

Clinton's 100 days unfair measurement

With the end of President Bill Clinton's first 100 days rapidly approaching, political pundits are sharpening their opinions of the Clinton administration.

It's a long-standing tradition dating back to Franklin Roosevelt's first term in office, when he passed nearly all of the New Deal legislation through Congress within his first few months. Ever since, presidents have been graded by their accomplishments in the 100 days after inauguration, almost as if it will determine their success for the next four years.

The immediate criticism from columnists isn't only unfair to the president, it's also pointless. Clinton was elected for four years, not three months. His policies, like any president's, will take time to implement, especially with Senate Republicans showing resurgent strength of late. (They turned back his stimulus package last week.) Therefore, his administration should not be judged as a success or failure until his term of office is complete and his policies have had a chance to mature.

Besides, is there any reason the first 100 days are more important than the second 100 days, or the third? Why not judge him on the fifth, 10th and 15th months? These so-called "sweeps" months could be the basis for predicting the chances of Clinton's re-election. It's no more illogical than expecting his first 100 days to foreshadow the success of his administration.

The reason Roosevelt was so successful was because the country was in the grip of the Great Depression when he was elected. It was important that dramatic legislation was passed; the Congress understood this and acted quickly. Anything less would have been disastrous.

Clinton does not face the same problems and thus does not need the same impact. Give him time; he still has three years and nine months to make a mark.

One more time

Excerpt from ODE, April 19, 1968.

The University Black Student Union released a list of demands Thursday which were presented to University President Arthur S. Flemming last week.

- "We strongly demand that Afro-American history and black culture be instituted in the regular academic curriculum.
- "That all faculty members and teaching assistants should have some training in human behavior and interpersonal relations.
- "That black professors must be hired. If white students are not exposed to black professors, they will continue to maintain that black people cannot achieve such academic status. Furthermore, black students need professors with whom they can relate and identify in cultural relevancy."



COMMENTARY

Sexual Assault Fund necessary

By Eric Bowen

A recent survey of rape incidence on college campuses found that one in six college-aged women have been the victims of rape. The role of tertiary preventions, according to the same article is to "limit damage after an incident has occurred by providing support services. ... Staff should be prepared to respond to and assist the victim with immediate needs and long-term support." One of the key elements in this support is providing appropriate medical treatment.

For a myriad of reasons (fear, shame, denial, etc.) many women are unwilling or unready to report their sexual assault. Often they are equally reluctant to seek medical treatment. We would like to encourage sexual assault survivors to take steps toward their health while maintaining their sense of choice and power over those choices.

In order to aid this process, we have submitted an initiative that requests "the students fund a pilot 'Sexual Assault Examination Fund' at the Student Health Center that would provide funds to sexual assault survivors who are unable to afford a sexual assault exam through a one-time fee of 17 cents per student per term for one year" to be earmarked for survivors who need sexually transmitted disease testing and treatment.

Many survivors who have sought medical treatment, as several health center practitioners have observed, are emotionally unready or unwilling to officially report the assault. We believe STD testing and treatment should be made available to survivors who want confidential results.

The underlying problem is that testing and treatment is costly. Many survivors do not want STD testing and treatment to appear on their billing statements, but confidential tests cannot be billed to insurance companies. To have STD testing and treatment offered at no cost is the most feasible way to promote medical care to those women and men who are working through their trauma and do not want to officially report their sexual assault or who do not have

the resources to cover these expenses.

The cost of complete STD testing and treatment is about \$145 per student. This covers all common STDs: GC-chlamydia, HIV, wet preparations, RPR and antibiotics for treatment. Informal and empirical observations at the health center show that an estimated 50 students per year disclose to their practitioner that they have been sexually assaulted, and they may not have disclosed this to anyone other than the practitioner. To honor their privacy in this highly traumatic and emotional time is essential to the survivors' recovery.

A number of points must be made to support the rationale behind this proposal. These include the value of continuity of student care, public health concerns, providing otherwise unavailable services, survivor retention and the overall benefits to the University community of offering no-cost STD testing and treatment to sexual assault survivors.

Continuity of care for University students means that individuals can receive comprehensive and holistic health care from one health center rather than receive piecemeal care from a variety of clinics. The Student Health Center is proud of its ability to offer comprehensive services and feels strongly that students receive their care at the health center whenever possible.

This is especially true when a student has multiple health concerns, as in the case of sexual assault. To ask a student who is unwilling to officially report her sexual assault to go to a public health clinic after disclosing his or her assault to a Student Health Center practitioner would be a breach of trust that has been developed between this student and his or her care provider. Chances are great that she or he will not, in fact, go to the public health clinic in the community.

From a public health perspective, offering no-cost STD testing and treatment for sexual assault survivors will increase the likelihood of controlling the further spread of STDs to other sexual partners. Untreated STDs, spread

via unprotected sex, can pose public health problems and may compromise the long-term reproductive health of individuals.

The individualized services of the health center are not replicated at low cost elsewhere in Eugene. In addition, health center practitioners are able to refer survivors to additional campus resources, including the Counseling Center, the Mediation Program and Sexual Assault Support Services. Such integration of services, which are in the best interest of the survivor, is unlikely to occur elsewhere in the community.

Offering no-cost medical testing and treatment will aid survivor retention rates. An integral part of recovery is the ability to integrate back into the University community by restoring self-confidence and faith in others. By providing various services on campus in a supportive environment, we are more likely to achieve that goal.

Collectively, these rationale illustrate the importance of having increased medical accessibility for sexual assault survivors. Increased accessibility means offering no-cost medical care for survivors who are unwilling or unready to report their assault.

Advertising of no-cost testing and treatment would ideally be presented along with other survivor services rather than be promoted separately. For example, a statement about medical services available at the Student Health Center on a sliding scale fee could be included on informational pamphlets targeted at survivors.

Maintaining strict confidentiality, statistics will be kept on the number of survivors who use the no-cost services and the costs associated with the use of the services. This program will then be reviewed at the end of one year to determine the level of demand and to secure long-term funding for the program.

Please support this ballot measure by voting "yes" in the ASUO General Election Tuesday and Wednesday.

Eric Bowen is ASUO programs coordinator, Student Health Center Committee chairman and ASUO president-elect.

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