

the fear that someone will be in Idaho and mistakenly think she is in Oregon? Is it that someone will be in Oregon and forget and think they are in Washington? We are talking here about a specific discrete physical act, the act of someone being assisted in ending a life which he or she has decided, being of sound mind, that this life is no longer supportable.

There is no confusion. Everyone will know where the person is. There is no need for uniformity except, as the previous speaker said, if we decide to impose nationally the moral judgment of the Federal Government on this issue, and clearly the people of Oregon knew what they were doing; they were put to this twice.

They have twice decided that a sound individual, an individual of sound mind who finds life insupportable, who finds pain overwhelming, who finds paralysis in which they could do nothing but lay in bed intolerable, that that individual has the right to ask for assistance in committing suicide. And remember what I assume we are talking about, people who clearly would have the right, and I assume no one is interposing a Federal objection to suicide if the individual is capable of doing it. So the question is whether individuals who are not physically capable themselves and would otherwise have the right to commit suicide can ask someone, being of sound mind, to do that.

Now clearly there is no reason why the Federal Government has to intervene. There is no need for uniformity here. The existence of a right of assisted suicide in Oregon has no effect in Massachusetts or Oklahoma or Washington State unless someone wanted an individual to be transported there. But clearly the need for uniformity simply reflects a desire of people here to impose their moral views on the people of Oregon who have been found to be morally deficient in this particular regard.

Now that is a perfectly rational argument, but it is not one we can make and still be a States' rights proponent.

Let me also say, by the way, that the arguments about including palliative care, et cetera, those really cannot be made here because the gentleman from North Carolina pointed out he had a perfectly sensible amendment that would have preserved every aspect of this bill except its impulse to overturn the Oregon law. His amendment would have allowed every single other factor of the bill and say and because of that the Committee on Rules unfortunately would not allow it.

So the only thing that is at issue between us is this decision to overturn the Oregon law, and now we get to the philosophical issue: Does an individual have the control of his or her own life; does an individual have the right to say it is my life and I am in charge of it, and that includes the right to decide that it should be ended?

And we have people who believe philosophically, some out of a religious belief, some out of some other set of philosophical belief, that that is not true, one's life does not belong to them. We, the government, the national government of the United States, we, the Congress, can say to them: no, they may not do that.

□ 1145

We do not care how much pain one is in. We do not care how much one is tormented. We do not care how much, and I believe in many cases the psychological pain of being confined, rigid, being only a mind and nothing else, being totally dependent on others for everything else, and perhaps combining that with some pain, that is irrelevant. We will decide. We will decide under what conditions one will live. We will compel one to live against one's will.

That is what we are saying here, we, the United States Government, will compel one to live against one's will even though the people of one's State decided otherwise, because we have a moral framework which excludes one's right to end one's life.

I do want to have one other point here. We say, well, this is not interfering with States' rights, because these are federally controlled substances, so the Federal Government has the right to control them. The fact that we regulate something in one regard does not mean the Federal Government owns it. What is at stake here is a decision by the Federal Government to impose the moral views of a majority of this House on the people of the State of Oregon.

Mr. LINDER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, nearly 50 years ago, Doctors Watson and Crick were given the Nobel Prize in medicine for discovering the stuff of life. They defined deoxyribonucleic acid, DNA. Twenty years ago, Dr. Crick suggested seriously in Great Britain that people reaching the age of 80 ought to be eliminated because they were very expensive and not productive. That is the casual attitude about life and death that we ought not let States undertake.

This bill does two substantive things. It adds protections for doctors who use medications to treat pain, and it applies a 1970 law on controlled substances equally across 50 States. All States must abide by that law, irrespective of Oregon's decision to exempt itself from it.

If Texas chose to exempt itself from a national law in deadbeat parents, would we sit by and say, well, that is fine; they had a vote, it is not our business? If New York voted to allow no welfare reform and allow people to stay on welfare forever, would we sit back and say that is fine, it is not of our business, they voted?

Federal laws should be abided by equally by 50 States, and we have a 1970 Controlled Substances Act that Oregon has chosen to exempt itself from. This law would change that. Must we treat life with more dignity than we are in Oregon? Should we allow people to take their lives or to ask others to take their lives? We think so.

Two decades ago, a Methodist pastor was in Connecticut Hospital in serious pain from cancer and wrote a letter to Bill Buckley, the editorialist. He said, "I have spent a great bit of time thinking about suicide and praying about it. But then I concluded that I have no right to take away what God has given me on this Earth. I do, however, have the right to pray for early release from this diseased ravaged carcass."

We have no right to take away what God has put on this Earth or asking our friends who are doctors to take it away. But this bill is not about that. This bill is about saying that 50 States must abide equally by national laws, in this instance the 1970 Controlled Substances Act.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. COBURN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 2260, and to insert extraneous material on the bill.

The SPEAKER pro tempore (Mr. PETRI). Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

PAIN RELIEF PROMOTION ACT OF 1999

The SPEAKER pro tempore (Mr. HASTINGS of Washington). Pursuant to House Resolution 339 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2260.

□ 1149

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2260) to amend the Controlled Substance Act to promote pain management and palliative care without permitting assisted suicide and euthanasia, and for other purposes, with Mr. PETRI in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.