### **NEWS BRIEF**

#### **KWVA** receives allocation to update equipment

The ASUO Student Senate approved a huge request from the campus radio station KWVA at a two-hour senate meeting Wednesday night.

The \$31,794 allocation accounts for nearly a third of the surplus funds the senate had available to spend for the entire year.

KWVA General Manager Charlotte Nisser said the station needs the money to complete a major changeover from analog to digital radio equipment. The upgrade will provide a "state-of-the-art learning environment for students," Nisser said.

"These are essential items," she said.

Nisser and several senators said they were frustrated with the progress of the project, for which the senate allocated \$118,438 last May.

"Your group has really put the senate between a rock and a hard place," Sen. Jesse Harding said, adding that KWVA has done a "very poor job" of managing the \$118,438 already granted.

He also expressed frustration that KWVA spent money on items other than what the senate approved the funds for, adding that the station had taken on "vigilante status."

Senators subjected Nisser to more than an hour of tough questioning, but decided they felt obligated to see the project through. Without the additional funding, the station would have been left with a partially completed renovation and a difficult operating environment.

I feel like our hands are kind of tied here," Senate Treasurer Kevin

Curtin said. "If we don't give you that \$31,000, our money is wasted.'

The allocation leaves the senate with only \$46,718 for the rest of the year, and the senate is expecting a request for several thousand dollars later this term from Campus Recycling.

We (will) be that much more careful about giving out money, Senate President Ben Strawn said.

- Chuck Slothower

## **EMU**

continued from page 1

bottom floor.

The application process is wide open right now," EMU Interim Planning Committee Chairman Brandon Rhodes said.

The Craft Center, Women's Center and University Health Center have all made inquiries about the 1,100-1,200 square-foot office space.

However, the committee said it has not established a deadline for submitting applications, so other groups interested in the space can still apply.

The Craft Center submitted a proposal describing how it would use the space, envisioning a new area for glass blowing and general programming, a reoriented and expanded wood shop and a relocated fibers studio.

Women's Center Assistant Director Debby Martin said the group wants the empty office because it is larger and would offer a more private space to help women who drop in to report violence against them.

"We need more space to deal with

those situations," Martin said, adding that the center is trying to create a "community space" for women to come and relax or bring their children, and another area for women to breast-feed.

Discussions with the health center are in a very preliminary stage, Rhodes said, but there has been talk of putting a cold clinic or a pharmacy in the EMU.

"I think they would jump at the chance to get some office space somewhere," Rhodes said.

He added that it's unlikely any one group will get the whole room to itself.

"Realistically, it's likely we'll see a multifaceted resolution," Rhodes said. "We'd like to accommodate a range of needs.

The committee is taking a broad look at how to best use the office space in the EMU, including the spot on the second floor recently vacated by Totally Cellular.

The committee is also looking at giving 11 EMU to Erb Essentials for management and clerical space. Rhodes said the shuffle would free up space for the EMU's convenience store to sell more goods. However, the committee would have to find somewhere to put the current occupants of room 11, Amnesty International and Students for Choice.

After finalizing a plan for the use of EMU offices, the committee will solicit public comments. The committee plans to present its findings to the EMU Board of Directors in April.

"We'd like to have (any changes) constructed and ready by the first day fall term," Rhodes said.

federal politics reporter at chuckslothower@dailyemerald.com.

# **ODDS**

continued from page 1

currently sitting in on.

She's got a lot on her plate right now," he said. "I admire her determination and her being able to be very goal-directed. She doesn't let her challenges defeat her in any way.

But Heider said she is getting depressed.

I've tried to stay optimistic, but at this point I don't know what else would work," she said. "I've had hurdles to jump over while I've been trying to do these incompletes. I've gotdepressed. I've gotten discouraged."

Heider said she'd like to graduate, get a job and become financially stable so she doesn't ever have to be homeless again. She'd like to find work, and at the same time, she'd like to give back to the community by making a donation to the University as a sign of her school spirit.

But when, or if, that will ever happen, she doesn't know.

### In need of surgery

Heider waited impatiently in the emergency department of McKenzie-Willamette Medical Center on the evening of Feb. 10. The headaches and body pains had gotten too bad to ignore any longer, she said. She had to have another spinal tap.

Heider saw her first nurse, who took her blood pressure and determined that it was high. The nurse then asked her to rate her headache on a scale of one to 10. Heider said eight.

Then, Heider went into a cubicle in the lobby to register. After about 10 minutes, she came out and sat in one of the waiting chairs. She was crying, dreading the pain of the spinal tap, she said.

Heider went into the emergency room for treatment, but the doctors turned her away, saying she had received too many spinal taps and really needed surgery to revise her shunt,

She agreed, but asked for a spinal

They still said no, Heider said.

Tom Hambly, clinical manager of emergency services for McKenzie-Willamette Medical Center, said the hospital refuses service to nobody, but that a physician may have decided it wasn't appropriate or safe to perform a spinal tap at the time.

"I'm alarmed that she's had 90 spinal taps," Hambly said. "And I can understand why a physician wouldn't want to do 91. Spinal taps carry with them their own inherent risks, and you have to weight the risks compared to the advantages of any given procedure.

Right now the pressure of cerebral spinal fluid in Heider's head is building. She started noticing it in September, and since then it's gotten worse.

A letter from Dr. Mark Belza - her neurosurgeon in Bend - said Heider has suffered from chronic nausea, ear and eye pain and difficulty balancing since then.

In the past six months, Heider has been to the emergency room nine times for emergency spinal taps, she said. Each time they stick the needle in, they run the risk of hitting her spinal cord, which could paralyze or

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kill her.

"I'm left with no care," Heider said. "I have a spinal tap about once every two weeks and I subject myself to infection, paralysis or death each time the needle goes in."

Heider needs a shunt revision, according to the letter from Belza's office.

Her shunt - which continually drains fluid out of her back by diverting it into her urine system - is not functioning because it is plugged, she said. Her vision is getting worse, her ears are aching and her body is swollen.

"This is like a pressure cooker," she said. "I feel puffy like the Pillsbury Doughboy.'

Heider can't have surgery in Eugene. There are nine neurosurgeons in the city, but all of them are booked and none will consider her case because her Oregon Health Plan coverage will only pay 75 percent of what it normally pays, Heider said.

She said the Governor's Advocacy Office is investigating her case.

Heider can't go to Bend to have Belza perform the surgery, either.

In the letter, Belza wrote that the best course of action would be to have a surgeon in Eugene take her case. The risk of her driving over the mountains after a surgery would be

Besides, Heider said she's tired of bouncing back and forth like a tennis ball. She is resolute that one of the local surgeons here should take her case.

too great, he wrote.

"It's got to work," she said. "It's just something that's got to work."

Heider said sometimes it's hard for her to accept the battle she's fighting, hard to accept her chronic sickness.

"I hate to say that I'm not going to get better," she said. "But there's not a cure for the tumor. There's not a cure for the asthma. It's chronic. So, we just try to deal with it as best as we can. ... I can't believe it's happening to me. It's like you would read about it in the newspaper about another student, but it's me.

Contact the people/culture/ at jaredpaben@dailyemerald.com.





