

adequate pain management is often difficult to obtain because many physicians fear investigations and enforcement actions if they prescribe adequate levels of opioids or have many patients with prescriptions for pain medications. We are working to address these concerns while ensuring that individuals who do divert or abuse drugs are prosecuted. There are many nuances of the interactions of medical practice, end of life concerns, definitions of abuse and addiction, and enforcement considerations that make balance difficult in practice. But we believe this balance is very important to our citizens, who deserve the best pain relief available to alleviate suffering, particularly at the end of life.

We understand that DEA issued a "Solicitation for Comments on Dispensing of Controlled Substances for the Treatment of Pain" in the Federal Register yesterday. We would like to discuss these issues with you to better understand DEA's position with respect to the practice of medicine for those who need prescription pain medication. We hope that together we can find ways to prevent abuse and diversion without infringing on the legitimate practice of medicine or exerting a chilling effect on the willingness of physicians to treat patients who are in pain. And we hope that state and federal policies will be complementary rather than divergent.

Lynne Ross, Executive Director of NAAG, will contact you soon to arrange a meeting at a mutually agreeable time, hopefully in March when Attorneys General will be in Washington, DC to attend the March 14-16 NAAG Spring Meeting. We hope to meet with you soon.

Thank you.

Sincerely,

Drew Edmondson, Attorney General of Oklahoma; Gregg Renkes, Attorney General of Alaska; Mike Beebe, Attorney General of Arkansas; Richard Blumenthal, Attorney General of Connecticut; Thurbert E. Baker, Attorney General of Georgia; Tom Miller, Attorney General of Iowa; Gregory D. Stumbo, Attorney General of Kentucky; Terry Goddard, Attorney General of Arizona; Bill Lockyer, Attorney General of California; Robert Spagnoletti, Attorney General of District of Columbia; Lisa Madigan, Attorney General of Illinois; Phill Kline, Attorney General of Kansas; Charles Foti, Attorney General of Louisiana; Steven Rowe, Attorney General of Maine; Michael A. Cox, Attorney General of Michigan; Jeremiah Nixon, Attorney General of Missouri; Jon Bruning, Attorney General of Nebraska; Wayne Stenehjem, Attorney General of North Dakota; Roberto Sánchez Ramos, Attorney General of Puerto Rico; Joseph Curran Jr., Attorney General of Maryland; Mike Hatch, Attorney General of Minnesota; Mike McGrath, Attorney General of Montana; Patricia Madrid, Attorney General of New Mexico; Hardy Myers, Attorney General of Oregon; Patrick C. Lynch, Attorney General of Rhode Island; Henry McMaster, Attorney General of South Carolina; Mark Shurtleff, Attorney General of Utah; Darrel McGraw, Attorney General of West Virginia; Paul Summers, Attorney General of Tennessee; William Sorrell, Attorney General of Vermont.

BUSH SHOULD FEEL DOCTORS' PAIN

(By Radley Balko)

Since the late 1990s, the U.S. Drug Enforcement Administration has allied with state

and local law enforcement agencies to stamp out abuse of the painkiller OxyContin. Citing rises in emergency room episodes and overdoses associated with the drug (both of which have been roundly disparaged by critics), the DEA insists its "Operation OxyContin" is a necessary reaction to the diversion of the prescription narcotic for street use.

Unfortunately, despite frequent robberies and burglaries of pharmacies, doctors' offices, and warehouses where prescription medications are stored and sold, the DEA has focused a troubling amount of time and resources on the prescriptions issued by practicing physicians. It's easy to see why. Doctors keep records. They pay taxes. They take notes. They're an easier target than common drug dealers. Doctors also often aren't aware of asset forfeiture laws. A physician's considerable assets can be divided up among the various law enforcement agencies investigating him before he's ever brought to trial.

Over the last several years, hundreds of physicians have been put on trial for charges ranging from health insurance fraud to drug distribution, even to manslaughter and murder for over-prescribing prescription narcotics. Many times, investigators seize a doctor's house, office, and bank account, leaving him no resources with which to defend himself. A few doctors have been convicted. Many have been acquitted. Others were left with no choice but to settle.

All of this has been happening just as the field of chronic pain management has made some remarkable progress. The development of opium-based narcotics like OxyContin (also known as "opioids") has been a Godsend to the estimated 30 million Americans who suffer from chronic pain. Opioids are safe, effective, and, contrary to conventional wisdom, very rarely lead to accidental addiction when taken properly. Most of the medical literature puts the rate of such addiction at less than one percent.

The DEA's campaign puts law enforcement officials in the troubling position of determining what is acceptable medical practice in a field that's dynamic, still emerging, and relatively experimental. The very fact that any course of treatment "beyond the normal practice of medicine" can be cause for cops to launch a career-ending investigation is enough in itself to stifle innovation in palliative therapy.

The high-profile arrests and prosecutions of physicians (up to 200 per year, by one estimate) have caused many doctors to under-prescribe or refuse to see new patients. It corrupts the candor necessary for an effective doctor-patient relationship. Many physicians have left palliative therapy for less controversial practice. The Village Voice reports that medical schools are now advising students to avoid pain management practice altogether.

To calm its critics, the DEA commissioned several pain specialists to work with federal officials to put together a set of guidelines for physicians who treat pain with opioids. These guidelines were posted on the agency's website, and most doctors were led to believe that following the recommendations would keep them safe from prosecution. For a short time, experts, doctors, and drug warriors had reached a compromise.

But it didn't last long. Late last year the guidelines mysteriously disappeared from the DEA's website. Their removal coincided with the trial of Virginia pain specialist, Dr. William Hurwitz, whose attorneys had attempted—and failed—to admit the guidelines as evidence on the belief that Hurwitz's practice conformed to their parameters. Hurwitz was eventually convicted, and faces a life sentence later this month.

A few weeks after Hurwitz's judge refused to admit the guidelines as evidence, the DEA renounced the contents of the brochure, and in a brief explanatory note made clear that the agency wasn't bound by any standards or practices when it came to determining what physicians it would investigate. The agency essentially declared it had carte blanche to launch an inquiry.

The renunciation sent shockwaves through the medical community. One doctor told the Washington Post that "over 90 percent" of patients and doctors could be subject to prosecution under the DEA's new rules. Rebecca J. Patchin, who serves on the board of the American Medical Association, told the Post, "Doctors hear what's happening to other physicians, and that makes them very reluctant to prescribe opioids that patients might well need."

David Jorenson, the academic pain specialist who headed up the committee that authored the original guidelines, sent the agency a sharply-worded rebuke. Three professional associations representing pain specialists followed with a letter of their own. And last January, the National Association of State Attorneys General also sent a letter to the DEA, expressing concern that the agency was overstepping its bounds, and interfering with the legitimate treatment of pain. The letter was signed by 30 AGs from both parties.

The DEA remains obstinate, insisting its revocation of the guidelines did not represent a shift in policy, and that its pursuit of doctors should have no effect on legitimate pain treatment, despite that the experts it originally consulted say otherwise.

The attorneys general letter to the DEA in particular presents a challenge for the Bush administration. The White House claims to value the principles of local rule, states' rights, and federalism. But those principles seem to flitter away when it comes to drug policy. The Justice Department, for example, has repeatedly gone to court to prevent states from allowing physician-assisted suicide and medicinal marijuana, in some cases going so far as raiding convalescent centers and asserting the supremacy of federal law in prosecuting those who grow marijuana in states where it's permitted.

Thirty state AGs have said that federal drug policy is interfering with legitimate medical practice. The White House now has two choices. It could order the DEA to end its pursuit of physicians, and leave medical policy to state governments and medical boards, where it belongs.

Or it could stand by the DEA's troubling anti-opioid campaign, and watch as more well-intentioned physicians go to jail, and millions of Americans continue to endure unnecessary grief.

PAYING TRIBUTE TO THE LANSING STATE JOURNAL ON THE OCCASION OF ITS SESQUICENTENNIAL

**HON. MIKE ROGERS**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 19, 2005*

Mr. ROGERS of Michigan. Mr. Speaker, I rise to honor the Lansing State Journal and its more than 500 employees and retirees who are this year celebrating 150 years of publishing a newspaper in Michigan's capital city, Lansing.

As the sesquicentennial year progresses, the newspaper is revisiting its history and looking forward to the future.

Recently, the president and publisher, Michael G. Kane, wrote in a message to readers: "Through 150 years, 16 publishers, seven name changes, five building locations, and more than 45,000 editions, we have been the eyes and ears of mid-Michigan. And a remarkable community it is: capital of the great state of Michigan, home of one of the nation's great universities, and birthplace of an automobile industry."

Clearly, the newspaper leadership and its staff understands that in one of the most diverse regions of the state, the Lansing State Journal is called on to fulfill its responsibility as community mirror, historian, and monitor. From birth to death, the Lansing State Journal chronicles the important milestones in the lives of the people who live and work in mid-Michigan, captures in print and picture the ebb and flow of life in each community throughout the region, and serves as a key element in the mid-Michigan marketplace.

From the reception desk to the newsroom and advertising department, to the press room and the circulation office and distribution team, the people who produce a newspaper every day of every year are truly part of the heartbeat of the mid-Michigan region.

Mr. Speaker, I ask my colleagues to join me in honoring the Lansing State Journal and its employees and retirees for all they have accomplished. May we extend best wishes for the future, and express our respect and appreciation for their important role in the community.

RECOGNIZING A STATEMENT BY RABBI ISRAEL ZOBERMAN, SPIRITUAL LEADER OF CONGREGATION BETH CHAVERIM IN VIRGINIA BEACH

**HON. J. RANDY FORBES**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 19, 2005*

Mr. FORBES. Mr. Speaker, I rise today in recognition of a statement by Rabbi Israel Zoberman, spiritual leader of Congregation Beth Chaverim in Virginia Beach, Virginia in recognition of the hope of peace created by recent Middle East developments.

I have been witness to remarkable developments in the Middle East with far-reaching implications, giving that volatile and violent region and the world at large renewed hope for peaceful transformation following four and a half years of the bloody Second Intifada now formally ended.

As a member of the Rabbinical Council of ARZA, the Association of The Reform Zionists of America, serving the million and a half Jews of Reform Judaism, our delegation was at Israel's Knesset when German President Horst Kohler accompanied by Israeli President Moshe Katzav entered to address the parliamentary body on the 40th anniversary of Israeli-German diplomatic relations. Sixty years since the death camps' liberation it was still too trying for a few of Israel's elected representatives to hear the language used by the Holocaust's perpetrators though Germany has become Israel's close friend.

Yet this historic opportunity, the first for a German president on an official state visit with the German flag decorating Jerusalem's streets, is an appreciated lesson that peace can follow a painful past. It also alerts us that fears and vulnerabilities simmer just

below the surface, mindful of the global rise in anti-Semitism and the apprehension concerning ultimate Arab intentions. In our discussions with Knesset members of both the coalition and opposition, we were exposed to Israel's vibrant democracy that hopefully will spread throughout the Middle East.

Equally significant was to watch Secretary of State Condoleezza Rice's motorcade speed through Israel's Capital. Her poignant presence so closely following her installation in office was a clear signal to all concerned that the United States led by President George W. Bush placed the settlement of the Israeli-Palestinian conflict high on its agenda of concerns, to enabling both sides to reach that elusive peace which involves the traumatic disengagement from Gaza and parts of the West Bank along with further trying concessions for the two long-embattled peoples. Chairman Abu Mazen's immediate and fateful challenge is to prevail upon militant Palestinians to end the terrorism of suicide bombings and rocket launchings that might derail progress as in the past. However, Jewish extremists pose danger of their own, recalling Prime Minister Rabin's 1995 assassination.

I was glued to Israeli T.V. as the Sharon Summit with Prime Minister Sharon, Chairman Abu Mazen, President Mubarak and King Abdullah gathered with evident determination to break through the vicious cycle of death and despair. Both Sharon and Abu Mazen vowed to immediately cease all military operations with Egypt and Jordan committing to returning their ambassadors to Israel. When Sharon heartfeltdly spoke these unforgettable words, "to kindle for all the region's nations a first light of hope," I whispered my own "Amen."

Our warm meeting in Tel-Aviv with American Ambassador Daniel Kurtzer was an illuminating experience, as we were briefed by a Middle East expert on the arena's shifting dynamics. He expressed cautious optimism following Arafat's departure, the one who was the stalling obstacle at Camp David 2000 and beyond. We toured various segments of the "security barrier," and in Jerusalem we were guided by Colonel (Res.) Danny Terza, the project's head administrator for the Ministry of Defense who has been responsible for its complex erection in a city with multi religious and ethnic layers that he successfully dialogued with to avoid hard feelings. The cement part of the fence, only 4.5 percent of it, is designed to be dismantled when called upon. Its purpose of blocking terrorist infiltrations has proved itself over ninety percent.

We held a memorial service in the Nahalal cemetery of the Jesreel valley for Israel's first astronaut, Ilan Ramon, who perished along with his heroic fellow crew members of the Columbia shuttle two years ago. Ilan, who participated as a pilot in 1981 in destroying Iraq's nuclear facility and whose mother survived Auschwitz, will remain an enduring symbol of courage and creativity. Our group of rabbis also paid respect at the Abukasis home in the town of Sderot, who lost their seventeen year old daughter Ella, an exemplary young woman, in a rocket attack on January 15 from neighboring Gaza. The heroic high school senior was killed while she saved the life of her wounded ten year old brother Tamir, protecting him with her own body.

Let the day come soon when the children of both parties to the tragic conflict will grow up to fulfill their soaring dreams. After all, it is their birthright and the best guarantee for lasting peace.

IN RECOGNITION OF GERTRUDE BAGNALL

**HON. MELISSA A. HART**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 19, 2005*

Ms. HART. Mr. Speaker, I would like to take this opportunity to recognize Gertrude Bagnall for her courageous and selfless actions, which resulted in the rescue of a human life.

Mrs. Bagnall, with little regard to her own safety, raced into a church building in Farrell, Pennsylvania that had, moments earlier, exploded. Gertrude rushed to the aid of Pastor Barbara McCrae and parishioner Bruce Davis. She was able to assist Pastor Barbara McCrae from the building and into a waiting ambulance. Gertrude uncovered Mr. Davis from debris that had fallen on him in the explosion, allowing him to be rescued by emergency workers that arrived on the scene. Gertrude's bravery will be recognized at the "Celebrate a Hero" banquet to be held in her honor on Saturday, March 19, 2005 at the Hermitage Fire Hall.

I ask my colleagues in the United States House of Representatives to join me in honoring Gertrude Bagnall. It is an honor to represent the Fourth Congressional District of Pennsylvania and a pleasure to salute citizens such as Gertrude that display such selflessness and courage.

HONORING HENRIETTA VILLAESCUSA

**HON. GRACE F. NAPOLITANO**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 19, 2005*

Mrs. NAPOLITANO. Mr. Speaker, I rise today to honor and pay tribute to Henrietta Villaescusa, who passed away at the age of 84 on March 6, 2005, in Tucson, Arizona. As we join her family and friends who mourn her loss, I would like to acknowledge Henrietta for her remarkable contributions to public health, the nursing profession and the Hispanic community.

Henrietta Villaescusa was a pioneering Latina at a time when Hispanic women were not widely represented in the nursing field. Henrietta served as the only Hispanic public health supervising nurse for the Los Angeles City Health Department. She later broke boundaries in the federal government as the first Hispanic nurse to serve as Health Administrator for the Health Services Administration and the first Mexican-American Chief Nurse Consultant in the Office of Maternal and Child Health. Henrietta eventually rose to the position of chief nurse of the Division of Maternal and Child Health, where she was responsible for all nursing aspects of the nation's maternal and children's health programs.

Henrietta's work was not limited to America. She helped improve health care in Latin America through her work at the Alliance for Progress, the President's Office of Community Development and the Agency for International Development.

Nor was her work limited by her retirement. After officially retiring in 1985, Henrietta was asked by the Surgeon General to help develop