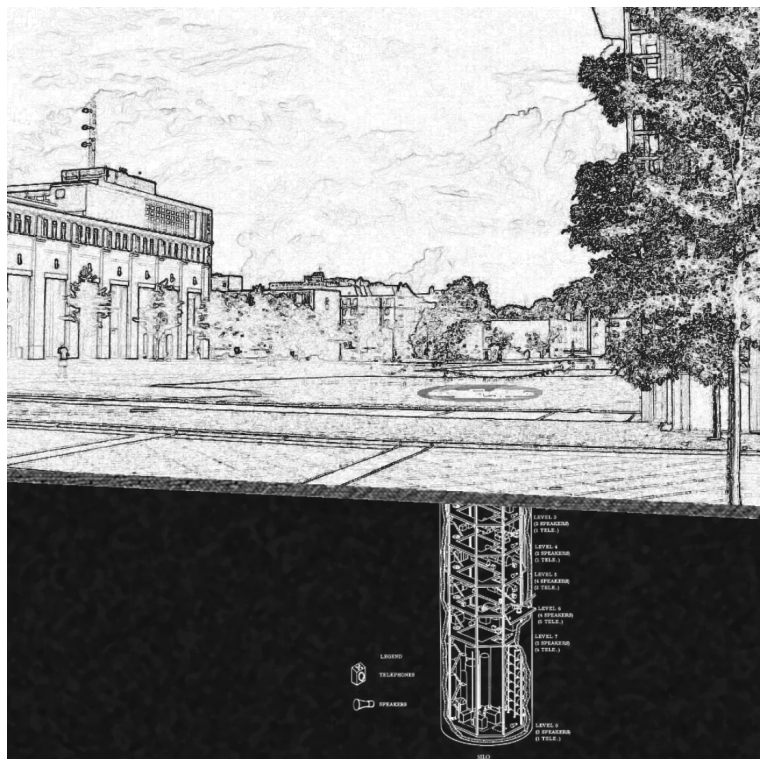


# Leaked CMRC Plans for Missile Silo Under the Cut

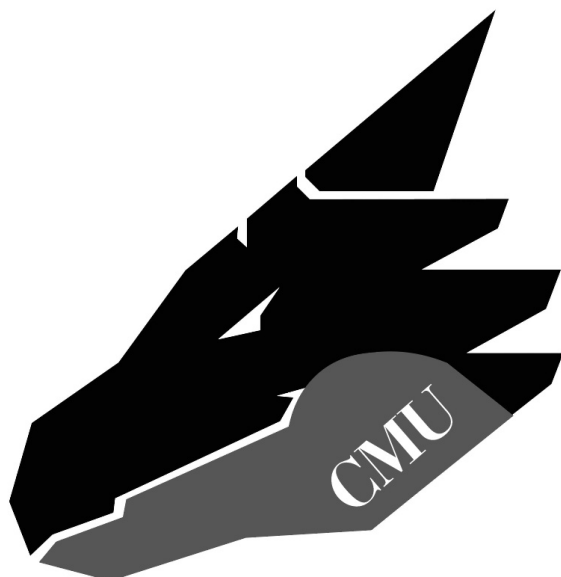


**Dr. Citron**

*Or, how he learned to stop worrying and love the bomb*

In a shocking discovery this Tuesday, one of our reporters found that Carnegie Mellon Rocket Command has mocked up CAD schematics for a missile silo to be housed underneath The Cut. According to our source, the silo is to be about 30 feet wide and 120 feet deep; it will house one ICBM, with more to be stored in the Stever basement. Its purpose is currently unknown, but experts conjecture that likely targets include the Tartan Express Food Truck and Warner Hall, and the political power gained from the nuclear arsenal may be leveraged for improved aerospace facilities.

Lockheed Martin, a known sponsor, has declined comment.



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# STI Transmission via consumption of infected flesh

**Dr. Et Al\***

*\*Carnegie Mellon University*

## Abstract

While the transmission of sexually transmitted infections (STIs) through blood transfusions or sexual activity is widely researched, there remains a gap in the understanding of STI transmission through cannibalism. Prion diseases like kuru disease or Creutzfeldt-Jakob disease can be passed on through consumption of infected flesh. This study was designed to determine whether the same is true for STIs.

## Methods

Test subjects were recruited using two methods. One group (Group 1) was invited to participate in a study investigating varying taste and texture across different types of unseasoned meat, cooked and raw. Participants were assured the raw meat was handled carefully to keep from being contaminated, although they had to sign a waiver indemnifying this research institution and all researchers from any diseases contracted during the experiment. The other group (Group 2) was called upon to donate small amounts of tissue for research purposes. These participants were compensated large amounts of money.

Each individual in both groups was tested for STIs in the genital area, rectum, and mouth. Those in Group 1 who were found to have an STI were removed from the experiment. Group 2 was put under full anesthesia, and tissue was surgically removed either from the genital area or from another randomized part of the body such as the calf or the shoulder. Tissue from both regions was randomly designated as either raw or cooked. It was also labeled as to whether an STI-carrying donor had only an infection or whether it had developed into a disease and which STI the donor carried.

As a control group, each piece of tissue from individuals without STIs was fed to one of the remaining Group 1 participants. Each piece of tissue from individuals with STIs was fed to other Group 1 participants. As stated above, half of the tissues were cooked and half

were uncooked. Group 1 participants were asked to eat their entire portion and describe its taste and texture qualitatively as well as rate its overall deliciousness on a scale of 1 to 5. Although these questions were necessary only to hide the true purpose of the experiment from participants, out of curiosity, the results were recorded as well. Group 1 participants were asked to come back every month for a period of six months for some follow-up testing. They were not informed that researchers were testing to see if they had contracted STIs.

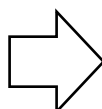
## Results

Group 1 participants in the control group, as expected, contracted very few STIs over the time they were tested. It is suspected that any STIs they did gain were not due to the tissue they consumed. Out of the Group 1 participants who consumed raw tissue, most contracted STIs whether the tissue was from the genital area or not and whether or not the infection had turned into a disease. For those who consumed cooked tissue, several contracted STIs. It remains to be seen whether these infections were from the experiment.

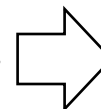
## Conclusion

It is not recommended to eat the flesh of someone with an STI, although there might be a lesser risk if the meat is cooked first. All cannibals are encouraged to exercise caution when choosing a meal. Many fellow researchers are concerned that this experiment did not give subjects the opportunity to provide informed consent, especially since several members of Group 2 have sued the institution for their loss of a testicle, finger, or other discrete body part. Fortunately, we expect no one from Group 1 to sue until the publication of this paper, in which case we would like to preemptively dismiss such lawsuits due to the waiver they signed, even if they believed the disease they might be put in danger of getting was salmonella. We invite anyone concerned about our research methods to replicate our experiment, preferably with a larger sample size and a more controlled environment.

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