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COMMENTARY

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EDITORIAL

Recent incidents prove cautious behavior is best

Last Wednesday provided a scene-setter for the start of this year's campus weirdness: The masturbator struck again. Police officials say the newest installment of masturbation-mania waxes of the 2002 exposure spree, but we are aren't jumping to any conclusions. After all, you can never be too sure about people these days.

Amid the giggles that the headline — and the issue itself — probably invoked around the community, we urge those who don't take it seriously to remember that it is, in fact, a very serious issue for a couple of important reasons.

First, simply because this man has selected indecent exposure and sexual harassment as his weapon of choice doesn't mean he isn't potentially dangerous. One can assume given the circumstances of his crime that he has some issues, and we would guess that in his mind, moving from exposure to attack may not be a far leap. Considering that "the masturbator" seems to primarily invade the privacy and homes of females, we fear the day that he walks in to see a woman alone and vulnerable for attack. What if the woman was getting out of a shower and was only partially dressed? Would the man decide then was a good time to escalate his crime? Would this be a situation where the woman could successfully defend herself?

The masturbator, despite his snide nickname, should be taken seriously, and intensive steps should be taken to ensure his timely arrest. University senior Kristi Kraus, one of the victims of the latest exposure, made an excellent point when she said this man, who gains enjoyment from scaring females, could easily morph into someone more dangerous.

Second, we're assuming that the four girls who found the strange man in a Halloween mask standing in their kitchen masturbating didn't find it very humorous. If the perpetrator is in fact the same man who struck in 2002, he has graduated from masturbating in front of windows to trespassing into private homes. This in itself should send warning signs to the community: This man is not only sick, but willing to take risks such as walking through unlocked doors into private residences.

These recent events should remind all students that caution is the best policy, even in a town like Eugene where violent crime is relatively uncommon. Women are the primary target for sex crimes, and thus female students should always be aware of their surroundings. The University offers a new shuttle service that can safely transport students home at night (contact Assault Prevention Shuttle at 346-RIDE). The Department of Public Safety can also be an excellent escort to other on-campus locations at the wee hours of the night, but DPS escorts depend on availability of on-duty personnel (call 346-5444 for information). Traveling in groups is also a safe way to get around, and well-lit areas are better than dark surroundings, such as alleys.

Women or men who have a run-in with the campus masturbator or any other perpetrator should try to memorize any specific details about the person so police can get an accurate description.

Victims of sexual harassment and other sex crimes who are suffering from emotional trauma can contact Sexual Assault Support Services at 484-9791. The non-profit support service offers a 24-hour crisis line.

EDITORIAL POLICY

This editorial represents the opinion of the Emerald editorial board. Responses can be sent to letters@dailyemerald.com. Letters to the editor and guest commentaries are encouraged. Letters are limited to 250 words and guest commentaries to 550 words. Authors are limited to one submission per calendar month. Submission must include phone number and address for verification. The Emerald reserves the right to edit for space, grammar and style.

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More good than harm

If I ponder for a few minutes, I can think of exactly two people I know who have never smoked pot. Of course, I don't wander around among my acquaintances taking pot-smoking polls, but having lived in Eugene for many years, the subject comes up more often than you might think — particularly if you're discussing brownie recipes.

Some of these people only tried it once or twice and found it wasn't to their liking. Others reminisce fondly about misspent adolescent years and the accompanying drug-induced haze. A handful liked it enough to continue the practice to this day — often substituting a joint for an after-dinner drink.

Now, according to the Drug Enforcement Agency, "Marijuana is a dangerous, addictive drug that poses significant health threats to users."

Hmmm ...

What if you're already dealing with a significant health threat? While there is still an awful lot of debate over the efficacy of marijuana in the medical world, there is some reason to think it might offer relief for folks with certain serious health issues.

If you've tuned into the debates over the years, you probably already know that many claim pot can help alleviate the vomiting and nausea associated with chemotherapy, and it can help stimulate the appetite of those with AIDS. But, did you know that folks with multiple sclerosis have found that smoking pot can ease muscle pain, calm tremors and help increase control over their bladders? It may even prevent epileptics from having seizures and ease eye pressure for people suffering from glaucoma.

Dangerous, indeed!

To save us from that suspect class of people who might seek to do us harm — you know, doctors — the federal government has sought to impose sanctions on physicians who have the temerity to discuss



Steve Baggs Illustration

with their patients the potential efficacy of marijuana.

Let's be very clear on this point: They want to punish doctors for merely talking with



Jessica Cole-Hodgkinson
Huh? What? Really.

patients about marijuana.

Of course, if you need eye surgery, your doctor is allowed to administer cocaine. If you're in serious pain, she can give you morphine or codeine. If your blood pressure is skyrocketing, she can tell you that a daily glass of red wine might help.

The plain fact is that cocaine, opiates, and alcohol are also dangerous and addictive — hence the need for organi-

zations like Alcoholics Anonymous and Narcotics Anonymous. Nevertheless, where these substances are concerned, the federal government is willing to trust our doctors to exercise their best medical judgment.

What makes marijuana so different?

A little research shows that 35 states have passed legislation recognizing the medicinal potential of marijuana. Nine more — Oregon, Washington, California, Nevada, Hawaii, Arizona, Alaska, Colorado and Maine — have gone so far as to make it legal for people to use marijuana on the advice of their doctors. Canada as a whole allows people with terminal illnesses and certain chronic conditions to grow it themselves or designate someone to do it for them.

From where I sit, marijuana appears to be a big, open secret that everyone but the federal government is in on. Well, actually, our recent heads of said government members do seem to be in on it too. Clinton told us he didn't inhale; Gore con-

fessed that he did. Bush — well, what hasn't he done?

Last week, the Supreme Court refused to reconsider the decision by the Ninth Circuit Court of Appeals in *Conant v. Walters* that bars the government from investigating and issuing sanctions to doctors who discuss the use of marijuana with their patients.

I'm sure that the government's representative — Solicitor General Ted Olson — was frustrated by the decision. After all, he thinks that allowing doctors to talk to their patients about using marijuana for medical purposes is likely to "facilitate and promote the acquisition and use of an unsafe controlled substance." Because he was on the losing side of an argument, he has my sympathy if not my understanding. I wonder ...

Do you think he'd appreciate a nice, big batch of brownies?

Contact the columnist at jessicacolehodgkinson@dailyemerald.com. Her opinions do not necessarily represent those of the Emerald.

LETTER TO THE EDITOR

Loaded terms, non-important issues dominate paper

The Emerald began this year by reserving the loaded language of "dire," "do-or-die" and several other emotional terms for

the sports pages. Meanwhile the columnists are writing increasingly frivolous distractions from pressing issues facing students and our society.

I'm not interested in whether or not a team wins or team mascot name backlash bothers a columnist. Please rejoin us

in the real world of "exorbitant" tuition, "intolerable" prison populations, "massive" debts, and a "dire" health care system situation.

Mike Meyer
senior family and human services

ONLINE POLL

Each week, the Emerald publishes the previous week's poll results and the coming week's poll question. Visit www.dailyemerald.com to vote.

Last question: Do you value instruction from GTFs as much as from professors?

Results: 82 votes

Yes — GTFs can better relate to students: 26.8 percent or 22 votes.

No — GTFs don't have the knowledge or experience required to teach classes: 24.4 percent or 20 votes

No — I pay for instruction from professors, not students: 18.3 percent or 15 votes.

It makes no difference to me: 18.3 percent or 15 votes.

Yes — GTFs have more current knowledge: 12.2 percent or 10 votes.

This week: What happened to the University's alternative mascot, Mandrake?

Choices: Flew south for the winter, along with the football team's talent; Waiting in Phil Knight's freezer for Thanksgiving dinner; Took a year off to run for California governor; Kidnapped by OSU mascot Benny the Beaver; Went to a party with one of the football players and is still walking home.