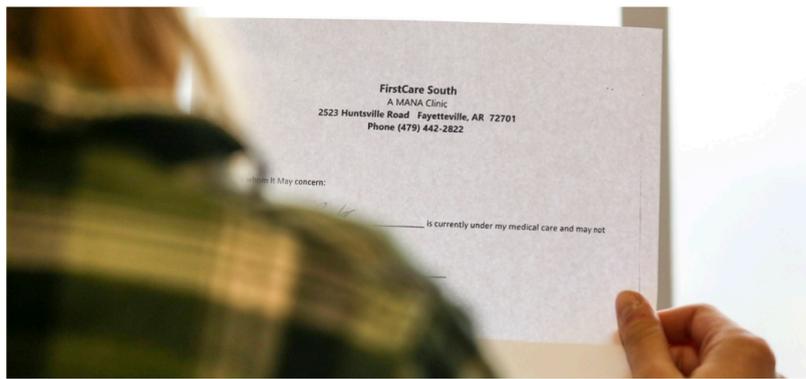


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Sadie Rucker Staff Photographer



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