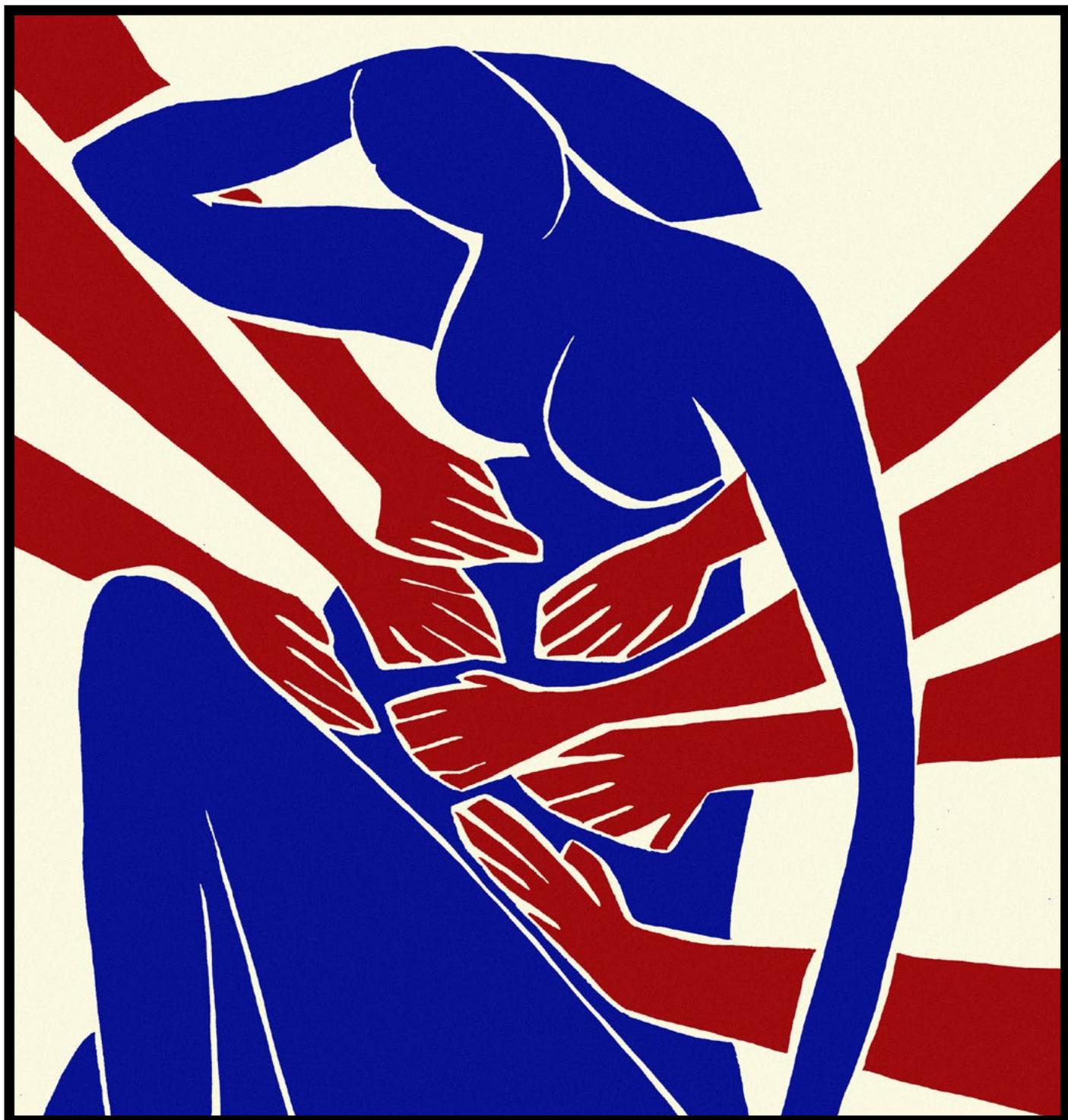


CRACCUM

ISSUE 11, 2019



420 Blaze It

Guess which politicians are trying to convince students weed is bad

Abort Mission!

If the world could stop attacking women's reproductive rights that'd be great

Baziongo and Other Tropes

Autism is not an insult or 'quirk' to be made fun of on your sitcom

Student Companion **Torts** • 7TH EDITION • Geoff McLay

SC

Student Companion **Criminal Law** • 6TH EDITION • Danica McGovern • Amy Hill

SC

Questions and Answers
Public Law

3RD EDITION • Nicholas Wood

Q&A

Questions and Answers **Criminal Law**
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The Mystery of the Pee Bag

BY BAILLEY VERRY



Each week Craccum's esteemed Editor-in-Chief writes their editorial 10 minutes before deadline and this is the product of that.

Working at *Craccum* is truly an interesting experience. We have shit yarns, stress over deadlines and sometimes get free stuff.

Many of the shit yarns we have in office end up as articles or at least referenced for our own amusement (sorry it's wanky I know). The stress of deadlines on top of our own uni work means sometimes something slides in between either articles we write or assignments we do. But the free stuff - that is a pretty decent perk. We occasionally get free samples of products to review, or tickets to pass on to our lovely writers, which makes it thoroughly worth having to lunge over puddles of piss outside our office door in the morning.

But this week our beloved *Craccum* office got a free delivery of something rather.... unexpected. While working hard at the office at 6:30pm on Tuesday, on our doorstep we received a mystery AUSA bag filled with goodies. What were the goodies you ask? Condoms. But these condoms were not in wrappers. Each condom had been filled with a yellow liquid, that I can only hope is apple juice (if not y'all need to hydrate). Interestingly, each condom had been tied together so it was a massive bunch, resembling that of bunch of grapes, all contained in that white AUSA bag. But even weirder still, I haven't seen it since that night. After pushing it to the side

to deal with later (classic me) I have returned to the office and myself and the *Craccum* staff haven't seen it again. And I just have So. Many. Questions.

Was this a prank? Was it even a prank on us? Did you drop it on your way to something? I need answers! If you did pee in them, how long did it take? There were easily 15 filled liquid balloons so surely that must have taken some time to accumulate. Did you just pee into condoms for a week? Or did have friends you did this with? Because if you did, you kinda had to handle your mate's piss while tying all of them together in a big bundle. And on that, why even tie them together? That is a lot of effort to make it easily disposable. I don't know why you thought this would offend us. Your piss was nicely contained, so it was very easy to lunge over and not ruin my shoes. Did your parents not love you so this was a cry for attention so you could finally be noticed in the student sphere? If it wasn't piss what was it? Why would you waste apple juice like this? Why the AUSA bag? What is the significance of it? WHERE THE FUCK DID IT GO? Did you pick it up because you lost it? Did you regret it? Did someone else pick it up and think "ah just what I was looking for"? Was it all just performance art?

Of all the questions I have, there is only one thing I can be certain of: you definitely had no other use for those condoms.



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Historic Victory: Craccum Sweeps UOA FilmSoc's Pub Quiz

CRACCUM EDITORIAL TEAM

Last Monday, the University of Auckland Film Society hosted its once a semester film quiz at the Garden Room at Shadows. Like all prestigious quizzes, it attracted the best and brightest that were available on that day.

And some that I'm pretty sure were not eligible to get their own bank account, let alone order some delicious pill drinks from the counter. Seeking a challenge, Craccum attended the two and a half hour romp - under the name Destiny Church, however. It was a higher turnout than expected, with well over 50 people in attendance. The hosts may not have expected all who applied to turn up, as there was a certain amount of confusion and nervousness, but they soon got their groove together. There were various teams of differing sizes, with some up to six members, while your favourite student magazine limped in with a mere three participants - one of whom doesn't even work for us. However, it was all that we needed. We were ready to win. And so the games began - eight rounds of trivia, some questions designed to keep us on our toes, some designed so that the average audience

member would know what was going on. We swept the cult classics round and fumbled at the MCU section, since we prefer to watch films with class. However, it was the all-important and ill-advised Sound Round at the very end where we truly shone. With a sound system that was barely cooperative for all involved, the Craccum team were the only ones to identify the famous piano tune from *Spirited Away*, and with that single point, we managed to rise above our competitors and spirit our way to victory. And oh, the applause was thunderous. The floors shook. We reluctantly agreed to take a photo with our 100 dollar film voucher for Event, for posterity's sake, but then the crowd demanded a speech from their winners and indeed, their superiors. With a swift grab of the mic, Lachlan Mitchell addressed his crowd with a succinct 'All you cunts lost, bye' and parted with the prize. Craccum gathered their things and left - but there was one more question to be answered. Amazed by our prowess, not even using our phones, UOA FilmSoc's president wanted to know if we were mere enthusiasts, or enrolled students of film. And we replied "Nah, we're just good."

Number of Confirmed Measle Cases in Auckland Hits 60

DANIEL MEECH

Five new measles cases have been confirmed, meaning the total number of cases detected in Auckland has reached 60.

Craccum understands at least one of those 60 people was a student of the University of Auckland. The student - one of the first measles cases to be identified in the city - was enrolled in a number of first-year business papers. Shortly after his diagnosis, the university sent roughly 600 emails to students in COMLAW 101, ECON 151, and BUSINESS 101, warning them that a peer in their class had been carrying the airborne virus.

More than half the measles cases came from the west of Auckland. But that doesn't mean those in other areas are safe. A spokesperson for the Auckland Regional Public Health Service (ARPHS) says, although the outbreak appears to center around West Auckland, people from all four corners of the city have been identified as carrying the illness. Scientists suspect the increased number of people affected by measles has been brought about by lowered immuni-

sation rates - ARPHS says the concentration of cases in the west is likely just a reflection of low immunisation rates in the area, rather than anything else. "Measles spreads very easily through households if family members are not vaccinated," a spokesperson told *Stuff*, "The early cases were in extended families in West Auckland, so the illness has been passed on for longer in this area, amongst groups more likely to catch it".

It is estimated that 1 in 10 of those currently infected will need to be hospitalised. Additionally, roughly one in three of those sent to hospital are expected to develop serious complications.

The symptoms of measles include a fever, cough, runny nose and sore red eyes. After about three days, a rash appears on the face. This rash eventually moves down the body. The ARPHS says the only way to ensure you are protected from the outbreak is to become vaccinated. If you suspect you have caught the disease, visit the ARPHS measles page or the Ministry of Health website for more information. Alternatively, you can contact Healthline on 0800 611 116.

Police Called to O'Rorke Hall After Threats of Assault and Genocide

BAILLEY VERRY

Police have been called to University of Auckland's O'Rorke Hall after a series of racist posts were made on Reddit.

They appeared after a Reddit user (going by the name 'TheGreatTake-BackNZ') posted a number of concerning messages on the unofficial university subreddit r/universityofauckland. The messages - some of which included threats of assault and genocide - were racist in nature, and specifically targeted Asian students. They called for migrants to be expelled from the country, and for white men to start a "killout". The Reddit user claimed to have QR codes posted around the university that were there to spread their message. They also claimed O'Rorke Hall the movement's "base is at the O'roke [sic] and we are growing stronger every day".

Sources say police have been patrolling the hall since mid-morning Saturday, mere hours after the post was made. The user has since been suspended from the platform, but the initial post still remains. Craccum has yet to confirm if the police have found any students responsible for or involved with the posts at O'Rorke Hall.

This development comes one month after the University of Auckland Vice-Chancellor Stuart McCutcheon called the idea of growing white supremacy "utter nonsense". McCutcheon claimed that the issue had been "conflated by social media".

Despite the dismissal by McCutcheon, there have been consistent

reports from students worried for their safety.

Earlier in the year, students reported the presence of a neo-nazi student in the post-graduate labs, resulting in a petition to get the student removed. The university said it was unable to take action because the student was not breaking any laws.

In early May the Auckland University Students' Association (AUSA) held a hui to discuss discrimination on university grounds. Many students and staff came forwards to share their experiences, undermining the university's claim that there is 'zero tolerance' for the behaviour. In the wake of the hui, AUSA sent a report to the Vice-Chancellor. The report identified the 'pain-points' students and staff thought had contributed to racial discrimination on campus, and made several recommendations to Vice-Chancellor Stuart McCutcheon.

Following the report, McCutcheon implied he would be taking action to work on the recommendations. It remains to be seen whether or not he will take these threats seriously.

CORRECTION: The original article published on the Craccum website reported that the neo-nazi student was in the post-graduate lounge, not the post-graduate labs. Sources report that there has not been a police presence outside the post-graduate labs. There is however, a police presence outside the post-graduate lounge as reported, but Craccum cannot confirm that the incidents are related.



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420 Legalise It? Politicians and Academics Battle It Out on the Legalisation of Recreational Cannabis

CLAUDIA RUSSELL

On May 7th, the Labour Party made an announcement that set student hearts aflutter nationwide. Justice Minister Andrew Little revealed that a binding referendum would take place in 2020 to decide whether New Zealand will legalise recreational cannabis. However, when we do vote 'yes' or 'no' next year, do we know what we're actually voting for? Will we be able to grow cannabis in our back gardens, smoke it at the local coffee shop, or buy it at the dairy? Thankfully, UoA's Public Policy Club put on a Drug Policy Debate with some of the country's most well-informed academics and politicians to help us understand the proposed legislation a little better.

The Speakers:

MC: Jess Tyson, **Maori Television**

Simeon Brown, **National Party**

Beth Houlbrooke, **ACT Party**

Associate Professor Chris Wilkins, **SHORE & Whariki Research Centre**

Dr Marta Rychert, **SHORE & Whariki Research Centre**

Anahila Kanongata'a-Suisuiki, **Labour Party**

Samuel Andrews, **NZ Drug Foundation**

Raquel Barbiellini, **Community Action on Youth and Drugs (CAYAD)**

What are some of the biggest failures with New Zealand's current drug policies?

Drug Foundation: Maori are 4 times more likely to be arrested and convicted for cannabis. Those convictions stay with you for life.

National: Only 16 people this year have been imprisoned for cannabis. But the current debate is not on decriminalisation. We are talking about legalisation – producing, selling, everything. It's important to talk about what this referendum is. The Portuguese model is decriminalisation, not legalisation.

The government has to put together

a piece of draft legislation. My challenge to the government is to make sure that legislation is as comprehensive as possible. But currently, we won't know what we're buying at the referendum.

What would a good referendum look like?

National: Well, National wouldn't be having this referendum. But if we were, we would ask questions like – would they be able to grow it next to a school, or a mental health facility? [crowd groans]

Labour: I have worked in CYFS and seen the harm cannabis brings to our most vulnerable. New Zealand is not the first country to talk about legalising cannabis. In terms of medicinal cannabis, we passed legislation recently. In that debate, National were talking about whether people would smoke cannabis in front of schools, mental health facilities, all the same arguments. But our recently passed legislation shows that we are responsible, and parliament will craft responsible legislation.

We say; 'let New Zealand decide'.

We have a year, which is plenty of time for information. Labour's stance is a two-prong approach: addressing the justice system

through the dealers, and rehabilitation for users. Every government is sovereign, and they can change the legislation if they don't like it.

Labour says there will be strong public safeguards – what are those safeguards?

NZ Drug Foundation: The proposed legislation aims to remove the black market. One third of year 13 students use cannabis. So if we limit the purchase age to 20, we create a safeguard through limited access. If it is legal, you can also ask for help if cannabis is becoming a problem.

I feel like if it was legal, people who may not have previously tried cannabis because it was illegal might want to try it?

NZ Drug Foundation: Yes, people might try it, but [they would do so] in a situation where you can see the ingredients and tailor your experience. If drug use is regulated so that it doesn't cause harm, it won't be a problem. Separating use and harm is really important.

Isn't there also a concern that if we legalise cannabis, there will be a higher rate of people driving under the influence?

NZ Drug Foundation: We have some really great PSA's in New Zealand about drunk driving. Currently, we don't have any of the same PSA's around driving high. If cannabis becomes legal, we can more freely educate people as to the risks of driving high. We can also talk about a wider idea of impairment – for example, driving tired is in some cases just as dangerous as drink driving.

We are among a lot of young people tonight. I'm sure lots of you have been to festivals. What is your stance on drug testing?

SHORE & Whariki Research Centre: We don't have strong evidence that drug testing reduces poisonings. We have some evidence on what people will do if they know what's in their drugs, but a lot we're still in the dark about. For example, will they throw it away if they've already paid for it?

In general, it is a good harm minimisation approach. But there are limitations to the science in terms of what it can detect. Also, it's not clear that [drug testing] will warn people off taking drugs – drug takers are arguably already risk takers.

National: The message I would send to the Drug Foundation is "*don't try changing the law by breaking the law.*" Another thing to the Drug Foundation: you claim that, if we set a legal age of 20, suddenly school-age children won't be using cannabis? Look at the United States – the black market is still there, because it is cheaper.

Drug Foundation: I have had the privilege of bringing a spectrometer to festivals. We don't want to see deaths at festivals. It is a legal grey area. We set up with permission of the festival; scraping, checking, giving results, and giving people advice on how to reduce harm from the drugs they're taking. When people are informed about something, they act on it. For people who do decide to take it, we can talk about things like safe dosage and not mixing drugs.

In terms of all that civil disobedi-

ence stuff – that's why we had the needle exchange in the 1980's, and now our rates of HIV are less than 1%. Total prohibition just doesn't work.

No one wants to have an overdose at a festival. Harm reduction is seen as controversial, but at these festivals we are at a place where drug use is highly normalised. We wouldn't take a spectrometer to, say, a high school.

If you were to vote tomorrow, would you vote yes or no?

SHORE & Whariki Research Centre: I guess yes, but I would like to see more detail. It could be 'grow your own', could be no sales, or it could be a monopoly. The regime is not clear at all.

National: No. We don't want to open the door to 'Big Marijuana' like we have done with Big Tobacco. National does, however, support medicinal cannabis.

CAYAD: Our job is not to lobby. It is to inform our community. We want people to be able to decide how drugs should impact their lives. 90% of people don't have a drug problem. We need to look at the 10% that does have a problem. We don't want young people to be using drugs, but they do. Just like they try sex and drinking. So we need to educate them.

Labour: If NZ votes yes, it will be binding. I need you guys to know that everybody's vote will have the same weight. So we all need to educate ourselves.

Act: We need to do the research and look at the evidence. In order to get the evidence, we need an independent Royal Commission report that isn't cherry-picked by the government.

How has legalization affected other countries?

SHORE & Whariki Research Centre: These changes are still very new. For really reliable results, we would need to wait 10-20 years. But we can look to places like California that have had medical marijuana for a while. There is evidence that legalisation increases adult use, so we need to be prepared for that.

If you look at Colorado and Oregon,

they have mixed evidence on youth use. But there has been an increase in adult use, psychosis, and cannabis-related emergency room admissions. However, it would be naive to think that legalisation would not increase use, especially if you're having places advertise it.

But just because we legalise cannabis doesn't mean we must have a huge commercial market. In Uruguay, they have private places, like cannabis social clubs. I think it's important we don't end up with a cannabis industry like we have an alcohol industry.

What is your stance on reducing drug harm?

National: We keep hearing the argument that regulation is better. But we have had regulatory laws on alcohol and tobacco for a long time, and it still causes a lot of harm. Under this argument, we would have to ask: "do we legalise MDMA? Do we legalise Meth?" We have to ask the question: "where do we stop?" [*at this point, somebody (definitely not a member of the Craccum editorial team) yells: "OH FUCK OFF"*].

SHORE & Whariki Research Centre: I think a lot of mistakes have been made with regulating alcohol and tobacco. But we can learn from these mistakes. Now we have a lot of evidence on what works and what doesn't. We need to look at banning sponsorship and advertising, as well as regulating availability. We now know a lot more about what works for reducing alcohol harm, and we don't need to look back.

Drug Foundation: If we look at things like prohibition on alcohol, we see things like moonshine and other extremely high potency, undistilled products. These cause deaths, blindness and more.

The way the illicit market works – there is a lot of risk involved, so it's cheaper to have it in really high potency. Legalisation doesn't mean you can just walk into a shop and buy it. For anything really potent, if you legalised it, you would still have it highly restricted and regulated.

Hearsay! News without the facts: Great Barrier Reef Applies for Euthanasia

LACHLAN MITCHELL

Aotearoa generated significant discussion when it became the first nation in the world to give legal personhood to one of its environmental features - the Whanganui river. This sparked talks on how to incorporate indigenous culture within a nation into its future and the degrading state of our environment. However, in a shocking move that one-ups this historic measure, the Great Barrier Reef has announced plans to go above and beyond the idea of personhood, and become the first environmental treasure to seek assisted suicide rather than suffer in its terminal condition any longer.

News came in soon after the Australian Liberal Party won what was supposed to be the unloseable election for the Opposition - with Queensland in particular rejecting Labor, opting for the promise of tax refunds and the supply of condoms and dental dams for when they wish to fuck and be fucked by their depleting natural resources. Upon hearing this news, it appears that the Great Barrier Reef - suffering from massive coral bleaching and the likelihood of near-total devastation of its pristine waters- broke down in tears and reportedly said to bystanders 'That's it, I just can't struggle any longer. I'm done, man, I'm just done'. While

the intricacies of this announcement are yet to fully unfold, it appears that the Great Barrier Reef wishes to end the slow process of declining calcification and be put to death in grace, and is planning to uphaul the entire euthanasia system to achieve that goal, rather than linger on for decades in the hope that Australians will get their shit together. Sources close to the Great Barrier Reef have confirmed that while it loves the unique and irreplaceable marine populations that live in its features, it 'just does not want to live long enough to be as blindingly white as the population that is striving to kill it'. While Prime Minister Scott Morrison has not

yet responded to the announcement, the news has generated significant interest in many other similarly afflicted environmental treasures, such as the Yangtze River and New Zealand's own Franz-Josef Glacier, who also wish to die painlessly rather than be kept on life support by the same people that are going to kill it. As of the time of writing, it is yet to be determined whether this announcement bothers the Queensland populace, who are still currently celebrating the renewed license to get in their best lingerie and fuck the absolute shit out of the only beautiful object still residing in their shithole of a state.

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Alabama - the Issue, the Impact and the Action.

By ANANYA GROVER

Last Wednesday, the Alabama Senate passed the most restrictive abortion law in the United States. It aims to criminalise abortion. There is an exception for situations where the mother's life is at risk, but no exception for cases of rape and incest. The new bill implements harsh penalties for those caught violating it. Doctors could face up to 99 years in prison for performing an abortion in the state.

Other states such as Ohio, Mississippi, Georgia and Kentucky have passed "heartbeat bills." These ban abortions for pregnancies over six weeks, which is early enough a stage of pregnancy for most women not to know that they are pregnant. Controversial restrictions are also being considered in Florida, South Carolina, Arkansas, West Virginia, Missouri and Indiana.

The politicians in support of this bill want to directly challenge *Roe v. Wade*, a 1973 landmark ruling that recognised the constitutional right for women to terminate a pregnancy, effectively legalising abortion nationwide. If the Alabama anti-abortion bill is contested, it could ascend up the judicial system to the Supreme Court and make abortion inaccessible to the entire country.

The Impact:

Politicians with no medical background are gaining control over female autonomy, using the excuse of being pro-life. This is the idea that all humans, including the unborn, have a "right to life". Therefore, anti-abortion laws should be placed to protect the life in the

womb. The disgusting irony of this legislation is how it strips the rights of females, and puts their "right to life" at stake, accelerating a public health crisis that is already in the making.

In my opinion, the politicians supporting this law misinterpret the meaning of protecting innocent lives. It could be easier to get a gun than to get an abortion in Alabama. A weapon that has been the cause of 105 mass shootings this year is likely to be made easier to access than a safe and legal abortion. The new abortion law is centered on the commitment to protect an individual's life, a protection that is not extended to the female, nor the child after they are born. The consequences of restricting abortion are physically, psychologically and economically troublesome. Everything that comes after the birth is left to the parent(s), regardless of whether they are mentally, financially and physically able to provide for the child. There is also the mental anguish for women whose pregnancies are the result of sexual violence. Under the Alabama Abortion ban, victims will be forced to carry their pregnan-

feature.

cies to term. This can have adverse health outcomes for the pregnant woman.

The government needs to understand that there is no such thing as preventing abortion, the days before *Roe v. Wade* saw that banning abortion does not eliminate the demand for abortion - it only limits access to **safe** and **legal** abortions. This bill sees the return of coat-hangers, belly-flopping and other self-induced abortion methods, increasing the risk of death on victims. For a safe abortion, females will have to travel farther and wait longer in other states. This will result in lost wages and as for the females with lower income, or living in rural areas, they will be forced to raise a child they do not have sufficient resources for.

The Action:

Those supporting this bill are not banning abortion to protect innocent lives, but for their own agenda. The same lawmakers supporting this bill voted against contraception and refused to expand Medicaid, which is currently paying for more than half of the births in the state. Those opposed to abortion and wanting to reduce the number of abortions should legislate to reduce unintended pregnancies. This includes increasing access to contraception, comprehensive sex education involving medically-accurate information about abstinence

and contraception, as well as programs that help curb domestic violence and sexual abuse.. **The rate of abortion declines when the number of unintended pregnancies decline.**

In New Zealand, we are lucky to have a female-led government that is committed to advancing women's rights. However, as a woman, especially a woman of colour, I feel very lost and scared with the passing of this bill. It demonstrates that political privilege threatens the rights and freedoms fought for. We have a long way to go and we must stand in solidarity and fight. Also, the Yellowhammer Fund helps women in Alabama with medical costs, travel and a place to stay if they need/want an abortion.

I leave you with some very wise words from Tupac Shakur:
*"Since we all came from a woman
Got our name from a woman and our game from a woman
I wonder why we take from our women
Why we rape our women, do we hate our women?
I think it's time to kill for our women
Time to heal our women, be real to our women
And if we don't we'll have a race of babies
That will hate the ladies, that make the babies
And since a man can't make one
He has no right to tell a woman when and where to create one."*

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CHOICE

My Body, My Pregnancy

By NEELAM RANCHHOD

The pro-choice movement has reached a large portion of women who understandably want safe and legal reproductive health rights. Seeking the approval for abortions in New Zealand is complicated, however it is a necessary procedure for many women and the opportunity is not always available. The right to having an abortion is a human right, which has global impacts, such as Trump's Global Gag Rule, which restricts the access of abortions for many women in America.

After contacting Family Planning's National Nursing Advisor, Rose Stewart, I have become more educated on the importance of abortions and the opportunity it gives women. This interview was conducted to help anyone in New Zealand who may need an abortion and to create a safe and open dialogue about abortion.

What led you to work in the field of Sexual and Reproductive Health?

"After years of hospital work I wanted to work in primary health. This led me to Family Planning courses and I realised this is where I wanted to work. In my lifetime, two family members had abortions and had to go through a difficult and judgmental processes to get them. I felt I could really learn a lot and that helping people within this critical area of women's health would be a worthwhile and hugely satisfying career."

"The people we see at Family Planning are generally very well and healthy and are looking for our help to manage their lives – by getting contraception, cervical screening and STI testing.

How do women in New Zealand access abortions and what is the process like?

"A woman in New Zealand who decides she doesn't want to continue a pregnancy has a complicated process to navigate. It's important

to remember that much of this process is dictated by abortion being part of the criminal code in this country, not because of any medical necessity."

"A woman would go to see her doctor (GP) or Family Planning Clinic or Youth Health service and be referred to the licensed abortion provider in her area. She will need to go to get a series of blood and other tests done and will be advised about the different options for her abortion – medical or surgical. There will also be a conversation about her contraceptive needs after the abortion. She will need to speak with two certifying consultants. These are doctors who will decide if her circumstances meet the legal requirements for her abortion to be approved."

The process of having an abortion is complicated, and it is concerning that women may not be approved and therefore have to continue with an unwanted pregnancy. It is important to note that the current New Zealand law allows for abortions for pregnancies under 20 weeks, and a different set of criteria are in place for those after 20 weeks.

"A medical abortion is where the woman takes medication that induces a miscarriage, which tends to happen at home. It happens over a period of time and feels to a large extent like a natural miscarriage. Follow up blood tests are needed after an abortion to make sure it was completed. A surgical abortion may be done with

feature.

no sedation, under conscious sedation (which means she will be a bit drowsy) or under general anesthetic. Most often, it takes place under conscious sedation. The surgery takes approximately ten minutes. The woman can go home on the same day."

What barriers or restrictions do women often face during the process? I understand there may be people who oppose abortions and maybe try to convince women to keep the baby instead, does this cause any stress or anxiety?

"We know there are many things that can make it difficult for a woman to access an abortion –lack of services locally, law, stigma, time and cost of multiple visits, and more. Stigma is a major barrier that affects people seeking abortion and yet one in four women will have an abortion in their lifetime. Abortion providers work hard to see people in a timely way and look after them very well under a really out-of-date law, which does not allow for all the best medical practices. There can be delays between seeing the doctor/s and getting to the abortion provider. There may be travel and multiple appointments. People cannot complete the process without having to jump through hoops."

The statistic of one in four women is very common and it is important to know to avoid the negative stigma that comes with having an abortion. Rose clarifies that the Crimes Act is a massive barrier for women who are looking for safe and legal medical care.

"Abortion is regulated under the Crimes Act in New Zealand. Therefore only institutions licensed under this Act can provide abor-

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We know that while most women are certain of their decision they fear being judged and stigmatized and potentially blocked from getting an abortion.

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tions. This applies to medical and surgical abortion. The abortion regulations within the Crimes Act are a major barrier to providing best practice abortion care. Abortion is a health service. Abortion can be provided under the same high standards and best practice guidelines that any other health service is provided. A 2019 Newshub poll showed that 70% New Zealanders want abortion to be decriminalized."

I hear you Rose! I think having an abortion requires the same care as any other medical practice as well.

"Most people have made their decision to end their pregnancy before they see a health care provider. We know that while most women are certain of their decision they fear being judged and stigmatized and potentially blocked from getting an abortion."

What are your thoughts on Trump's Global Gag Rule, which restricts access for women to have safe and legal abortions?

"It's important to remember that there is no direct impact on New Zealand from the Global Gag Rule. But what it does for us in this geographic area – as it does globally – is to amplify stigma and misinformation about women's health needs. Tragically, globally, it means women die."

"The Gag Rule is complex but at its core it denies US funding to agencies and organizations that might provide, refer for or advocate for abortion. It denies funding even if the funding is used for work unrelated to abortion, like education. Many organizations in countries around the world rely heavily on US development funding. The Gag Rule often means a significant loss of resources for organizations doing a broad range of work, from maternity care to HIV prevention. Where abortion is inaccessible, women who find themselves with an unwanted pregnancy are forced to seek illegal and often unsafe abortion. We know that about 26 million unsafe abortions happen globally each year and that as many as 13 per cent of all maternal deaths globally are the result of these unsafe procedures."

What advice would you give to young women planning on getting an abortion or if they are on the fence of getting one?

"Most women I see are generally very sure about what is right for them at this time without any help from anyone about the decision. When someone is unsure, they might need help in their decision-making. So pre abortion counseling is always available to support people who are unsure what to do if that is what they think would help."

"If I could give this hypothetical young woman one piece of advice, it would be to talk with their doctor or come to us as soon as she can, so she can get the health care she needs as soon as she possibly can. Seeing a health care provider who can provide non-judgmental support and information saves a lot of anxiety and fear."

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Abortion Law Reform in New Zealand

By KATE MACDONALD

In New Zealand, performing or getting an abortion is a criminal offence except in circumstances where statutory requirements are met. Two specially appointed doctors, known as certifying consultants, must be satisfied that one of the requirements are met before an abortion can go ahead. It is also an offence, punishable by a fine, for a woman to unlawfully procure her own miscarriage or unlawful abortion.*

Leading up to the 2017 election, Prime Minister Jacinda Ardern pledged to take abortion out of the Crimes Act. She said, "there will be a majority of Parliament that think 'actually in 2017 women shouldn't face being criminals for accessing their own rights'".

In line with this pledge, and signifying an intention to propose a policy shift, Justice Minister Andrew Little commissioned the Law Commission to produce a report advising what alternative approaches could be taken in New Zealand in order to align with a "health approach to abortion." That is, an approach that treats abortion as a health issue.

The report, released in October last year, examines current abortion legislation and suggests three models which could be implemented in order to take abortion out of the Crimes Act and are in line with the goal of treating abortion as a health issue.

What is the current legislation?

Current abortion legislation is set out in the Crimes Act 1961 and the Contraception, Ster-

ilisation, and Abortion (CSA) Act 1977.

Sections 183 and 186 of the Crimes Act state that it is an offence to procure or supply the means for procuring an abortion. The offences are punishable by up to 14 and 7 years in prison respectively.

The offences in sections 183 and 186 apply if the act is done "unlawfully". An abortion will be unlawful unless it is covered by one of the exceptions provided in section 187A of the Crimes Act.

Section 187A states that performing an abortion, in the case of a pregnancy of not more than 20 weeks' gestation, will be unlawful unless:

- Continuing the pregnancy would result in serious danger to the life, physical health or mental health of the woman,
- There is substantial risk that the child, if born, would be "abnormal" or "seriously handicapped",
- The pregnancy is a result of incest or sexual intercourse with a dependent family member, or

- The woman is "severely subnormal"

Although not grounds for a lawful abortion alone, the age of the woman and whether there is reason to believe that the pregnancy is the result of rape are two factors that can be considered when considering the first ground above.

For pregnancies of more than 20 weeks' gestation, the abortion can only be performed lawfully if it is necessary to save the woman's life or prevent serious permanent injury to her physical or mental health.

The CSA Act 1977 established the Abortion Supervisory Committee (ASC) and provides for general oversight of abortion services. In addition to the requirements set out in section 187A, under the CSA Act an abortion cannot be performed unless it has been authorised by two certifying consultants.

Abortion statistics in New Zealand

Abortion is common. In a study of New

Zealand women born in 1972 and 1973, one in four reported having had at least one abortion. The ASC indicates that around 30% of women in New Zealand will have an abortion. However, the number of abortions performed per year is declining. In 2007, 18,382 abortions were recorded, that is a rate of 20.1 abortions per 1,000 women of childbearing age. A decade later in 2017, 13,285 abortions were recorded, a rate of 13.7 abortions per 1,000 women.

When proper practice is followed, abortion is a straightforward and safe procedure. No deaths have been recorded since current reporting began in 1977 and complications occur in only 0.4% of cases. Abortions are safer the earlier they are performed. Early abortions are generally quicker and cheaper to perform and are likely to be less distressing for the woman.

In New Zealand most abortions occur during the first 12 weeks of pregnancy. In 2017 89.4% of abortions were performed in the first 12 weeks, 8.3% were performed in weeks 13-16, 1.7% occurred in weeks 17-20 and only 0.5% after 20 weeks.

Nearly all abortions performed in New Zealand are done so on the ground that continuing the pregnancy would result in serious danger to the mental health of the woman. In 2016 97% of all abortions were justified on the 'mental health ground'.

Virtually all abortions performed after 20 weeks are wanted pregnancies but are terminated because of a serious risk to the woman or because of serious foetal abnormalities.

What are the problems with the current legislation?

Current legislation does not treat abortion as a health issue. Abortion care is not treated in the same way as other health care. Normally, a person does not have to comply with statutory requirements or get the approval of two consultants, who they may have never met before, to access the health care that they want and need. Then why is this the case for accessing abortion care?

Nearly all women get abortions on the mental health ground. This was not the expectation when abortion legislation was drafted over 40 years ago. When it

was drafted it was expected that abortions would be rare, but over time doctors have allowed women to get abortions on the mental health ground using a broad understanding of mental health. This may seem fine to some, however Terry Bellamak, president of Abortion Law Reform Association of New Zealand (ALRANZ), explains why this is problematic. She says "abortion is the only medical procedure in which you have to *lie* about your mental health status in order to come within the grounds so that they can put the ticks on the form that is needed for you to go and get your abortion...you have to undergo a ritual humiliation in order to get the healthcare." Doctor, reproductive rights advocate and author Dame Margaret Sparrow thinks that having to fit into the mental health ground is wrong. She also believes that it is wrong that women cannot make the decision for themselves, rather that it has to be made by two strangers. The mental health ground requirement and the need for two certifying consultants does not promote or respect the autonomy of women, rather it is patronising, medically unnecessary in straightforward cases and only adds to delays in accessing services.

Accessing abortion care is time critical. To get an abortion in New Zealand you must be referred to an abortion service provider by your GP. In some areas it can take two to three weeks for a woman to just get an appointment with a doctor, who then has to refer her on to an abortion service provider. A study in 2009 found that on average it took 25 days from a woman's first appointment with a referring doctor to when the abortion was performed. This is significantly longer than the two-week maximum delay suggested by the ASC Standards of Care. Accessing abortion care is especially difficult if you live in a rural area. There are no abortion services in the West Coast or Whanganui areas and in South Canterbury abortion is only available in cases of foetal abnormality. Some women may have to travel significant distances to access abortion care. Multiple appointments may also mean that a woman has to take time off work, organise and pay for childcare and pay for travel costs. This is especially prohibitive for women who are poor or who face domestic violence.

Sometimes, the referring doctor will require that a woman come back for a second appointment before they will refer her on to a service provider so that she has time to think about her decision. This practice is not recommended by the ASC. It is important that women be provided with the relevant information to make an informed decision and counselling if wanted, but a mandatory wait time is not recommended. The World Health Organisation states that mandatory wait times can delay care and demean women as competent decision makers. Studies have also shown that although the decision to have an abortion is serious and significant, 95% of women who have had abortions do not regret their decision.

There are two types of abortion – medical abortion and surgical abortion. Medical abortions are miscarriages induced by taking drugs. Medical abortions can occur for pregnancies of up to 9- or 13-weeks gestation, depending on the clinic. Surgical abortions involve the removal of the contents of the uterus by surgical means and is usually performed on an outpatient basis. Surgical abortions are performed for pregnancies from approximately 13 to 20 weeks. Surgical abortions are much more invasive and can be more traumatic. A time delay in accessing abortion care may mean that a woman is prevented from getting a medical abortion and must instead have a surgical abortion.

Under current legislation, a woman can be refused an abortion if two certifying consultants do not consider that the requirements in section 187A are met. In 2016 there were 252 cases where a certifying consultant considered an abortion was not justified. Close to 1,500 "not justified abortions" certificates have been issued in the last decade. This does not necessarily mean that the abortion was denied – a third consultant can approve the abortion – however there is no data available for denied abortions.

A doctor can refuse to arrange a referral for a woman seeking abortion care if they conscientiously object to abortion, however they are required to inform her that she is able to seek a referral elsewhere. Capital and Coast DHB told the Law Commission that

feature.

there are a number of GPs in the Wellington area who refuse to refer women on to abortion service providers.

The three models suggested in the Law Commission Report

In its report the Law Commission outlines three alternative legal models that would treat abortion as a health issue. All models assume the repeal of the current grounds for abortion in the Crimes Act and the repeal of the requirement for abortions to be authorised by two certifying consultants. The models are set out below.

Model A

- There would be no statutory test that must be satisfied before an abortion could be performed.
- The decision whether to have an abortion would be made by a woman in consultation with her health practitioner.
- General health law would apply to ensure services are provided safely and in line with best practice.

Model B

- A statutory test would have to be satisfied before an abortion could be performed, but the test would be in health legislation rather than the Crimes Act.
- The statutory test would require the health practitioner who intends to perform the abortion to reasonably believe the abortion is appropriate in the circumstances, having regard to the woman's physical and mental health and wellbeing.
- The statutory test would apply for pregnancies of any gestation.

Model C

- Model C combines aspects of Models A and B and provides different rules for pregnancies under and over 22 weeks' gestation. For pregnancies under 22 weeks it is the same as Model A and for pregnancies over 22 weeks it is the same as Model B.

Health practitioners and professional bodies that the Law Commission consulted were

almost unanimous in their support of Model A. These groups thought that Model A is the most consistent with treating abortion as a health issue and it treats abortion like other health services. They found it would make abortion a matter between a woman and her health practitioner which is in line with other health services. Model A also supports the idea that women should be trusted to make decisions about what is best for them and that women are in a better position to do this than a certifying consultant who may be unknown to the woman. This would prioritise women's autonomy and acknowledge their competency to make a decision about abortion (with support if wanted). Model A would also help reduce delays allowing for abortions to occur earlier which is safer, less complex and less costly. Removing legal restrictions and stigmatising abortion would mean that more health practitioners would offer abortion care and make it more accessible. The ASC also supported Model A. Bellamak considers that Model A is the best option because it is the one that treats abortion like all other forms of health care. She says that Model B and C still discriminate against women.

Model B contains the most significant statutory restrictions of the three models. A statutory test would still have to be satisfied at all gestations, but it would no longer be in the Crimes Act. Many health practitioners said that setting out grounds in which abortions can be performed could lead to injustices. Under Model B, the final decision still rests with the doctor rather than the woman, reducing a woman's autonomy and ignoring the fact that the woman is in the best position to say what is right for her. Model B still treats abortion as different from other health care.

According to the Law Commission Report most health practitioners did not support Model C. Most pregnancies that continue past 22 weeks' gestation are wanted pregnancies and any abortion would be due to a severe complication. This is already a very distressing and traumatic time for a woman, it is not appropriate or necessary in the circumstances that she be required to pass a statutory test or that the decision be made by somebody else. Bellamak believes

that "Model C has all the disadvantages of Model B but none of the advantages of Model A."

The Law Commission also suggested some other changes that could be implemented to help treat abortion as a health issue. Some of the suggestions included were:

- repealing criminal offences relating to abortion;
- allowing women to self-refer to services in order to improve access;
- allowing abortion services to take place at a wider range of health care facilities such as Family Planning;
- providing counselling, as is currently the case, but removing the mandatory requirement;
- adjustments to the law to ensure that conscientious objections by doctors do not cause delays; and
- the introduction of 'safe access zones' around abortion clinics.

Where to from here?

The government received the report in October last year. Andrew Little has indicated that abortion reform legislation will be introduced sometime soon but has not specified when.

When asked what someone could do if they felt passionately one way or another about the models or any future suggested legislation, Bellamak said sending submissions to the select committee once the bill has been introduced was especially important. She said, "absolutely use your own words, say why you feel this way and, if you are comfortable, if you have had personal experience with abortion bureaucracy and you are comfortable talking about that it would be so important to get those stories out there. Those are what is going to persuade the committee in any particular direction...I really want to encourage people to do that if they can, if they feel they can."

**NB: the use of the words 'women' and 'woman' are used to refer to people who have a uterus and are capable of becoming pregnant and therefore might wish to access abortion care. The author acknowledges that not everyone who is capable of becoming pregnant may identify as a woman.*

How to access an

ABORTION

(in New Zealand)

You've had the abortion!

All District Health Boards have to provide access to abortion services (just remember they may not be in your town or city and you might have to move). Talk to your doctor about follow up procedure and any counseling you may wish to have. Otherwise, you have now had a procedure with less risks than pregnancy and childbirth.

7:

5 Consultant Number One!

Consultant number one will ask you questions about your health and your decision to seek an abortion. They may examine you. They will then direct you to Consultant Number 2.

6 Consultant Number Two!

This person is usually the person who will carry out the procedure. They will again talk with you about your decision.

3:

Your doctor or nurse will refer you to an abortion provider. They will arrange for you to have the blood tests and ultrasound scans you will need as part of the referral process. Depending on your stage of pregnancy, the doctor or nurse will advise which method/s of abortion are an option for you.

4:

You go to the abortion provider clinic

Watch out for protestors outside!

They linger occasionally.

I LIKE TO SHAME WOMEN FOR THEIR CHOICES



2: Tell the doctor you want an abortion:

1: You're pregnant!

You've taken a pregnancy test and you've got a baby on board!



GO DIRECTLY TO YOUR LOCAL G.P. OR FAMILY PLANNING CLINIC

START

reviews.



DETECTIVE PIKACHU | LACHLAN MITCHELL

6.5/10: *Needs more Mime*

The video game movie curse is indeed broken, but it's one bad sequel away from getting stitched back good as new. The Detective Pikachu movie is as fun as it promised to be, and was careful to appeal to old fans (who likely watched the anime back in 1998) and new fans alike, by showcasing a wider variety of Pokémon that were not just from the first generation, but from all the games. The attention paid to their designs was noticeable as well - Lickitung looks as sticky and gross as you think it would be, Mr. Mime is as delightfully creepy as he always appeared to be (and the true star of the movie IMO), and Torterra looks as detached from life as I thought they would be. As far as a glorified promo for the upcoming eighth generation of the franchise goes, it was certainly entertaining - the voice acting was on point, and though the quality did at times feel like it was made by a Youtuber, it wasn't distracting. Until we got to the point the antagonist's evil plot was revealed. At that point, I was in complete hysterics. Literal shrieks at how ludicrous it was. I won't spoil, but good God, that was a plot taken from the bottom of the barrel content on fanfiction.net. So overall, the video game curse is broken. Sonic is going to speed along and fuck it all up again, but for now, we have this blessed months where we can dream about good adaptations.



JAMES ROQUE - BOY MESTIZO | CHRISTINA HUANG

8/10: *Filipino, Interrupted*

Most comedians can't make the horrifying colonial history of the Philippines funny, but James Roque isn't like most comedians.

Roque lights up the stage with his energy, offering plenty of laughs straight off the bat by deciding to introduce himself in a ridiculously over-the-top manner, after giving us all instructions to go with it, of course. As a Filipino man, he launches into his set, a witty, rapid-fire collection of jokes and stories about his struggle to fit into his home country. It may be a slightly sad premise, but Roque keeps it from being a straight up cryfest with hilarious anecdotes, complete with perfect accents and perfect facial expressions.

In addition to perfectly written jokes, Roque shows dedication to his set with a set of pre-filmed commercials which drip with biting sarcasm about casual racism and classism in Filipino culture. He also pulls out all the stops with a satirical karaoke number rife with callbacks to his set, which is a fitting end to an hour of fine comedy.

Roque has the fast paced style of a comedian with confidence, and the writing ability of one who genuinely enjoys making people laugh. His passion for the craft is clear in the way he owns the stage and interacts with his audience. It's bold to talk about this kind of topic in general, even bolder to joke about it, but Roque manages to achieve the perfect balance of satire and genuineness in *Boy Mestizo* that even more seasoned professionals find difficult to nail.



SPECIAL | CAMERON LEAKEY

7/10: *A Unique take on life, sexuality and disability that does a pretty decent job of it*

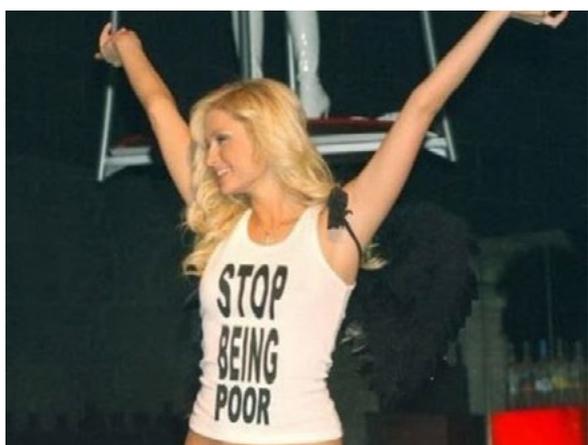
Special is a new Netflix programme that is written by, and stars, Ryan O'Connell. O'Connell plays a semi biographical version of himself, a gay man living in LA who lives with mild Cerebral Palsy. As such, O'Connell lives with issues with physical coordination and strength and a limp. The series starts with O'Connell being hit by a car. Although he only obtains a sprained elbow, he decides the accident is a wake up call and gains an internship at BuzzFeed-esque social media site, Eggwoke. Ryan's coworker notices his limp and assumes it is the result of the car accident, which suddenly becomes the office-wide explanation. What follows is a very different story of a gay man in LA, navigating becoming his own person, his identity as 'disabled', moving out, dating and beginning his own life away from his Mother - who has cared for him his whole life -. The show is mostly very heartfelt, in particular the mother-son relationship is portrayed well. O'Connell never attempts to make the audience like him, rather he attempts to make his character a real person, although this makes him sometimes unlikeable. Each episode only has a fifteen minute runtime, which makes it super easy to indulge in. Although at times, the plot runs a bit cliché, particularly around the portrayal of Eggwoke, the show does a great job of telling a story that hasn't really been told before, and that itself, is pretty special.



THE IMPROV BANDITS | DANIEL LI

7/10: *Not Whose Line, but up to par*

Before I arrived at the show, I'd only seen one other improv comedy show previously. However with improv comedy, no matter how many shows you attend, it's going to be hard to predict the atmosphere and environment as the comedy is based on both the audience's answers and crew's interpretations. The show was split into different segments, incorporating references from Shakespeare literature to modern pop culture. At times, The Improv Bandits were absolutely spectacular, laughter coming from everyone in the crowd. Other times, it was silence with a chuckle or two. And I wouldn't blame them for it. The prompts from the audience were difficult. Simply coming up with a story on the spot is hard enough when you have to tell it in the style of a 'Physics textbook'. My biggest criticism is then perhaps the selections of answers from the audience. On one side, you want them to be challenging and on the other you want them to be entertaining. Picking too challenging of answers results in repetition and less comedy. That being said, one aspect I noticed in The Improv Bandits that seemed to amaze me was the incredible cooperation between crew members. With the seemingly random prompts and scenarios, crew members had the appearance of knowing exactly what each other was going to say and all knowing when to cut away at the perfect time to keep the audience captivated. At one point I'd completely forgotten the show was improv until cutting away. Because of that alone, The Improv Bandits deserve to be recommended and seen for their awesome talent, humor, and unity.



STAFF PLAYLIST REVIEWS #3 – CLAUDIA

6/10: *"bubblegum bitch music"*

For someone who is comparable on a level of fun to watching paint dry, this playlist is too upbeat and positive for me. I realise just saying that makes me sound miserable but in my defence I listened to a Carly Rae Jepsen album once.

In the space of ten minutes, I've already been called a princess five times and I've been told to close my eyes fifty. Though if you ever needed music to give you the motivation to stay in bed, then this is it.

Claudia did tell me this was her driving music, so I can understand why her playlist is so positive and energetic. Then again, maybe I just judged the playlist wrong and it's a forty-minute long depression meme anyways.

Also, our editor Bailey would like it noted that the playlist doesn't contain any *Marina and the Diamonds* which is (allegedly) a crime. As to whether that's a jewellery outlet or a band, I'm not sure, but at the risk of being lynched myself, I'm not going to argue with that. -1.

Listen to Claudia's full playlist by following Craccum Mag on Spotify.

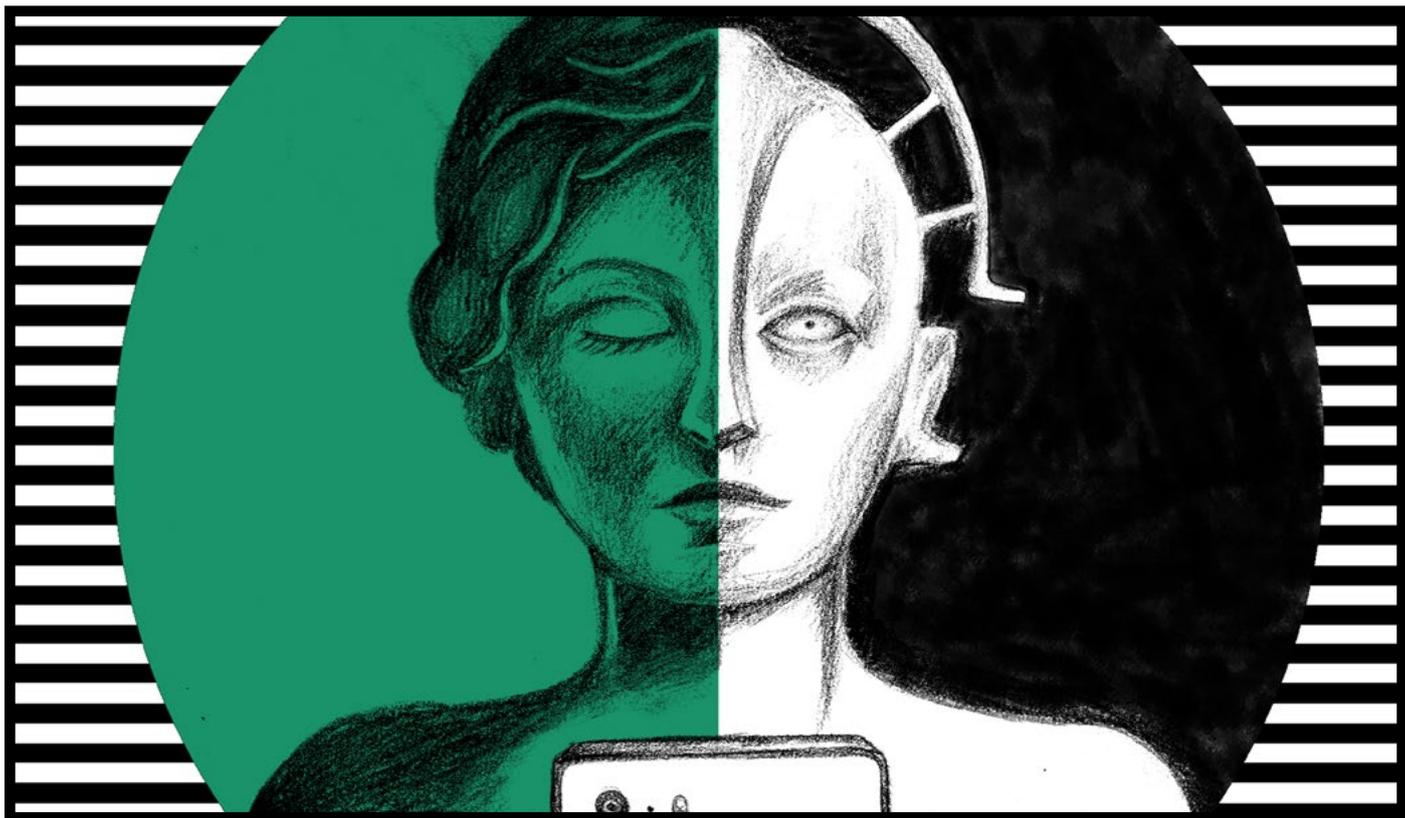
In order of appearance; I Don't Want It At All – Kim Petras | Babygirl – Charli XCX | Juicy – Doja Cat | Boys – Lizzo | Close Your Eyes – Kim Petras | Fade Away – Hannah Diamond | Bitch – Allie X | Where U Are – Rina Sawayama | successful – Ariana Grande | begin again – Purity Ring | WTP – Teyana Taylor



RETRO REVIEW: GLEE | LACHLAN MITCHELL

7/10: *We Stopped Believin'*

Every goddamn day, I am thankful that *Glee* ended before Beyoncé dropped *Lemonade*. It would have been an insult – it would have resulted in the cast's careers ending the moment it aired. The homage would have been an unmitigated disaster – a war crime that could only go through arbitration at the Hague, resulting in the cast being executed on the steps outside the court. However, *Glee* wasn't always a now-for-gotten shorthand for tackiness and the excesses of Ryan Murphy (who makes far better television... sometimes), and when it premiered exactly ten years ago this week, it was hailed. I watched the first episode again to try remember why it was such a big hit when it first arrived. And honestly? I remembered. It was exciting! It was fresh! It was High School Musical with a social conscience! Yeah, Cory Monteith ended up dying and it was so sad, but that didn't take away from the self-aware joy of the first episode. I completely get why their rendition of Don't Stop Believing was such a massive smash, and it made me want to revisit the tight storytelling of the first season, teenage pregnancy, gay identity crises and adoption plots and all. Hell, even Gwyneth Paltrow was likeable when she was on the show for whatever reason, before she started shilling for the jade industry and shoving jade eggs up her vagina. Overall, was a campier but more peaceful era.



The Future of AI and the Media

SHEUK-YEENG TAN

What is AI? It means artificial intelligence – the intelligence orchestrated by machine learning that mimics human cognitive functions and behaviour. So, what does this mean for humans? In Nick Bostrom’s Ted Talk about artificial intelligence, he says that there is a huge risk and impact on humanity. Apart from the fact that jobs may potentially be at a loss, it questions the existence of humans and threatens our species as a whole. He says that there is an implication of robots becoming the new “superintelligence”. AI is designed to perform tasks at a more efficient level, however – does that mean that AI will outperform humans?

AI uses large amounts of data and algorithms to operate. Algorithms are sets of instructions programmed for a computer to follow and execute itself, and they are capable to learn from the data given to them. We can already see this happening with the Tesla electric cars, with the ability to auto-pilot, park and move itself. CEO Elon Musk has announced that they operate with their own AI hardware. This is an insane outbreak, with the potential to reduce car accidents

and increasing safety! (Now we just need flying cars). These vehicles have a cloud that stores data from all other vehicles and also picks up information about their driver, and then uses that information to refine their own system and performance. These Tesla cars are a high performing computer that is integrated into an automotive vehicle. One key function of AI in Teslas are their ability to map – to collect the data of a certain region it may be driven in, the time for street lights

and different heights so that the vehicle can be self-aware of the surroundings. This AI algorithm means that it creates a focus on safe-driving and maintaining a safe-driving condition.

The transformation and growing ability of machine intelligence has also influenced our preferences for music, movies and entertainment. AI uses our data to generate our feed – this use of algorithm helps social media platforms to ultimately track their users, and sort our information to generate the best feed possible according to our interests. This means there may be some things that we will never see in our lives because of this algorithm! Instagram and Twitter both analyse their trending topics through the use of a hashtag and sort out their highest user engagements and tweets to formulate a personalised and relevant news feed for their audience. User experience is shaped according to what we wish to see and share – AI's ability to monitor, gather data and execute algorithms provides us with a personalised and insightful bearing of what AI can do to us on a daily.

On a more individual level, Cambridge Analytica have proven how powerful data can really be in the contemporary political arena. Cambridge Analytica allegedly collaborated with Facebook, collecting billions of pieces of data of the users and used machine learning to radicalise and propagate Americans during the election in 2016. This was achieved through the careful targeting of incendiary material that was specific only to you – no one else would see it. This was applied to millions and millions of people that primarily get their news through Facebook, as distrust of traditional news sources continues to grow. This is not unique to Facebook, as Twitter has also become a seemingly unwilling participant in this same kind of manipulation. As the internet slowly transforms into a hub for nine main sites, Cambridge Analytica reveals the real threat of AI – people who abuse the power and ethics of knowledge to influence an increasingly disconnected populace.

Not only are we being manipulated through our social platforms, AI builds its fundamentals on data science, which is

changing the way we interact with our media. For example, the movies that we view on Netflix are entwined with a deeper viewer analysis, determining our favourite genres, actors and directors. They accurately curate the best list that is “recommended for you”. They are based on the assumptions of your viewing patterns and similar taste. However, Netflix also promote their TV shows and movie through different visuals as well. Different covers are assigned to different subscribers as a more personalised approach to test their users. Machine learning plays a part into selecting the best image that is will be tested. So not only are the movies that we watch altered and sorted to our taste, but even the movie cover is formulated. This concept was applied to Bandersnatch at the end of last year, with varying levels of audience success. It's an interesting revival of the 'Choose Your Own Adventure' genre, to say the least. It warrants an entirely different piece, however, but the idea of our entertainment providers slowly gaining the ability to individualise their product makes one think about what level they'll be able to do as time marches on – to who, and with what purpose. The reality of 'deep fakes', the incredibly realistic creation of images & videos that replicate either a) people that were never in the depicted scenario or b) people that never existed, gives one pause. Especially when it comes to the most pervasive and most personal form of entertainment: pornography. Pornhub itself has banned this technology from showing up on their site, but like Cambridge Analytica, it will not stop the purveyors from using said artificial intelligence through more covert means.

I think what scares me the most about artificial intelligence is that we don't actively see these things operating and communicating to us on a daily – at times, we are often unaware that we are part of a larger data cloud, where our information is collected in whatever we choose to do, and the power that lies in these data. On some level, we have to remain unaware, in order to focus on our daily lives. It transforms our experience in those lives, with the potential barely known to us. Artificial intelligence has the capability to improve our lives for

the better – it simulates the human mind and will lead to the reinvention of transportation, socialising and how we view media. However, there is a dangerous clause to this promise. Humans are able to distinguish the right from the wrong, the moral from the immoral. AI will help solve many challenges, but it is forever teetering on the precipice of misuse. As we continue to be sorted into algorithms, and be part of increasingly complex networks, AI will continue to learn and characterise itself with the data collected and improve itself as it goes on. As Nick Bostrom said, artificial intelligence may indeed be the last piece of invention that humans will ever need to create. But we must be vigilant against those who would use this creation for harm.

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Artificial intelligence has the capability to improve our lives for the better – it simulates the human mind and will lead to the reinvention of transportation, socialising and how we view media.
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Autism in Media: A Conversation

Like most topics that aren't to do with love triangles, bloodlust and the all-important, constantly refreshing and totally interesting genre of middle class male angst, the mediums of film and television are not exactly known for their sensitive or nuanced portrayals of those on the autism spectrum – more often than not, those with autism are reduced to mere tropes of quirks and offensive characteristics, with little room for personality beyond the stereotypes. It's an issue that has only recently started changing within the industry, and only after some forceful dialogues and activism by autistic people themselves.

As this is a topic important to me, I wanted to give the opportunity to spread some of those messages: through a conversation led by those on the spectrum themselves, which is essential. After seeking some UoA students for conversation, we had some talks that were incredibly interesting and worth reading. I even get corrected at one point, which speaks as to how our understandings of these topics are always capable of growing. I hope you enjoy this piece as much as I did – considering it'll be in next week's issue as well, you better!

Note: With the exception of Jasper Poole, all responders wished for anonymity, so their initials are pseudonyms – their initials are just there for the purpose of identifying who said what!

What do you think are the biggest misconceptions about autism spectrum disorder that have been pushed through media/popular culture? If you have any media examples (The Black Balloon, Rain Man, etc), feel free to include them.

KH: I think one of the biggest misconceptions is the gendering of ASD. I haven't personally seen any non-cis-males depicted – although I'm sure somewhere that has happened. Also, a lot of the time, when those men are depicted, there is something

that seems to imply that he or others think he is entitled to be rude or mean because he 'doesn't get it'. It's not accurate that people with ASD are much more likely to be men or mean, although missing social cues can result in people thinking someone with ASD is rude.

JP: The single most damaging misconception surrounding autism in my opinion and I think in the opinion of many others is that we lack empathy. It is this claim that has been repeated in media, in cinema and in mainstream psychology which has left many of us feeling disempowered and prevented us from seeing our true capabilities. This can be illustrated strongly in the film, Rain Man and through the character of Sheldon in The Big Bang Theory. Both are portrayed to show a total and complete inability to understand the other person and learn to be show warmth.

VC: Personally, as someone with Asperger's (or "high-functioning" autism) the two things that stand out in how "people like me" are represented is that 1. They are almost exclusively male and 2. They are shown as completely unempathetic and incapable of feeling compassion.

As a girl, only seeing male autistic characters is frustrating for obvious reasons, but even more so because it's a stereotype that exists even in the medical community. As a girl, my diagnosis took

years and was very drawn out as opposed to male autistic people I know – for whom it was immediate. To see autism consistently represented as a male diagnosis is frustrating because it pushes a stereotype that has negatively impacted me.

The empathy thing is also hard. I think a lot of people's first contact with autism, especially Asperger's, is through media, so this oblivious unkind caricature of it sticks with them. I have had many teachers say horribly offensive things about autistic people in this strain of thinking – "it's okay, I didn't expect you to understand this poem because your diagnosis means you don't feel emotions" and likening autistic people to monsters as a throwaway comment are two examples that come to mind. It's no coincidence in my opinion that the teachers who've said unkind things to me about autism and compassion were English teachers who coveted their copies of "The Curious Incident", or just generally English/arts people who are in contact with a lot of media.

TS: I think the biggest misconception in media about autism is there is no one way to be autistic. When you see an autistic character in a film or television show, usually the social difficulties that come with autism are overemphasized (while I've only seen one episode of "Atypical" on Netflix, it seemed like they were taking this approach). However, in reality, there are a number of traits associated with autism, and every autistic

person experiences them differently. For example, someone may find interacting with others a little easier than someone else, but they might struggle with sensory processing more.

How do you feel about the trend to portray characters with an ambiguous disorder as 'quirky' or the butt of the joke? Is there a way to do this humorously without being disrespectful?

KH: Kind of the opposite of what I just said, but 'quirky' or butt-of-the-joke ASD depictions are normally poorly done by people who don't seem to understand much about the spectrum. It's not a quirk - it's a different worldview, and at times, I think, a helpful one. I think with proper research these characters could be pulled off, but even so, aiming to make characters with ASD a source of humour makes them a lot more one-dimensional, so that research might not actually be apparent.

JP: Yes, because jokes about someone's quirks and personality differences often form a fundamental basis of a conversation between equals. Autism gives individuals personality quirks and such quirks form the basis of who they are as an individual not just a person of autism. It can be fine to joke about them so long as you do not actively do so on the basis of their identity. Another thing: This comes from my experience. A lot less autistic people than what you may think buy into the idea of intersectionality and progressive politics, even though I do personally.

VC: I definitely think there is a way to do this without being disrespectful, because my friends and I manage it, and so have a few rare examples. Unfortunately, I think TV comedies especially don't think their audiences are smart enough to get anything more nuance than the straight-forward "its funny cause it's not normal, laugh at the weirdo" stuff that reigns right now.

One example in my opinion that does a truly dismal job is Sheldon Cooper from *The Big Bang Theory*. The writers swear that he does not have Aspergers, but the way he is coded makes it pretty clear that they

intended for him to come across as such, and they just don't explicitly admit to it to avoid backlash. I think showing him as rude, horrible and a constant pain to the protagonist character (who is clearly supposed to be the most likeable and relatable) is counter-productive.

I guess what makes me more comfortable with autistic characters being the butt of the joke is when the characters around them are laughing out of fondness rather than exasperation. (Atypical has its issues, but I love the way his sister will laugh at him and make fun of his quirks from a place of love, rather than frustration or malice.)

Something that springs to mind on this topic is BBC's *Sherlock* in one episode having Sherlock's best friend quite maliciously quip about his "Aspergers", using the word Aspergers as an insult. I think part of the reason this sticks in my mind is because the actor for Sherlock has also played Alan Turing - who many autistic people think was autistic - once said in an interview that he didn't like people interpreting his characters as autistic. "They're sort of brilliant, and they on some levels almost offer false hope for the people who are going through the reality of it" (That's an exact quote). False hope of what? Being brilliant? Ultimately, I'm just sick of people with NO authority on the subject at all dictating almost 100% of what people hear about it.

TS: Usually I'm not a fan of these sorts of jokes. However, I do believe it is possible to tell good jokes about autism. Part of a good joke about autism for me is relatability. When you have a neurotypical writer or comic making jokes about non-neurotypical people, they don't really understand what it's like to live your life like that, so their joke inevitably falls flat. In my opinion, if writers want to make more jokes surrounding autism, they need more autistic people in the writers room.

On the opposite side of things, can you think of any examples where media has portrayed ASD correctly, or if you prefer, realistically? In short, who gets it right?

KH: I think *The Good Doctor* does a pretty good job. Freddie Highmore has also been very open about how he wanted to portray ASD accurately, but also clear that this is one version of what ASD can look like, so it shouldn't be considered the best or only source. I think that kind of attention to detail is very important.

JP: There is no "Correct" way to portray ASD. **(Editor's note: Was glad to be called out on that)** We are all individuals with different quirks and personalities and abilities. Large percentages of Autistic are estimated to be nonverbal. Large amounts are also estimated to be highly verbal and have a mastery of language.

VC: I'm not sure that anything has or will ever get it right completely, but a couple of examples stand out to me.

One is kind of embarrassing for me to admit to having watched, but there was an episode in a Disney Channel show called *Girl Meets World*, where one of the characters was maybe going to be diagnosed with Asperger's. I cried watching it because it was the first time I'd ever heard the word "Asperger's" outside of a doctor's office, and when the character's friends said he was too smart to be autistic, and he explained it to them, it was very sweet. He ended up not getting the diagnosis, but the show revealed that his girlfriend (I think?) had it, and everyone was very supportive of her. Might be the only female Asperger's character I've ever seen in media, and she was still young and liked typical preteen things but was prone to hyper-fixations and was a bit odd. I thought the representation was pretty good, and perfect for the young age group it targeted to introduce them to the idea.

The Good Doctor definitely has its problems (we're autistic, not X-men) but I do recall it having a particularly good representation of sensory overload and I think the actor portrays the physicality of it well

TS: Not off the top of my head. Nowadays I tend to avoid media which I know features autistic people, since it's usually not great.

Next week's issue will continue the conversation, with an additional three topics.



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Note to Self

Photography by Flora Xie (@floraescent)

UNFOLD 92ES

You're waiting for me. I only really start to exist for you when I enter the room.



6

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FOLD 92ES

But I existed before you.



6

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Leela Corman's Underdogs Fighting for Themselves

KEEARA OFREN

*Immigrant this, immigrant that. To be an immigrant is to have an inherent link to a politicised term, to be a traveller of two worlds, but never quite enough for either. In Leela Corman's *Unterzakhn*, Yiddish for underdog, represents the fighting spirit of the immigrants of past, present and future, and what it means to overcome the label of being an outcast.*

Unterzakhn is the tale of two siblings in the early 1900s. Esther and Vanya are second generation Jewish immigrants in New York. And what does it mean to be an unterzakhn?

Strays kicked to the curb, snarling and starving in pursuit of their feed, longing for that warmth and companionship. And cold cities do little for strays, we learn as the story goes on. They do just as little for newcomers like Esther and Vanya. As they grow older, they are constantly negotiating the role of making it as immigrant women in an unforgiving city. Born to a seamstress and an itinerant tradesman/farmhand, Esther and Vanya's story starts with their childhood of

longing for more and their precocious observation of a lower class neighbourhood.

What caught my eye was the uncomfortable art style, it is simplistic, free flowing with large brushstrokes. Reminiscent of the dreamlike quality of Chagall, we are reminded of a dream that is uncanny, one that we want to get out of. We are reminded of the dreams that come with making a new life in a new country - but there are nightmarish elements and discomfort in having to prove one's self always and to be reminded of the relentless negativity towards you as an immigrant.

Vanya's story starts as she and her mother assist a woman who appears to be having a miscarriage at the local market. From there, she catches the attention of a woman doctor who sees potential in Vanya to be her protégé. This is no ordinary doctor, in addition to obstetrics and teaching Vanya literacy and science, Madame Doctor carries out secret abortions and distributes contraception. Vanya aspires to be an emancipated woman like her mentor but longs for love and marriage, which are strongly discouraged by her mentor as slavery for women. Madame Doctor has certain rules for her services and mentoring, that her protégé must not be married and that sex workers are exempt from her help. This is one interesting and notable element introduced by Leela Corman as author, a clever critique of the moral absolutism that can come with historical retellings. Vanya and her mentor would be heralded today for their advances in health-care and information for women but Corman reminds us that morals were different back then. Particularly of what makes an 'acceptable' woman. There are no black and white heroes, only grey interpretations of moral standards and doing the right thing.

Esther's story on the other hand starts with her helping out a regular customer of her mothers, a madame at a local brothel. Esther is allowed to help the brothel for errands, in exchange for ballet lessons from the madame, a former dancer. A horrific incident leads Esther to be forced to start working at the brothel as a sex worker. Through this, she never forgets her dreams of working in show business, and endeavours to work towards it. Esther's destiny is harder to distill a message from. Her arc is defined by men attempting to save her. Is this a lazy way to find a happy ending with the possibility of a knight on his white horse? Or would that have been Esther's only option as a woman in the 1900s? Is this just reiterating the values dissonance at the time or has the author unknowingly undermined her Amazon battle cry? Regardless, Esther's arc downplays the potential of a greater role of her agency and seems to reiterate that women's relationships with other men are mainly defined by sex. This is a murky turn for what could have been an arrival of delta of other great literature on women such as *The Handmaid's Tale*.

Speaking of fairytale tropes, *Unterzakhn* uses plenty of symbolism from fairytales and Jewish mythology, especially when Esther and Vanya's tale overlaps with the story of their father. Their father moved to America to escape pogroms (violent riots aimed at Jewish communities) in what is presumed to be Russia. Having to be inventive for survival, to have hope to sustain you, to see the world in the way of good prevailing over bad, these are elements of not only heroes in stories, but the heroes of our own stories! Us and those

who came before us in our families to struggle to pave the path for us. This is a great strength of *Unterzakhn*, conveying continuity and solidarity the stories in our families.

The book uses considerable amount of Yiddish terms and phrases with no translation or glossary. This may make it more difficult for immigrant audiences outside of the United States to understand. The only reason I got by on understanding the language was because I binge watch episodes of *The Nanny*. If you are willing to put that extra effort to deduce and discern the meaning of phrases, you will see that Esther and Vanya's experience is a tale as old as time.

Ultimately, *Unterzakhn* is a good read of an often untold or misunderstood perspective, one of immigrants but also a story that has significance to women and Jewish communities. In a tale so long ago, the struggles remain the same; the fight for bodily autonomy, a sad reminder of what dangers women have to go through for freedom. The fight for recognition in the entertainment industry as a young and naïve artist in a male dominated industry. The fight for the recognition of your pain. The fight to feel like you belong. These are all stories of today, too. An underdog's story is not one of sadness, it's one of fighting.

Content warning: body horror, abortion, rape

For fans of: Habibi by Craig Thompson, Persepolis by Marjane Satrapi, Pan's Labyrinth

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UoA BINGO

By Christina Huang

Reward yourself for opening the textbook with an episode of Game of Thrones. It's only 70 minutes.	Some douche speeds through the intersection in a souped up Subaru.	Hide behind a van to avoid talking to someone you knew from high school.	People applaud after a lecture for some godforsaken reason.	Spend all of your student allowance on radioactive snacks at Munchy Mart.
Tread over the UniChurch chalk message on the ground.	Avoid eye contact with someone you vaguely know from high school.	The printer in Kate Edgar jams.	Get stuck behind world's slowest walkers whilst running late for a lab.	A law student tells you how hard law is.
Fantasise about your lecturer. Not in a sexual way, just in the sense that you imagine them catching a cold and class gets cancelled.	Trip in the middle of the quad and hope the uneven pavement swallows you into the void.	Jaywalk on Princes St even though the crossing is less than 30m away.	Consume more than the daily recommended amount of caffeine (400mg). It's just a suggestion, after all.	You sleep for a total of five hours over three days and then wonder why you're so tired.
Head up to Shads after an 11am lecture.	Someone sneezes on you on the bus.	Wait in line for the microwave for so long that your stomach starts to digest itself.	Spend the whole weekend convincing yourself you're going to study instead of actually studying.	Have a breakdown, and then immediately return to studying. You don't have time for those luxuries.

HOROSCOPES

Our in-house oracle Average Kevin has studied the stars for you this week, and is here with (more-than-average) predictions about your future.

ARIES

21 march - 20 april



Oh. Oh no. Um. Try not to think too much of the future. Best to just live in the moment.

TAURUS

21 april - 21 may



Hey you. Yes you. What the hell are you doing with yourself? You're going to say something pretty awful to someone this week, and you aren't even going to know it. Shame on you. Shame.

GEMINI

22 may - 21 june



You are in great need of a very, very long drink. Maybe two. Maybe just a long, long break. Which sucks, because you aren't going to get it. You have to just keep pushing on, even when it seems everything and everyone is against you. Because, in truth, they are. It hurts, it hurts so much, but maybe (and there are no guarantees) you may just come through stronger than before.

CANCER

22 june - 22 july



It's simple: your future will be decided based solely upon whether you read this horoscope. If you don't, you'll be sweet; but if you did... Good luck for your exams, you'll need it.

LEO

23 july - 22 august



Stop trying to be the centre of attention. It's not a good look and it's beginning to make everyone around you feel uncomfortable.

VIRGO

23 august - 23 september



That test is weighing on your mind too much. There isn't anything you can do about it. Don't let it be the anchor that holds you back as you travel too quickly towards exams. If you can let it go, you will be buoyed by the freedom it brings.

LIBRA

24 september - 23 october



You're next. Coughs, colds, the flu, it's everywhere at the moment. If I were you I'd be vigilant. Double up on the vitamins, eat fruit and vegetables, sleep! If you do everything right you might, just might save yourself.

SCORPIO

24 october - 22 november



Be very, very careful. You've been pushing the rules just a bit too far recently - looking at others' work, googling the answers to a quiz, appropriating others' ideas... This week, you will go too far, and there will be serious consequences.

SAGITTARIUS

23 november - 21 december



Maybe you woke up this morning feeling bleh. Maybe you looked in the mirror and didn't like what you saw. That's okay. This week you need to get out and indulge yourself. Go shopping, get your hair done, do a face mask. Self care is a must this week.

CAPRICORN

22 december - 20 january



I have good news for you. This week is the end. The stress of the last few weeks, that issue that's been in the back of your mind... Always there... Well by the end of this week it will all be resolved. Hang in there, the solution is coming. Life will only pick up from here.

AQUARIUS

21 january - 19 february



Keep trying. You may not succeed at first, but this week is all about perseverance. You want to finish the essay, the maths problem, the painting, on the first try, but that isn't always going to happen. Keep at it; you'll get there. Don't feel like you need to conquer Everest in one day.

PISCES

20 february - 20 march



The problem is your kitchen. For starters, some fellow house/flatmates are absolutely useless at dishes which really doesn't help matters. But overall, it just lacks inspiration. Go out and buy some fresh food, a cookbook. Get a case of flowers and spruce the place up. It will really brighten up your life, and everyone knows the key to a good life is good food.

the people to blame.

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