the act. Thus, as an editorial in the (Port-
land) Oregonian said, it is the Oregon law
that "open the door to a new area of long-standing federal jurisdiction." Thus passage of the act
would return national uniformity to the en-
forcement of federal law.

It merely reaffirms existing federal law.

Because the act declares that assisted sui-
cide is not a "legitimate medical purpose" under the Controlled Substances Act, critics have wrongfully accused supporters of granting new authority to the Drug Enforcement Agency to punish doctors. In fact, DEA has had the authority for nearly 30 years. Since 1980 it has brought more than 250 enforce-
ment actions for violating the federal legal standard of "legitimate medical purpose."

The medical community overwhelmingly favors it. Proponents of the bill include the American Medical Association, the National Hospice Organization, the Hospice Associa-
tion of America, the American Academy of
Pain Management, the American Society of
Anesthesiologists and the American College
of Osteopathic Family Physicians. (True, support has not been universal. The American medical community has been led by the
Rhode Island Medical Association.)

It has broad bipartisan support. Seventy-
one House members voted for the bill, and
its Senate sponsors include Joe Lieberman (D., Conn.), Chris Dodd (D., Conn.) and Evan Basy (D., Ind.).

It would enhance pain control. If the act be-
comes law, pain control will for the first
time be specifically identified in federal law
as a proper use of controlled substances—
even if the use of pain-controlling drugs has
the unintended side effect of causing death.

That is a much-needed legal reform, because
many doctors fail to treat pain aggressively
because they fear the government's second-
guessing. Several states have recently passed similar laws, leading to dramatic increases in the use of morphine and other palliative
medications.

The Pain Relief Promotion Act looks like-
ly to pass the Senate. If President Clinton
truly is in favor of our pain, he will sign it the
moment it hits his desk.

[From the Oregonian, July 1, 1999]

KILL THE PAIN, NOT THE PATIENTS

CONGRESS SHOULD ALLOW DOCTORS TO USE
CONTROLLED DRUGS FOR AGGRESSIVE PAIN
TREATMENT INSTEAD OF SUICIDE

It's no secret to any reader of this space
that we oppose Oregon's venture into physi-
cian-assisted suicide.

But last year, when the American Medical
Association and the National Hospice Orga-
nization came out against a bill in Congress
providing medical review boards the power
to deny or yank the federal drug-prescribing li-
cense to physicians who prescribed these
drugs to assist in suicides, they took their con-
cerns seriously.

The groups argued that the proposed law
could reverse recent advances in end-of-life
care, that doctors might become afraid to pre-
scribe drugs to manage pain and depression—
things that, when uncontrolled, can lead the
terminally ill to consider killing themselves in
the fullest sense of the word. Rightly or wrongly, the problem could be worked out and that it was
possible to keep doctors from using federally
controlled substances to kill their patients
without the threat of losing their accreditation.

This Congress's Pain Relief Promotion Act
proves it, and the proposed legislation comes not as a new discussion. A new report by the
Center for Ethics in Health Care at Oregon
Health Sciences University shows that end-
of-life care in Oregon—which fancies itself a
leader in this area—is far from all it should
be. Too many Oregonians spend the last days
of their life in pain.

There's no real need for that—and the Pain
Relief Promotion Act of 1999 would go a long
way toward addressing these systemic and
professional failures. The bill would allow federal health-care agencies to promote an increased un-
derstanding of palliative care and to support
training programs for health professionals in
the best pain management practices. It would
also establish a National Pain Care Policy and
Research to develop and share scientific information on proper pallia-
tive care.

Further, the Pain Relief Promotion Act
would clarify the Controlled Substances Act
in two essential ways.

One, it makes clear that alleviating pain
and discomfort is an authorized and legiti-
mate medical purpose for the use of control-
led substances.

Two, the bill states that nothing in the
Substances Act authorizes the use of these
drugs for assisted suicide or euthanasia and that state laws allowing as-
sisted suicide or euthanasia are irrelevant in
determining whether a practitioner has vio-
lated the Controlled Substances Act.

Technically, of course, the bill does not
overturn Oregon's so-called Death with Dign
ity Act. But it would thwart it, for all prac-
tical purposes, because it makes it illegal for
Oregon doctors to engage in assisted suicide
using their federal drug-prescribing license.

Suicide's advocates will think of some other
method, but none seems obvious.

Is this a federal intrusion on a state's right
to allow physician-assisted suicide or eutha-

nasia?

To hear some recent converts to states' right talk, you might think so. But you
could just as easily argue that Oregon's as-
sisted suicide law intrudes on the federal do-
main. The feds have long had jurisdiction
over controlled substances, even as states
kept the power to regulate the way physi-
cians prescribe them. At best, it's a gray
area.

You'll recall that the Department of Jus-
tice declined to assert a federal interest in
two assisted-suicide cases it had, or short-
ly after Oregon voters approved as-
sisted suicide. It's probably better—and high
time—that Congress asserts that interest ex-
plicitly.

This act would establish a uniform na-
tional standard preventing the use of federal-
ally controlled drugs for assisted suicide.

That, in itself, should advance the national
debate on this subject in a more seemly way
than, say, the recent efforts of Dr. Jack
Kevorkian.

Beyond that, it's high time that Congress
made clear that improved pain relief is a key
objective of our nation's health-care institu-
tions and our Controlled Substances Act.
The Pain Relief Promotion Act will do all
this. No wonder the American Medical Asso-
ciation and the National Hospice Organiza-
tion are now on board.

PRISON CARD PROGRAM

Mr. ASHCROFT. Madam President, I
rise today to talk about an important
humanitarian service recently started in con-
junction with the Salvation Army
in Oregon. This program is called the
Salvation Army Prison Card Program.

The pro-
gram, greeting cards are donated to the
Salvation Army that are then given to
inmates at correctional facilities across the country. This program
allows inmates to keep in touch with
their families and friends—and not only during the
season—but throughout the
year. The benefits of this program to the inmates and their loved ones are
clear. However, there are also benefits
to the community as well. Inmates who maintain strong ties with
their families and friends are less likely to return to
their homes and friends are less likely to return to
prison once their sentence is com-
pleted.

I want to commend the Salvation Army, the Department of Justice, and
the Bureau of Prisons for supporting this program. In particular, I want the
Department to know that this program
has the support of Congress. I have spo-
ken to Chairman GREGG, who has indi-
cated he is prepared to work with
me and other supporters of the pro-
gram in the coming months to ensure that
this important charitable program is
sustained well into the future.

THE CARIBBEAN BASIN INITIATIVE
AND THE IMPACT ON TRADE
WITH ISRAEL

Mr. JOHNSON. Mr. President. I
would like to alert my colleagues to an
issue raised by House Resolution H.R.
434, the African Growth and Opportunity Act and the
Caribbean Basin Initiative, regarding
trade with Israel under the U.S.-Israel
Free Trade Area Agreement. Notwith-
standing our free-trade agreement with
Israel, the CBI provisions of this legis-
lation would unfairly discriminate
against U.S. imports from Israel.

Under that legislation, most U.S.
textile products made with Israeli in-
puts, such as yarn, fabric or thread, would not be eligible for duty free
trade when assembled into apparel
in the Caribbean. To illustrate the con-
trast with current law, today, if a U.S.
company uses Israeli yarn in manufac-
turing fabric, the products made from
such fabric would be eligible for CBI
benefits. The trade bill creates a uni-

lateral change from the status quo in
our trade with Israel and a major bar-
rier to U.S. companies using Israeli-or-
gen inputs.

I would like to submit for the
record a letter from the Economic
Minister of the Israeli Embassy that
was sent to each of the Members of the
Senate Finance Committee urging Con-
gress to treat Israeli inputs on par with
U.S. inputs in this trade legislation. I
ask unanimous consent that letter be
printed in the RECORD.

There being no objection, the letter
was ordered to be printed in the
RECORD, as follows:

EMBASSY OF ISRAEL,


DEAR SENATOR: I am writing to you, as
well others members of the Committee on
Finance, to ask for your support during the