and has agreed to certain standards regarding the protection of civilians when addressing internal security matters. Yes, Chechnya is recognized by the international community as a part of Russia, but this is not merely an ''internal matter.'' The 1991 Moscow Document of the OSCE clearly states that commitments undertaken in the field of the human dimension of the OSCE are matters of direct and legitimate concern to all participating States and do not belong exclusively to the internal affairs of the State concerned.

Moreover, Moscow's current policy is likely to lengthen and widen the conflict, perhaps into Russia and beyond, and it may well jeopardize democracy in Russia if Russian leaders attempt to use ''emergency'' measures as part of its war policy.

Our resolution also calls upon the Chechen government to make every appropriate effort to deny bases or other support to radical elements committed to violent actions in the North Caucasus. Furthermore, the resolution urges our own government to emphasize to all parties the necessity of resolving the conflict peacefully, under OSCE auspices, and to express the willingness to extend appropriate assistance toward such resolution, including humanitarian assistance, as needed.

Mr. Speaker, I wish to emphasize that this resolution is not ''anti-Russian'' or ''pro-Chechen.'' Many observers who wish to see a prosperous and democratic Russia have been deeply disturbed by the present campaign in Chechnya. The chairperson of the Moscow Helsinki Group, Ludmila Alexeyeva, has stated that: ''Under the pretext of fighting terrorism, a real war is being waged against Chechnya, with tragic consequences for the civilian population. In several cities in Russia, under the same pretext, the authorities are conducting a genuine campaign of ethnic cleansing. These events are no less dangerous for European security than the Kosova crisis caused by the Milosevic regime last spring. In and around Chechnya we are witnessing a humanitarian catastrophe which is alarming, insofar as the international community is paying very little attention.''

In a recent statement, Deputy Secretary of State Talbott called upon Russia to use restraint, ''taking action against real terrorists, but not using indiscriminate force that endangers innocents, or resuming the disastrous 1994–96 war in Chechnya.'' President Clinton should back these good words with stronger steps. If Russia does not act with restraint and pursue dialogue, then Chechnya should become the main issue at the OSCE Summit in Istanbul on November 18 and 19.

I hope that the Congress would go on record as supporting these calls, and I urge my colleagues to join us in supporting this resolution.

SUPPORT FOR THE PAIN RELIEF PROMOTION ACT

HON. JAMES A. BARCIA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Monday, October 25, 1999

Mr. BARCIA. Mr. Speaker, my esteemed colleague from Oregon, Mr. BLUMENAUER, recently presented remarks on the floor to defend Oregon's assisted suicide policy and to criticize the proposed Pain Relief Promotion Act, H.R. 2260.

First of all, I think it is important to clarify the fact that H.R. 2260, the Pain Relief Promotion Act, does not limit states' ability to legislate assisted suicide. It simply clarifies that assisted suicide may not take place with federally controlled substances. This allows states to pass their own laws while clarifying the boundaries of federal involvement regarding assisted suicide. This bill also does not establish any new authority to penalize assisted suicide. My colleague has every right to speak in favor of the policy his constituents have chosen. But by the same token, representatives of the other 49 states that have chosen not to follow such a policy have a right to ask: Why should we be voiceless participants in Oregon's experiment with assisted suicide?

Mr. BLUMENAUER has expressed grave concern over the provision in the bill that makes it illegal to intentionally prescribe federally controlled drugs with the intent to cause a patient's death. Under this provision, he says, law enforcement personnel will be judging, for the first time, whether a doctor's ''intent'' is to cause a patient's death. I would like to take the time right now to respond to this objection.

Currently, the Drug Enforcement Administration (DEA) routinely makes these judgments. They have always had the right to revoke controlled substance permits based on abuse by health care workers. Whenever a prescription is written for a federally controlled substance, a DEA prescription is printed using a federal DEA registration number which is then attached to the actual bottle of pills. In this way, the DEA can keep record of and check whether or not federally controlled drugs are being used for ''legitimate medical purposes.'' There are numerous instances in which physicians have had their DEA registrations suspended or revoked because they used these drugs in ways that led to patients' deaths by drug overdose. Clearly then, the DEA has the authority, right and experience to do what it has always been doing—monitor the use of federally controlled substances. Even more extensive federal involvement, though, has been prompted by Oregon's assisted suicide law. It is my colleague's own state legislature, in fact, that has escalated federal involvement by enacting a law that freely uses federally controlled substances for assisted suicides. In so doing, Oregon has practically demanded, perhaps unintentionally, that the federal government review and clarify its policy regarding what constitutes a ''legitimate medical purpose.'' The federal government obviously has a right to say how federally controlled substances can be used. And so it is the aim of H.R. 2260 to address this question by clarifying the federal government's policy on the use of federally controlled substances in relation to assisted suicides.

Department of Justice policy currently forces the federal government to implicitly endorse assisted suicide by directing the DEA to allow federally controlled substances to be used in any manner which a state's assisted suicide law may prescribe. Every time a lethal overdose of barbiturates is prescribed to assist an Oregon citizen's suicide, the federal authority of the DEA is invoked to authorize the prescription. Since the Controlled Substances Act requires that such prescriptions be used for a ''legitimate medical purpose,'' the federal government implicitly endorses the use of federally controlled substances in each case of assisted suicide as a ''legitimate medical purpose'' under current Justice Department Policy. It is only appropriate then, that we clarify how federally controlled substances can be used instead of letting an individual state that is heroically experimenting with democracy dictate how these federally controlled substances will be used. After all, they are federally controlled substances and they require federal control.

H.R. 2260 clarifies that assisted suicide will not be performed with the federal government's blessing. It also ensures that enforcement of the Controlled Substances Act will distinguish between intentional killing and the unintended hastening of death that may rarely occur as a side-effect of aggressive pain control. (This particular distinction, by the way, is found explicitly in almost all state laws against assisted suicide enacted in recent years; it was upheld as a reasonable and workable legal standard by the U.S. Supreme Court in its Vacco v. Quill decision two years ago.) Finally, H.R. 2260 provides the funds needed to begin to seriously advance our understanding of pain management.

Beginning with the premise that aggressive pain control is to be encouraged as a legitimate part of modern medical practice, the legislation backs up this declaration through $5 million per year for the training of health professionals in palliative care, and for the education of law enforcement personnel so that they will be sensitive to the legitimate needs of modern pain management when they perform their necessary task of preventing misuse. Because this legislation sends such a clear and positive message about pain management to physicians and patients, it has been endorsed by organizations that both deal with pain issues on a regular basis and are in a position to judge the merits of the legislation. Among a notable list of supporters are the American Medical Association, the National Hospice Organization, the Hospice Association of America and the American Academy of Pain Management.

In the end, the federal government, in concert with groups that understand and are active practitioners of pain management, must make a policy decision regarding the appropriate use of drugs that fall within its jurisdiction. Will they be used to kill pain or kill patients? I believe H.R. 2260 makes the right choice.

NATIONAL CHILDHOOD LEAD POISONING PREVENTION WEEK

HON. CARRIE P. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Monday, October 25, 1999

Mrs. MEEK of Florida. Mr. Speaker, last week the Senate passed, by unanimous consent, a resolution which designates this week—October 24, 1999, through October 30, 1999—and a similar week next year as ''National Childhood Lead Poisoning Prevention