

Runyan

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according to the Western Australian Retinitis Pigmentosa Foundation's Web site.

At 9 years old, Runyan was diagnosed with Stargardt's disease. She described it as a genetic disease that creates holes in the retinas and impairs vision to the point of blindness. She said her vision has now deteriorated to 20/300 in her left eye and 20/400 in her right eye, and she sees a floating shadow caused by scar tissue. She can see light, color and shapes, but cannot distinguish details.

At this time, there is no cure for Stargardt's disease. Her vision has made orientation in large stadiums difficult, she said. But in general, it has not really affected her running.

In her book, Runyan described her aversion to the word "special." As a child, she had to take the "special" bus for kids with disabilities to travel to school. She had to sit at the back of the classroom with a "special" closed-circuit television that took up the entire desktop and made a lot of noise.

"I don't think of myself as anything 'special,'" Runyan said. "I always say there's a lot more I can accomplish. I don't feel like I'm done yet."

After a stint with the Paralympics, she qualified for the 1996 Olympic trials and broke the American record in the heptathlon 800.

In September 1996, Runyan moved to Eugene to train as a 1,500-meter runner under the tutelage of local track coach Dick Brown.

"I had seen her in the Olympic trials in the heptathlon 800," Brown said. "Anyone could see the talent there."

He said Runyan is a marvelous athlete.

"She took a career-ending problem and said, 'It's not going to screw me up,'" he said.

Brown began to teach her the physiology of running

that would make her a better runner, but a series of injuries and surgeries prevented her from training.

Then, in the fall of 1998, a friend referred her to Matt Loneragan, a student massage therapist who worked at the Oregon Medical Lab, according to Runyan's autobiography. She and Loneragan became best friends and partners in life.

"Matt was the one thing that kept me in it," Runyan said. "But the way he kept me in it was almost as though we ran just for the sake of running. We didn't run for the Olympics. We didn't run for the Nationals. We went out and said, 'Let's go run on the trail because it's fun to run on the trail.'"

Runyan wanted to train for the Olympics, she said in her book, and because she did not have a coach, Loneragan began training her.

"It seems like every year brings new challenges," Loneragan said. "Every year it seems like something big happens, but it never goes exactly the way you want it. If you can get a year where nothing goes wrong, you've just got to hold on to that and not take it for granted."

Through all her battles, she made the 2000 Olympic team.

Though she did not score as well as she wanted to in Sydney, Runyan said she does not regret taking the lead in the 1,500-meter race.

"I don't think there was much I could've done that would have made the outcome any different for me," she said. "I sure as hell would have had a lot more regret had I stayed in the back and had the pack made a move. I never would have caught up with them."

In 2004, Runyan will be training for the Olympics, and she said her goal in the meantime is to gain more experience in cross country and road racing, and to work on her stamina and strength.

"We'll take one thing at a time," she said patient-

Tobacco ban

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worried the board would make a decision too quickly.

EMU Board chairwoman Christa Shively said that although she was hoping to finalize the debate at Wednesday's meeting, the only way for the board members to make a confident decision was to put the issue on hold until more information was found.

"I was hoping people would come prepared to make a decision to vote today, but I feel like we hit a gridlock," she said.

At-large member Jake Holcombe suggested that the board should look at the fiscal situation of other universities that had banned tobacco sales to see how funding was affected.

Shively said that while OSU had banned tobacco sales, it faced a financial loss of \$4,000 — significantly less than the approximately \$30,000 in profit the University makes each year. She said that because the University's situation was much different, it is difficult to make a comparison between the schools.

But Holcombe argued that further research should be done before any decisions are made.

Health Education director Paula Straight said her biggest concern was that the board was focusing on whether to continue selling tobacco, rather than brainstorming alter-

native solutions to tobacco sales.

"What concerns me is that we aren't brainstorming ideas for replacing the money," she said.

Vice chair Jackie Reed suggested the board assign a business class the task of brainstorming ideas for how the University could compensate for lost revenue. She said tobacco sales could possibly be phased out after several years.

"Obviously the EMU is not prepared to ban tobacco now, but maybe in the future it is a possibility," she said.

She also recommended the board conduct a schoolwide poll before making a decision that will affect students.

"(The board members) are only a small representative. Waiting for a survey to make our decision is not going to hurt anything," she said.

But ASUO representative Brenda Tincher said the board's job is to advocate for students, especially when the issue is complicated.

"I think a survey is just another delay to making a decision," she said.

The board also discussed raising the cost of cigarettes to discourage students from buying cigarettes. Members discussed the possibility of funneling the money back to the EMU or using it to increase awareness about the health risks of smoking.

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Assisted suicide

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physicians and patients to comply with the (new ruling on the) law," said George Eighmey, executive director of Compassion in Dying of Oregon, a group that advocates physician-assisted suicide.

"Ashcroft has basically stated that, 'I'm not going to put you in jail, I'm just going to destroy your livelihood,'" Eighmey said.

It's unclear right now how the Department of Justice will enforce the new ruling. Doctors have a way of getting around the ruling; they are currently required to file a form with Oregon Health Services whenever they prescribe federally controlled medication, including medications used for physician assisted suicide. But confidentiality laws may prohibit the Justice Department from getting that information without a subpoena, giving

doctors a loophole.

"(Doctors) have to state their intent," said Dr. Greg Hamilton, president of Physicians for Compassionate Care, a right to life group. He said that the law requiring physicians to list federally controlled medication is entirely reasonable.

"Ashcroft has basically stated that, 'I'm not going to put you in jail, I'm just going to destroy your livelihood.'"

George Eighmey
executive director,
Compassion in Dying of Oregon

Oregon Death With Dignity, the group that supported the passage of the controversial state law, also wants to stop Ashcroft. Their lawyer will submit the group's case for an injunction today at noon at the U.S. Courthouse in Portland.

"The people of Oregon are well represented in the case introduced by Attorney General Myers," said Scott Swenson spokesman for ODWD.

John Lysaker, assistant professor of philosophy at the University, agreed that the issue fundamentally centers on democratic freedoms.

"We can debate the morality of physician assisted suicide," he said, "but the administration is forcing a moral agenda upon the state of Oregon."

Rep. Peter DeFazio, D-Eugene, agreed.

"This is an outrageous infringement on states' rights," DeFazio said. "Doctors will underprescribe pain medication for terminally ill patients."

Hamilton, the compassionate care advocate, disagreed with that assertion.

"That's an ill-informed and unfounded statement," Hamilton said. "The DEA is not looking at pursuing physicians (who are simply prescribing pain medication)."

Brook Reinhard is a community reporter for the Oregon Daily Emerald. He can be reached at brookreinhard@dailymerald.com.

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