about right and wrong and good and evil.

In today's turned-around, upside-down society with its diminished values and its emphasis on easy money, casual sex, violence, material goods, instant gratification and escape through drugs and alcohol, our young people need to know that it is OK to have spiritual values, it is OK to follow one's own personal religious guideposts, it is OK to pray, it is OK to recognize and then to do morally the right thing, it is OK to go against the crowd, OK to read the Bible, and OK to read Darwin's theory of natural selection—who knows? This may have been God's way of creating man—and that such activities are not strange, or uncool, or stupid, or unsophisticated.

The language of my amendment is as follows: ''Nothing in this Constitution, or amendments thereto, shall be construed to prohibit or require voluntary prayer in public schools or to prohibit or require voluntary prayer at public school extracurricular activities.''

I will not take the time today. But one day I want to take the floor, and I want to quote from every President's inaugural speech—every President's, from Washington down to Clinton's—to show that every President was unsophisticated enough to make reference to the Supreme Being in his inaugural speech. All we need to do is travel around this city and see the inscriptions on the walls of the Senate and on the walls of public buildings and museums and monuments to understand that the framers of the Constitution, the founders of this Republic, believed in a higher power. They believed in a Supreme Being. Isn't it folly to claim that the schoolchildren of this Nation should not say a prayer, not be allowed to say a prayer in an extracurricular exercise, at a graduation exercise, if the students want to have a prayer? Who would claim that the framers of the Constitution would be against that?

So my amendment is simple language. It mandates nothing and it prohibits nothing. It simply allows voluntary prayer in our schools and at school functions for those who wish it. Such a course correction is needed to restore balance to a raft of court decisions in the past several years that sometimes in their eagerness to maintain the ''wall of separation'' in church/state relations have seemingly ruled against the freedom of a large majority of believing Americans to publicly affirm their faiths.

Such a situation is not right, it is not fair, it is not wise, and it certainly is not what the framers had in mind. Their intent was the freedom to practice one's individual faith as one saw fit. Somehow we have gone far, far afield from that original and very sound conception to a point where any public religious practice is actually discouraged. That is certainly the wrong track for a nation founded largely on moral and spiritual principles, and any serious scrutiny of the state of American culture today clearly demonstrates just how badly off track we have wandered.

So I urge all Senators to carefully consider my amendment, and it is my hope that the Committee on the Judiciary will hold hearings this year. This is an urgent matter—an urgent matter for the future of our children and for the future of our country. There is nothing political about it. It doesn't need to be.

Mr. President, I ask unanimous consent that Mr. LOTT, Mr. HOLLINGS, Mr. FORD, and Mr. SMITH of New Hampshire be added as cosponsors of my resolution.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BYRD. Mr. President, I yield the floor.

The PRESIDING OFFICER. Who seeks time?

Mr. ASHCROFT. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BOND. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

## ASSISTED SUICIDE FUNDING RESTRICTION ACT OF 1997

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. ASHCROFT. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of H.R. 1003 relating to assisted suicide.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1003) to clarify Federal law with respect to restricting the use of Federal funds in support of assisted suicide.

The PRESIDING OFFICER. Without objection, the Senate will proceed to its immediate consideration.

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. ASHCROFT. Mr. President, rarely do we see a showing of bipartisan agreement similar to the one we witnessed last Thursday when the House of Representatives voted 398 to 16 to pass H.R. 1003, the Assisted Suicide Funding Restriction Act. I look forward to the same showing of bipartisanship today as the Senate considers identical legislation. Except for a minimum of differences, H.R. 1003 is substantively the same as S. 304, which Senators DORGAN, NICKLES, and I introduced in February; 33 Senators are now cosponsors of this bill, which simply says and directs that Federal tax dollars shall not be used to pay for or to promote assisted suicide.

This bill is urgently needed to preserve the intent of our Founding Fathers. The integrity of our Federal programs serving the elderly and seriously ill are at stake without this measure. These are programs which were intended to support and enhance health and human life, not to promote their destruction. Government's role in our culture should be to call us to our highest and our best. Government has no place in hastening Americans to their graves. However, our court system is on the brink of allowing Federal taxpayer funding for assisted suicide.

On February 27, the Court of Appeals for the Ninth Circuit reinstated Oregon's law known as Measure 16. It was the first law in America to authorize the dispensation or the giving of lethal drugs to terminally ill patients to assist in their suicide. Oregon's previous Medicaid director and its Health Services Commission chair have both said independently that once assisted suicide is legal—in other words, when the legal obstacles have been cleared away—assisted suicide would be covered by the State's Medicaid plan, which is paid for in part by Federal taxpayers, individuals from all across America. According to the Oregon authorities, the procedure will be listed on Medicaid reimbursement forms under what I consider to be a misleading but grotesque euphemism. The administration of lethal chemicals to end the lives of individuals will be listed as comfort care.

Although the ninth circuit ruling is subject to further appeals, Oregon may soon begin drawing down Federal taxpayer funds to pay for assisted suicide unless we, the representatives of the people, take action to pass the Assisted Suicide Funding Restriction Act.

Additionally, a Florida court recently found a right to assisted suicide in the State's constitution on the right to privacy. If upheld by the Florida State Supreme Court, this decision would raise the question of State funding for assisted suicide. Such actions would implicate Federal funding in matching programs, just as would the situation in Oregon, programs such as Medicaid. And they would raise questions about the permissibility of assisted suicide in federally owned health care institutions in that State.

So action in Congress is needed at this time to preempt and proactively prevent this imminent Federal funding of assisted suicide which effectively may take place at any moment in the event that the courts clear the way in regard to the situation in Oregon and in Florida.

It is important to note that there was overwhelming approval for this measure in the House of Representatives. As I stated earlier, the House passed this measure by a resounding vote of 398 to 16. Shortly after that vote, the White House issued a policy statement saying, ''The President has made it clear that he does not support assisted suicides. The Administration, therefore, does not oppose enactment of H.R. 1003, which would reaffirm current Federal policy prohibiting the use

of Federal funds to pay for assisted suicides and euthanasia.'' In light of these events, the Senate should act swiftly to pass this legislation so that it will become the law of the land.

I would like to give the legislative history for the Assisted Suicide Funding Restriction Act in order to respond to some people who might say that the Senate is taking up this legislation too quickly.

The Assisted Suicide Funding Restriction Act is not new. It has received more than adequate consideration. It was introduced in both Houses in the last session of Congress. On April 29 of last year the House held hearings. On February 12, 1997, the Senate introduced its bill. On March 6, the House held hearings on the topic of ''Assisted Suicide: Legal, Medical, Ethical and Social Issues.'' On March 11, 1997, the House introduced legislation. On March 13, the House Commerce Committee Subcommittee on Health and Environment met in open markup session and approved H.R. 1003 for full committee consideration. On March 18 the bill was ordered favorably reported by the Ways and Means Subcommittee to the full committee by a voice vote. Because he found the legislation to be noncontroversial, Chairman ARCHER decided that a markup in the full Ways and Means Committee was unnecessary, and he turned out to be a prophet in suggesting its lack of controversy when in fact on April 10 the House of Representatives passed the measure by a vote of 398 to 16.

Of course, the House legislation is virtually identical to S. 304, and the intention of the bill simply is to say that we do not think it appropriate that funds which were gathered and taxed in order to provide medical assistance to individuals to enhance their lives should be used to end their lives.

It is important also, though, to take a look and clearly develop an understanding of what this bill does not do. While it is clear that the Assisted Suicide Funding Restriction Act prevents Federal funding and Federal payment for or promotion of assisted suicide, it is also just as important to understand there are things this bill is not designed to do. This is a proposal that is very limited and very modest.

No. 1, it does not in any way forbid a State to legalize assisted suicide or even to provide its own funds for assisted suicide. It simply says Federal resources are not to be used to promote or conduct assisted suicides. After passage of this bill, States might choose to legalize or fund assisted suicide, but they would not be able to draw on Federal resources normally drawn upon in joint efforts between the State and the Federal Government for the provision of health services.

No. 2, this bill also does not attempt to resolve the constitutional issue that the Supreme Court considered in January when it heard the cases of Washington versus Glucksberg and Vacco versus Quill. Those cases involved the question of whether there is a right to assisted suicide or whether there is a right to euthanasia.

This bill does not try to answer that complex question. This bill simply says the Federal Government should not be involved in funding or paying for assisted suicides or paying for the promotion of assisted suicide.

As the bill's rule of construction clearly provides as well, it does not affect abortion. It is not designed to deal with the question of abortion. Members of this body have a widely divergent set of views on that important issue, as I do personally, but this bill is not designed to affect that issue. It does not affect complex issues such as the withholding or withdrawing life-sustaining treatment, even of nutrition and hydration. Those issues are not affected by this measure.

Nor does this legislation affect the dispensation of large doses of drugs that are designed to ease the pain of terminal illness. We know that virtually all medical procedures have some risk of not achieving the therapeutic impact desired but as a matter of fact may impair the health of an individual. This bill is not designed for those situations and instances. This bill is designed to prohibit Federal funding of the administration of lethal doses of drugs and other methods used for the purposes of assisting in suicide or for using Federal funding to promote such assisted suicide.

It is with that in mind that we believe there should be a broad bipartisan consensus which will support this bill and we hope will carry it forward in a way similar to the way in which the House of Representatives has so done. This legislation has wide support from the public and important organizations as well and has wide support in the Senate.

It is crystal clear to me and I think to most around us that the American people do not want their tax dollars spent on dispensing toxic drugs with the sole intent of assisting suicide. Recently, a national Wirthlin poll showed that 87 percent of the public opposed such a use of public funds. We would be derelict in our duty were we to allow a few officials in one or two States to command the taxpayers of all the other jurisdictions in America to subsidize the practice of assisted suicide, especially when that practice is against the intention of the individuals in those other States.

The Assisted Suicide Funding Restriction Act has been endorsed by such groups as the American Medical Association and the National Conference of Catholic Bishops, both of which have submitted letters of support to the Congress.

I ask unanimous consent that these letters be printed in the RECORD.

There being no objection, the letters were ordered to be printed in the RECORD, as follows:

AMERICAN MEDICAL ASSOCIATION,
*Chicago, IL, April 15, 1997.*

Hon. TRENT LOTT,
*U.S. Senate, Washington, DC.*

DEAR SENATOR LOTT: The American Medical Association (AMA) is pleased to support H.R. 1003, the ''Assisted Suicide Funding Restriction Act of 1997,'' as passed overwhelmingly by the House of Representatives on April 10th, and the companion bill, S. 304, sponsored by Senators Ashcroft and Dorgan. We believe that the prohibition of federal funding for any act that supports ''assisted suicide'' sends a strong message from our elected officials that such acts are not to be encouraged or condoned.

The power to assist in intentionally taking the life of a patient is antithetical to the central mission of healing that guides physicians. While some patients today regrettably do not receive adequate treatment for pain or depression, the proper response is an increased effort to educate both physicians and their patients as to available palliative measures and multidisciplinary interventions. The AMA's Ethics Institute is currently designing just such a far-reaching, comprehensive education effort in conjunction with the Robert Wood Johnson Foundation (see attached materials).

The AMA is particularly pleased to note that H.R. 1003 acknowledges—in its ''Rules of Construction'' section—the appropriate role for physicians and other caregivers in end-of-life patient care. The Rules properly distinguish the passive intervention of withholding or withdrawing medical treatment or care (including nutrition and hydration) from the active role of providing the direct means to kill someone. Most important to the educational challenge cited above is the Rule of Construction which recognizes the medical principle of ''secondary effect,'' that is, the provision of adequate palliative treatment, even though the palliative agent may also foreseeably hasten death. This provision assures patients and physicians alike that legislation opposing assisted suicide will not chill appropriate palliative and end-of-life care. Such a chilling effect would, in fact, have the perverse result of increasing patients' perceived desire for a ''quick way out.''

We are fully supportive of the amendment to H.R. 1003, adopted by the House Commerce Committee, which would provide for further opportunity to explore and educate physicians and patients on avenues for delivering improved palliative and end-of-life care. We caution, however, against any amendment that may be offered during the bill's Senate consideration which might have the effect of mandating specific medical education curriculum in this area. The AMA has a long standing policy against federal mandates being placed on medical school education.

The AMA continues to stand by its ethical principle that physician-assisted suicide is fundamentally incompatible with the physician's role as healer, and that physicians must, instead, aggressively respond to the needs of patients at the end of life. We are pleased to support this carefully crafted legislative effort, and offer our continuing assistance in educating patients, physicians and elected officials alike as to the alternatives available at the end of life.

Sincerely,

P. JOHN SEWARD, MD.

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NATIONAL CONFERENCE OF CATHOLIC BISHOPS, SECRETARIAT FOR PRO-LIFE ACTIVITIES,
*Washington, DC, April 15, 1997.*

DEAR SENATOR: Having been approved 42-to-2 by the House Commerce Committee and 398-to-16 by the full House of Representatives, the Assisted Suicide Funding Restriction Act (H.R. 1003) will soon be considered

on the Senate floor. I write to urge your support for this important legislation.

While no federal funds are being used for assisted suicide at present, federal programs generally lack a written policy on the issue; those few programs which address it do so only in program manuals or interpretive memoranda. Current efforts to legalize assisted suicide by referendum (Oregon) or interpretation of state constitutions (Florida) have raised questions about the use of federal funds and health facilities with a new intensity. In our view, this fundamental issue deserves and demands clear policy guidance from Congress.

This bill will prevent the use of federal funds and health programs to support and facilitate assisted suicide, even if the practice becomes legal in one or more states. It will not prevent a state from legalizing assisted suicide or supporting it with state funds. The bill also clearly states that it will have no effect on distinct issues such as abortion, withdrawal of medical treatment, or the use of drugs needed to alleviate pain even when life may be shortened as an unintended side-effect. Due to its clear and limited scope, H.R. 1003 has received strong bipartisan support and been endorsed by religious, medical and disability rights leaders who may differ on other issues.

Section 12 of H.R. 1003 encourages the Department of Health and Human Services to fund demonstration projects for improved care for persons with disabilities and terminal illness. This section also urges HHS to emphasize palliative care in its programs and to study the adequacy of current medical school curricula on pain management. Information gathered through these modest efforts will, we hope, lead to more extensive and carefully formulated improvements in care for these vulnerable populations in the future.

No one should see H.R. 1003 as a complete response to the inadequacies of our health system in its treatment of disability and terminal illness. The bill's central goal is both modest and urgently necessary: ensuring that the federal government will play no part in legitimizing and institutionalizing assisted suicide as a response to health problems. As acting Solicitor General Walter Dellinger recently said in opposing the idea of a ''right'' to assisted suicide, ''the least costly treatment for any illness is lethal medication.'' In a health care system too often driven by cost pressures, Congress should say loud and clear that it does not hold human life to be so cheap.

Sincerely,

RICHARD M. DOERFLINGER,
*Associate Director for Policy Development.*

Mr. ASHCROFT. Additionally, groups such as the National Right to Life, the American Geriatrics Society, Family Research Council and Physicians for Compassionate Care have endorsed this legislation, and nearly one-third of the Senate has signed on as cosponsoring the Assisted Suicide Funding Restriction Act, 33 Senators from both sides of the aisle. I am confident that our vote later today will prove that an even greater number of Senators will support and do support this measure.

This is not just something which I feel should be prohibited because most Americans are against it. I feel it is wrong for Kevorkian's house calls to be paid for by Federal tax dollars. The next time Kevorkian decides to end a life, we should not foot the bill. And unless we take action, that can happen.

I feel it is wrong and would argue against allowing for assisted suicide altogether. In cultures where the focus is on assisted suicide, there is not much emphasis on how to ease pain or how to help people confront those life-ending illnesses through hospice programs. There are some dramatic differences among European countries that have differing policies on assisted suicide. England, which prohibits assisted suicide, has a substantial effort directed at helping people in the terminal stages of disease, while the Netherlands, which allows assisted suicide, has not made such efforts.

So public policy in this arena does make a difference, and it makes a difference on moral grounds. Really, we are focused on very narrow grounds in this particular instance. We are focused on the idea of whether or not tax resources of the Federal Government should be used to assist in suicide.

Obviously, there are practical reasons not to allow Federal funding for assisted suicide. There are cases, many of them in the literature, where there was an improper diagnosis, so that it appeared there was a terminal disease but when someone's autopsy was conducted after an assisted suicide, it was found it was not a terminal disease.

That is a mistake which is irreversible. I believe that for us to fund assisted suicides is to be involved in an extremely risky business; it is to deny the will of the people of the United States; it is to engage in the ending of life rather than the enrichment of life, which is what these medical programs were all about when they were created and funded in the Congress.

I believe it is clear we should signal our intention, an intention consistent with the President of the United States, who has basically endorsed this measure after its passage by the House, consistent with the American Medical Association and a wide variety of other groups that indicate that Federal funding of assisted suicide would be inappropriate.

Our Government's role should be to protect and preserve human life. Federal health programs such as Medicare and Medicaid should provide a means to care for and protect our citizens, not become vehicles for their destruction. The Assisted Suicide Funding Restriction Act will ensure that our policy in this area will continue.

Today, the Senate has an opportunity to act proactively, to take the right steps in advance of these threats which are imminent but are not quite upon us, the threat that these legal obstacles might be cleared away and we would be called upon to participate in the funding of assisted suicide under something as misleading and grotesque as the concept of ''comfort care'' in the State of Oregon.

Today, the Senate has an opportunity to act responsibly before the situation arises in which Federal health care dollars would be used to end the lives of citizens of this country. I urge my colleagues to join together to pass the Assisted Suicide Funding Restriction Act.

We should not hook up Dr. Kevorkian to the U.S. Treasury, especially when he tries to sever the lifeline to individuals who are in distress. The next time Dr. Kevorkian makes a house call, taxpayers should not foot the bill. It is time for us to respond to what we know the American people's desire to be. It is time for us to say we will not allow the use of Federal funds to assist in suicide.

Mr. BOND. Mr. President, today, I rise in strong support of the Assisted Suicide Funding Restriction Act, which would prevent Federal funds and Federal programs from promoting and paying for the practice of assisted suicide.

We must send a clear signal that Federal tax dollars should not be used for a practice which is neither universally permitted nor accepted, and one which is clearly immoral and unethical.

Many people may be wondering, ''Why do we need Federal legislation to prohibit the use of Federal funds for such an abhorrent practice?'' Let me take a few moments to lay out the reasons.

Both the Second Circuit Court of Appeals in New York and the Ninth Circuit Court in San Francisco have struck down State laws that criminalized assisted suicide in the States of New York and Washington on the grounds that the laws violate the due process clause and the equal protection clause of the U.S. Constitution.

In January of this year, the U.S. Supreme Court entered this emotional debate by hearing oral arguments on the aforementioned cases. A highly anticipated decision is expected within the next couple of months.

The plaintiffs are contending they have a constitutional right to physician assisted suicide. If these circuit court decisions are upheld, then there would be a nationwide constitutional right to assisted suicide, euthanasia, and mercy killing and the issue of whether Federal funding, under Medicare, Medicaid, title XX, and other programs, for such an action would immediately be at hand.

Moreover, Oregon has passed the Oregon Death with Dignity Act, which makes it legal for physicians to prescribe lethal doses of drugs in certain circumstances. Although a preliminary injunction blocking the law's enactment has been granted, Oregon's Medicaid director and Health Services Commission chair have both said that once assisted suicide is legal, the State would begin subsidizing the practice under Oregon's Medicaid plan.

The Health Care Financing Administration has said that killing patients is not a proper form of treatment and therefore should not be covered under

Medicare. I am, of course, pleased that we have those administrative interpretations out there.

But there are others who are prepared to go to court to fight for a different interpretation. A March 6 Reuters newswire story quotes Hemlock Society spokeswoman Dori Zook as saying, ''Obviously, we feel that Medicaid and Medicare should be used for assisting suicide.''

All it takes is for one district court judge to concur with that belief. Federal law uses broad language in determining what Federal programs will and will not pay for. For instance, Medicare pays for services that are ''reasonable and necessary for the diagnosis and treatment of illness or injury.'' If just one judge agrees with the Hemlock Society and believes that assisted suicide is appropriate medical treatment, then Federal tax dollars could fund assisted suicide in a State where the practice is legal.

If the Supreme Court were to rule that there is a constitutional right to assisted suicide, euthanasia advocates will certainly bring suit for it to be considered just another medical treatment option that must be eligible for funding under Medicare, Medicaid, and other Federal programs.

We need this legislation to prevent this from happening.

And it is not too soon to do so. Far too often, Congress reacts to problems. Today, however, we have an excellent opportunity to be pro-active, not simply reactive. We do not want to wait until the money is already flowing and then try to stop it. We want to stop it before it even starts.

On a related note, it is imperative that we focus this debate on how we, as a decent society, can support and comfort life instead of promoting destructive practices such as euthanasia and assisted suicide. We must work together to ensure the provision of compassionate care for dying persons and their families. We must practice effective pain management, encourage patient self-determination through the use of advance directives, promote the utilization of hospice and home care, and offer emotional and spiritual support when necessary.

Five Catholic health care systems and the Catholic Health Association of the United States have set out to achieve these goals and have formed Supportive Care of the Dying: A Coalition for Compassionate Care. The coalition, including Carondelet Health System, Daughters of Charity, Franciscan Health System, PeaceHealth, Providence Health System, and CHA, is developing comprehensive delivery models, practice guidelines, and educational programs—all with the goal of promoting appropriate and compassionate care of persons with life-threatening illnesses and their families.

These are the goals our Nation must strive for and support. We must promote death with dignity and respect, and not death by the draconian means of assisted suicide.

Let me close with a quotation from an eminent bioethicist at Georgetown University who believes that assisted suicide, and therefore the funding of assisted suicide, tears down the moral structure of our society. He has written that rules against killing ''are not isolated moral principles, but pieces of a web of rules that form a moral code. The more threads one removes then the weaker the fabric becomes.''

And indeed, assisted suicide is a form of killing, and if we allow for the federal funding of this horrific act, then we risk minimizing the importance of life.

Mr. ENZI addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Thank you, Mr. President. I appreciate and am impressed with the thoroughness with which the two Senators from Missouri have covered this particular issue, but I do have a few additional comments I would like to add.

I do rise in support of the Assisted Suicide Restriction Act of 1997, H.R. 1003. I am reminded of the story that I heard when I was very young, and it had an impression which has carried over the years.

It is a story of a kid out playing, and he saw his father carrying this large basket. He went over and asked his dad what it was all about.

He said, ''Well, you know, your grandfather had not been very well, not doing well at all, not able to contribute anymore. We sensed he really did not enjoy life anymore. So he is in the basket, and I am taking him down to the river.''

The little boy was not impacted much from that. The kid said, ''What are you going to do with the basket when you are done?''

He said, ''Why are you so concerned about the basket?''

He said, ''Because some day I am going to need it for you.''

It is important that we as a Congress reaffirm our commitment to the sanctity of human life in all its stages. This is one of the primary duties of the U.S. Senate and as members of a civilized society. The sanctity of human life was clearly articulated in our Nation's charter. The Declaration of Independence counts the right to life as one of the self-evident and unalienable rights with which we have all been endowed by our Creator.

By safeguarding the right to life, our Government fulfills its most fundamental duty to the American people. By violating that right to life, we violate our sacred trust with our Nation's citizens and the families of our country and the legacy that we will leave to those not yet born.

The legislation now before us takes an important step in restoring our Nation's commitment to the importance of the lives of all Americans, especially those who suffer from serious illnesses. This bill would prohibit the direct or indirect use of any Federal funds for the purpose of causing the death of a human being by assisted suicide. It would assure the American people that their hard-earned tax dollars would not be used to fund a principle that they do not believe in—suicide. It would also help Federal dollars to be provided in the form of grants to public and private organizations to help people with chronic or serious illnesses who may be considering suicide.

This legislation would not affect individual States' living will statutes regarding the withholding or withdrawing of medical treatment or medical care. It simply prohibits the Federal Government from directly, or indirectly, funding assisted suicides. We, as a society, must demonstrate our respect for the life of all Americans, especially those who are sick and needy.

Mr. President, when I ran for office, I campaigned on the pledge that I would fight for all life. I was elected on that pledge and sent to Washington where I took an oath to uphold and defend the Constitution of the United States. Physicians also take on the rigors of a campaign to become doctors. Although they are not voted into office, they work just as hard to fulfill their commitments and receive their degrees. Upon graduation, all physicians are intimately familiar with the Hippocratic Oath and its basic premise: First, do no harm. If I might quote from that oath specifically, it says:

> I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them. I will not give poison to anyone though asked to do so, nor will I suggest such a plan.

Those powerful words reflect a great insight and wisdom into the human condition. Though they were written so many years ago, they still resonate today. I share them with my colleagues as I urge their support for this legislation. It is our future, too.

I yield back the remainder of my time.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I am pleased today to rise to join my colleague from Missouri, Senator ASHCROFT, in support of this legislation. This piece of legislation was passed by our colleagues in the U.S. House with overwhelming and bipartisan support last Thursday, April 10. The Senate version of this legislation was introduced on February 12 by Senator ASHCROFT and myself, and we had 33 bipartisan cosponsors for that version.

This is not the first time this bill has been introduced in the Senate. Senator ASHCROFT and I also introduced this legislation in the last Congress, but that Congress was not able to take up this legislation, so we reintroduced it earlier this year. I am pleased the Senate is today considering this legislation as it has been passed by the House of Representatives.

This legislation is very, very simple. It will ensure that Federal tax dollars

are not used to pay for the costs associated with assisted suicides. Mr. President, I do not know about all of the anguish, the torment and difficulties that are faced by terminally ill individuals toward the end of life who must make critical decisions. I recall before my father's death sitting in the hospital one evening in North Dakota and hearing the cries of pain suffered by someone in a room down the hall, someone who mercifully died the next morning.

I thought that evening about some of these issues, and I do not know what I or others might do in a similar circumstance. I am not here to make judgments about those types of decisions. The decision about whether assisted suicide is protected by the Constitution will be made across the street by the Supreme Court. We do not attempt in this legislation to address the question of whether someone has a right to end one's life. This bill does not address that at all, and I do not stand here today making judgments about it.

Rather, the decision we are faced with today in the Senate, about whether Federal funding should pay for this practice, is a decision that was really presented to us by an action one State has taken. The State of Oregon has decided it will sanction and pay for physician-assisted suicides through its Medicaid program, which is paid for with matching Federal dollars. As a result of these decisions by the State of Oregon, Federal health care dollars may soon be used to pay for those physician-assisted suicides without Congress ever having made an affirmative decision to allow that.

When Oregon's referendum to legalize assisted suicide passed by a narrow margin, it was contested in the courts, and its implementation has been held in abeyance since then. However, the Ninth Circuit Court of Appeals dismissed the challenge to Oregon's law on a technicality in late February. That decision is being challenged by opponents of Oregon's law, but this action means that Federal funding for assisted suicide in Oregon could soon be a reality.

What Senator ASHCROFT and I and others are saying is that we do not want Federal tax dollars, through the Medicaid Program or any other program, to ever be used to help pay for physician-assisted suicides. We do not believe that is what American taxpayers ever intended should be done with their tax dollars that come to Washington, DC. Tax dollars used for health care purposes ought to be used to enhance life, not end life. So again, our legislation very simply says that we will prohibit the use of Federal funding to assist in suicides.

I have told you what this legislation does. Now let me tell you what it does not do. First of all, this legislation says that the ability of terminally ill patients to decide to withhold or withdraw medical treatment or nutrition or hydration is not limited for those who have decided they do not want their life sustained by medical technology. In other words, this legislation does not address this issue at all. The withdrawal of medical treatment or services, which is already legal in our country and which patients in conjunction with their families and doctors decide they want to do, is not prohibited at all by our legislation. Our legislation does not speak to this issue. Our legislation speaks to the narrow, but important, issue of Federal funding for physician-assisted suicides.

Our legislation also does not put limits on using Federal funding for health care or services that are intended to alleviate a patient's pain or discomfort, even if the use of this pain control ultimately hastens the patient's death.

Finally, our legislation does not prohibit a State or other entity from using its own dollars to assist a suicide. We are not saying what a State may or may not do. We are only saying that a State may not use Federal money to pay for assisted suicide. We have raised and appropriated money at the Federal level to do certain things in our Federal system. One of these important purposes is to help pay for health care, and I am convinced that our constituents want this funding to be used to extend life, not to end life. This legislation is important because it reaffirms the principle that Federal health care dollars should be used to improve and prolong life. This bill will reaffirm that all people are equal and deserving of protection, no matter how ill or disabled or elderly or depressed a person may be.

Some might say, ''Well, you have come to the Congress with a bill that is premature, because there is not now Federal funding for assisted suicide.'' That is correct for now but that situation may soon change. The law already exists in one State that forms the basis for requiring Federal funding of assisted suicides if Congress does not act. Therefore, the Congress must intervene to say that is not our intention that Federal money be used for that purpose. So this is not premature at all.

Those who say, ''Federal funding of assisted suicide is not happening, therefore, you need do nothing,'' do not understand that if we do not act, we effectively allow the use of Federal funds for use in assisted suicides. I think we speak for the vast majority of the American people when we say that tax money should not be used to facilitate assisted suicides.

Let me end where I began by saying that this is not legislation that intends to make legal of moral judgments about assisted suicide. For States and citizens around our country, this is a very difficult and wrenching issue, and it has gotten a lot of press because of one doctor who facilitates assisted suicides.

I expect behind all of those news reports are patients and families who are faced with these very difficult decisions about pain they believe cannot be controlled, life they think is not worth living. I have seen too many circumstances in which I feel really unqualified to pass judgment on the decisions of others. But I do stand here with a great deal of certainty about what uses we ought to be sanctioning for limited tax dollars. When we raise precious tax dollars to spend in pursuit of public health care, I am convinced that the vast majority of the American people do not believe those dollars ought to be spent in the pursuit of assisted suicides. And that is what our legislation reaffirms simply and plainly.

I am pleased to have worked with the Senator from Missouri, Senator ASHCROFT, who has done a substantial amount of work in this area. I hope and expect we will enact our legislation here today in the Senate and send this bill to the President. When we pass this bill later this afternoon, we will have done something that is worthy and has great merit.

Mr. ASHCROFT addressed the Chair.

The PRESIDING OFFICER (Mr. GREGG). The Senator from Missouri.

Mr. ASHCROFT. Likewise, I would like to extend my thanks and the thanks, I believe, of the American people, to Senator DORGAN for taking this important step and for having the foresight to do it in advance of some commitment of the Treasury. We are perilously close to having Federal funds used in this respect. A court decision stands between us and that potential. But having the foresight to prepare in advance is appropriate, and I thank him for his excellent work.

I am pleased to note that there are others who want to speak on this issue. I look forward to hearing Senator HUTCHINSON's remarks.

I would just say that one of the reasons I am not eager to see Federal funding provide the resource for assisted suicide is that in so many cases that I have known, the diagnosis was missed. It seems to me particularly tragic to think you would seek to fund a suicide on one set of facts and to find out that it was not the case.

I am reminded of a case reported in the Washington Post—and I make reference to it and will submit it for inclusion in the RECORD—from July 29, 1996.

A twice-divorced, 39 year-old mother of two from California, allegedly suffering from multiple sclerosis, checked into a Quality Inn and received a lethal injection—becoming the most recent person to die with Dr. Kevorkian's help. Though her death warranted little notice nationwide, authorities at least had one major question.

According to the doctor who autopsied her body—''She doesn't have any evidence of medical disease.'' The county medical examiner said in an interview, ''I can show you every slice from her brain and spinal cord,'' obviously, from the pathology reports, ''and she doesn't have a bit of MS. She

looked robust, fairly healthy. Everything else is in order. Except she's dead.''

From the Washington Times, Tuesday, October 1, 1996, another individual, Richard Faw, who reportedly suffered from terminal colon cancer.

The medical examiner wrote: ''There was some residual cancer in the colon but none present in the kidney, lungs or liver. . .'' He went on to say, ''He could have lived another 10 years, at least.''

It seems to me it would be particularly ironic to be forced to spend resources that we have committed to protecting and preserving health if we were to be committing those resources unduly and inappropriately based on mistaken diagnoses to destroy individuals.

Mr. President, I ask unanimous consent that these two articles be printed in the RECORD.

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

[From The Washington Post, Monday, July 29, 1996]

JUST HOW SICK WAS REBECCA BADGER?; JACK KEVORKIAN HELPED END HER LIFE, AND THAT'S WHEN THE QUESTIONS BEGAN

(By Richard Leiby)

There's no question that Rebecca Badger wanted to die. At 39, she was using a wheelchair, losing bowel and bladder control, and enduring what she called ''excruciating'' pain. Multiple sclerosis, her doctors said—a debilitating disease that can be treated but not cured.

There's also no question that Badger suffered from episodes of depression, as many MS patients do. In her misery, she turned to the man she considered her only hope for release: Jack Kevorkian, the retired pathologist widely known as ''Dr. Death.''

On July 9, the twice-divorced mother of two from California checked into a Quality Inn here and received a lethal injection—becoming the most recent person to die with Kevorkian's help, No. 33 for those keeping track.

Though her death warranted little notice nationwide, for authorities here at least one major question persists: Was Badger actually sick?

Not according to the doctor who autopsied her body. ''She doesn't have any evidence of medical disease,'' L.J. Dragovic, the county medical examiner, said in an interview last week. ''I can show you every slice from her brain and spinal cord, and she doesn't have a bit of MS. She looked robust, fairly healthy. Everything else is in order. Except she's dead.''

If Dragovic's findings are accurate, the Badger case presents an intriguing medical mystery amid an ongoing debate over how to ensure that people who choose euthanasia are mentally competent and not hastening their deaths because of depression.

Kevorkian's screening methods were examined in three criminal trials involving five deaths, and he was acquitted each time. Those cases included a 58-year-old woman with a history of psychiatric problems who suffered from severe pelvic pain for which doctors could find no physical cause.

Multiple sclerosis, which afflicts an estimated 350,000 Americans, is a disease of the central nervous system that tends to strike young adults. It is often difficult to diagnose and sometimes cannot be confirmed until the patient has died and the brain and spinal tissue can be examined.

Attorneys for Kevorkian would not make their client available for comment. One of them called the medical examiner ''a liar,'' insisting that ''hundreds'' of medical records proved that Badger had an advanced case of multiple sclerosis. Christy Nichols, Badger's 22-year-old daughter, who held her mother's hand as she died, said: ''All I know is that her pain was insurmountable. I would not want to inflict that on anyone.''

''She was constantly hospitalized with constant and crippling MS,'' said lawyer Geoffrey Fieger, who has represented Kevorkian for six years. Fieger petitioned the U.S. Supreme Court last week to end Michigan's ban on Kevorkian's work. Today they will appear at the National Press Club in Washington as part of their crusade to legalize what Kevorkian calls ''medicide.''

That crusade has gathered increasing support since Kevorkian's first assisted suicide six years ago. Earlier this year, federal appeals courts struck down laws against physician-assisted suicide in the states of Washington and New York, ruling that mentally competent, terminally ill adults have a constitutional right to assistance in ending their lives.

Even proponents of euthanasia say the ambiguities of some of the Kevorkian cases point to the need for tight regulation. An Oregon law, approved by voters in 1994 but blocked by a federal judge, forbids a doctor to write a lethal prescription for a terminally ill patient if the doctor suspects that the person suffers from depression.

''The Badger case is clearly worrying,'' said Derek Humphry, founder of the pro-euthanasia Hemlock Society and author of the million-selling book ''Final Exit.'' ''There must be the most careful evaluation of such cases. We need a sound, broad law which permits hastened death in justifiable cases, and we need very thoughtful guidelines that the medical profession can work with.''

Interviews with Badger's doctors and daughter leave several questions unresolved: Most important, what was the cause of her illness? Also, how severe were her psychological problems? Were her California physicians properly consulted by Kevorkian's advisers? And could Badger's suffering have been solely the result of a psychiatric disorder—a possibility not discounted by one of her doctors?

''Would a competent psychiatrist have been better than a lethal injection? I understand the question—I've been asking it myself,'' said Johanna Meyer-Mitchell, a family practitioner in Concord, Calif., who treated Badger for nearly 11 years. ''There never was any objective evidence as to why she was in as much pain as she said she was in.''

Meyer-Mitchell said she was unaware that her patient was seeking the services of Kevorkian when Badger recently requested that her medical records be sent to two Michigan doctors. ''If I had known this is what she was planning or thinking of, I would have tried to intervene to get her psychiatric help,'' Meyer-Mitchell said.

Badger didn't want to take antidepressants and was displeased with the outcome of an earlier consultation she'd had with a psychiatrist, according to Meyer-Mitchell. ''She said, 'They think this is all in my head.'''

Fieger released some of Badger's medical records to the Washington Post, saying they would prove that Dragovic's autopsy results were false. But the records—which included case summaries from Badger's two primary physicians—and interviews with other experts left open the possibility that Badger did not have MS.

A case summary by Meyer-Mitchell states there was ''fairly minimal'' evidence that Badger had the disease. Badger's doctors said her brain scans were inconclusive, and spinal fluid tests suggested MS but were not definitive. In such cases doctors render a diagnosis of ''possible MS'' because nothing else explains the patient's symptoms.

''She didn't have the nice, well-wrapped-up package of MS symptoms that many other patients have,'' said neurologist Michael Stein, of Walnut Creek, Calif. Stein said he made the diagnosis of possible MS in 1988 and said his confidence increased because of progressive symptoms that included limb weakness—Badger limped and also used a walker—and bladder and bowel dysfunction. By June 24, when he wrote a note to accompany Badger's medical records, his diagnosis was unqualified: ''She has multiple sclerosis.''

But in a interview Friday, Stein said he was never absolutely sure. ''There was concern, and there was a question about it. That an autopsy didn't find it, I'm surprised, is all I can say.''

Stein also stated in the June 24 note that Badger never suffered from depression ''to my knowledge.'' In an interview, he said, ''I concerned myself with MS.'' But he acknowledged that Badger followed the typical pattern of what is called ''relapsing, remitting'' MS, during which symptoms—and spells of depression—come and go.

Meyer-Mitchell's records explicitly state a diagnosis of depression. And a May 20, 1996, record of Badger's visit to Meyer-Mitchell's office shows that the patient herself checked off ''depression,'' ''confusion'' and ''trouble concentrating'' among her problems.

Badger also was ''a survivor of sexual abuse as a child,'' Meyer-Mitchell wrote, and had ''a history of chemical dependency and alcoholism.''

On July 2, Stein said, he received a fax from Georges Reding of Galesburg, Mich., who identified himself as a ''psychiatric consultant'' to Kevorkian and stated that Badger was a candidate for physical-assisted suicide.

According to Stein, Reding inquired about putting Badger on Demerol for pain control. Stein said he faxed back a note saying that Reding should contact Meyer-Mitchell. Reding never contacted her, Meyer-Mitchell said.

''The next thing I hear [on the radio eight days later] is that she's an assisted suicide,'' recalled Stein. ''I said, 'What!?' * * * I presumed they would talk her out of it. I was dead wrong.''

Reding, who in May signed a death certificate in another Kevorkian-assisted suicide of an MS patient, did not respond to a request for comment.

Since that May 6 suicide, Kevorkian has been advised by a small group of doctors calling itself Physicians for Mercy. The group, which since then apparently has been involved in six assisted suicides, has developed guidelines that promise a thorough review of a patient's medical records, a consultation with a ''specialist dealing with the patient's specific affliction'' and an evaluation by a psychiatrist ''in EVERY case.''

''If there is any doubt about it—the slightest doubt—the patient will be turned down,'' said internist Mohamed El Nachef of Flint, Mich., a member of the group. He added that patients approved for doctor-assisted suicide ''are making rational decisions. They are not depressed and they are not lunatics, and their requests are very reasonable. You cannot deny them their request to stop suffering.''

El Nachef would not comment on whether he medically evaluated Badger or was present at her death but said, ''I don't think there is any doubt about the extent of her disability or about her diagnosis.''

A HARD LIFE

Badger's adult life, by several accounts, was one of disappointment, recurring medical woes and financial worries. Married at 17, divorced by 19, she raised two girls largely on her own in Contra Costa County, east of Oakland. In 1985 she was diagnosed with cancer and rarely was able to work after that.

Badger had a hysterectomy to remove the cancer and surgeons later removed her ovaries. She was free of cancer, Meyer-Mitchell said, but the MS symptoms and other maladies persisted.

Doctors prescribed Badger morphine and Demerol for pain and Valium for spasms. But according to Nichols, her elder daughter, some physicians also believed her mother might have been abusing drugs.

''She lost total faith in the system,'' Nichols said.

Badger's second marriage, in the early '90s, broke up after only a year. Her symptoms worsened steadily after that, she grew despondent, and by 1994 she mentioned to Nichols that she might want to seek out Kevorkian. In January, Badger moved south to live with her daughter near Santa Barbara.

Nichols said it's ''ridiculous'' for anyone to conclude that her mother did not have a major physical disease. ''I would literally have to drag her to the restroom. She would have her arms wrapped around my neck—who wants a life like that?

''She was sick. Do you think I would let my mother go [to Michigan] and I would hold her hand while she was dying if it wasn't true?''

Nichols and her mother flew to Detroit on July 8, a Monday. About 8 the next morning, Kevorkian and three others joined Badger and her daughter in a suburban hotel room.

Nichols said Kevorkian asked her not to discuss in detail what happened that night, or identify any other participants. But they included a psychiatrist who had talked with her mother on the telephone ''numerous times'' in the past, she said.

The psychiatrist's on-site assessment lasted about a half-hour, Nichols said. The result?

''He told my mother she was more sane than he was.''

Badger signed forms and some of the proceedings were videotaped, as is Kevorkian's custom. He often asked Badger, ''Are you sure this is what you want?'' and told her she could ''stop the process at any time.'' Nichols recalled.

Badger's right arm had a dime-size bruise consistent with an injection, autopsy photos show. In previous deaths, Kevorkian has used a so-called ''suicide machine'' that delivers a heart-stopping does of potassium chloride, and also allows the patients to press the button that delivers the poison.

Nichols doesn't recall her mother's exact last words. ''She said she loved me, repeatedly.''

Kevorkian wheeled Badger's body into the emergency room at Pontiac Osteopathic Hospital around 11:45 p.m. He was accompanied by another doctor whose identity has not been released.

Departing this life, Badger wore dark leggings and a loose T-shirt advertising ''Time Warner Interactive.'' In the coroner's snapshots, her brown hair was unkempt and her face bereft of makeup.

THE AUTOPSY DISPUTE

Dragovic, the medical examiner, said it was still unclear what killed Badger. Her blood contained morphine and it was ''highly likely that potassium chloride was part of the combination,'' he said. Police have filed no charges.

Fieger, Kevorkian's attorney, has often publicly criticized Dragovic, whose office has performed autopsies in 26 of the 33 cases Kevorkian has been involved with since 1990.

Fieger once offered to wager $1 million that the pathologist's findings were wrong in the autopsy of a woman whose breast had been removed because of cancer. Dragovic said his examination showed no invasion of the cancer to vital organs, but Fieger insisted that her body was ravaged by the disease.

''Dr. Dragovic is a liar,'' Fieger said last week about the Badger case, again offering a bet: ''I will put up a million dollars that Rebecca Badger had severe and crippling MS.''

''Could he double the stakes?'' Dragovic responded, laughing. ''With $2 million, we could improve the building here. She did not have MS, and that's the end of it.''

Two multiple sclerosis experts contacted by The Post agreed that symptoms of severe MS are almost certain to show up in a properly conducted autopsy.

''It's inconceivable to me that the autopsy wouldn't pick it up. I would be very skeptical as to whether this woman had MS,'' said Aaron Miller of Maimonides Medical Center in New York, who chairs the professional education committee for the National Multiple Sclerosis Society.

Miller said certain characteristics of Badger's cerebral-spinal fluid, cited as evidence of MS in her medical records, ''don't make the diagnosis.'' Those signs could be indicative of Lyme disease, syphilis or other inflammatory diseases, he said. ''And it might be seen where the patient has no clinical disease.''

''The very best confirmatory test for MS'' is the autopsy, said Fred Lublin, a professor of neurology at Thomas Jefferson University in Philadelphia. ''At death, that's how one proves it.''

Kevorkian's ''patients'' have included six persons with MS diagnoses. Spokesmen for the National Multiple Sclerosis Society point out that the disease is not terminal and that most patients do not develop cases that result in disabling paralysis.

The group recently issued a statement on suicide that says in part, ''Although we respect our clients' right to self-determination, we as a Society affirm life.''

In an interview with a Santa Barbara television station two days before she died, Badger made a different kind of declaration. She cried out in agony and said, ''The pain that I live with is excruciating.

''I know what the future holds,'' she added. ''I know finally there is a man out there with a heart of gold who will help me.'' Asked about Kevorkian's ''Dr. Death'' nickname, Badger said: ''I hate when he's called that. He's just the opposite.''

Meyer-Mitchell, who knew Badger better than any other doctor did, has no ready answers to the questions surrounding her patient's death. She only wishes that the Michigan doctors who received her June 24 letter had paid more attention to the last line:

''I hope you are able to assist this unfortunate woman to have a more comfortable life.''

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[From the Washington Times, Oct. 1, 1996]

TERMINAL ILLNESS ABSENT IN KEVORKIAN SUICIDE

PONTIAC, MICH.—A medical examiner said yesterday an autopsy reveals a North Carolina psychiatrist who took his life with Dr. Jack Kevorkian's help was not terminally ill.

Dr. Richard Faw, 71, who reportedly suffered from terminal colon cancer, took his life Sunday, becoming Dr. Kevorkian's 41st known assisted suicide.

''There was some residual cancer in the colon but none present in the Kidney, lungs or liver—none of the vital organs,'' said Medical Examiner Ljubisa Dragovic. ''There could be some cancer in the bone which could have caused pain, but this man was not terminal. He could have lived another 10 years, at least.''

Mr. ASHCROFT. I am pleased to note the presence of Senator HUTCHINSON from Arkansas. I look forward to his remarks.

Mr. HUTCHINSON addressed the Chair.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. HUTCHINSON. Mr. President, I rise to express my strong support for H.R. 1003. I want to commend the Senator from Missouri for his outstanding leadership on this issue, his willingness to be proactive about an issue that is very important to the future of our Nation, and also the Senator from North Dakota for his support of this measure as well.

H.R. 1003 will prohibit Federal funding and promotion of assisted suicide and euthanasia. It is critically important that the Federal Government not appear to sanction suicide as a form of medical treatment in our varied Federal health care programs. Without this bill, that would be the very message we could be sending as we would potentially find ourselves funding and covering so-called mercy killing with Federal tax dollars.

It should be mentioned that this bill passed overwhelmingly in the House of Representatives by a vote of 398 to 16. It enjoys obvious overwhelming bipartisan support. It involves only a prohibition of funding and does not affect the legality of assisted suicide or euthanasia. The bill simply says that the Federal Government will not be a part of the practice of assisted suicide and will not force all taxpayers to be a part of that practice.

The Clinton administration should also be able to support this bill. When asked in the 1992 campaign about legislation to allow assisted suicide, President Clinton said, ''I certainly would do what I could to oppose it.''

On November 12, 1996, the Clinton administration filed a friend-of-the-court brief with the Supreme Court in opposition to physician-assisted suicide. In the brief for the administration, Solicitor General Walter Dellinger wrote:

> [T]here is an important and commonsense distinction between withdrawing artificial supports so that a disease will progress to its inevitable end, and providing chemicals to be used to kill someone.

Given these statements, the President should be able to sign legislation that has the very modest effect of simply not funding assisted suicide.

I agree with the statement of Walter Dellinger, Solicitor General. A patient may always decline or discontinue medical treatment even if that may incidentally lead to the patient's death. But that is a far cry from administering a lethal injection or providing lethal drugs to that patient. The former is a longstanding and recognized medical practice; the latter is medicalized

killing. The Federal Government must not make all taxpayers be involved in such killing.

Some may object that neither suicide nor the attempt at suicide are illegal. If people have a legal right to kill themselves, they continue, then it makes no sense to deny them the help of a physician in doing so, or to cut off the payment for doing that as this bill does. That is the logic.

But it is incorrect to say that people have a right to kill themselves simply because we do not throw them in jail if they attempt to do so.

Think of the following. We have a first amendment right to protest and denounce the policy choices of our elected officials in, say, a public park. If a supporter of that politician tried to physically restrain such speech, that person would be subject to criminal charges of assault and battery.

On the other hand, suppose someone else tries physically to restrain another from committing suicide. As the Minnesota Supreme Court said in a 1975 case:

> [T]here can be no doubt that a bona fide attempt to prevent a suicide is not a crime in any jurisdiction, even where it involves the detention, against her will, of the person planning to kill herself.

In fact, if public authorities detect someone in the act of attempting to commit suicide, they will typically not only interfere, but also place the person in the custody of mental health authorities. And posing a danger to oneself is a basis for involuntary commitment for mental health treatment.

In short, it is not accurate to say that at present people have the legal liberty to commit suicide because they can be, and frequently are, legally restrained from doing so.

Others may suggest that this is only for suicide attempts by the healthy. Everyone deplores the suicide of young, healthy people. But they contend some suicides are rational, like those of terminally ill patients.

Contrary to the assumptions of many in the public, a scientific study of people with terminal illness published in the American Journal of Psychiatry found that fewer than one in four with terminal illness expressed a wish to die, and of those who did, every single one suffered from a clinically diagnosable depression. We must remember that it is the depression, not the terminal illness, that prompts a desire to die or to commit suicide. And that depression is treatable in the sick, the terminally ill, as well as in the healthy.

Psychologist Joseph Richman, former president of the American Association of Suicidologists, the professional group for experts who treat the suicidal, points out that ''[E]ffective psychotherapeutic treatment is possible with the terminally ill, and only irrational prejudices prevent the greater resort to such measures.''

Dr. David C. Clark, a suicidologist, observes that depressive episodes in the seriously ill ''are not less responsive to medication'' than depression in others.

So the solution for those among the terminally ill who are suicidal is to treat them for their depression, not pay to send them to Dr. Kevorkian.

This bill sends us on the way to just that: not paying for patient killing so that we can focus on real medical treatment for the patients who need it.

So I am glad to urge my colleagues to join me in supporting H.R. 1003, and in so doing, to send a very important message to the people of our Nation and to the culture of our country.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SMITH of Oregon. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SMITH of Oregon. I ask to be recognized for 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SMITH of Oregon. I appreciate this opportunity to speak briefly on this issue before the Senate. I begin by thanking my colleagues, Senator ASHCROFT and Senator DORGAN, and their staffs for their leadership on this issue.

As yet, only one State, the State of Oregon, my State, has passed legislation to allow assisted suicide. In 1994, Oregon voters approved ballot measure 16, called the Death With Dignity Act, which exempts from criminal and civil liability physicians who assist their patients in committing suicide. Since its approval, a ruling in March by the Ninth Circuit Court of Appeals has prevented the law from taking effect, leaving the ultimate decision to the Supreme Court of the United States.

However, I believe it is our responsibility to address this issue before other States, including New York and Washington, have to face the dilemma that now confronts Oregon. Oregon has taken the initiative in meeting the health care needs of our most needy and vulnerable citizens. Through the implementation of the Oregon health plan, I was a legislator who helped to enact and to pass and to fund that act. However, ballot measure 16 threatens the lives of those we have worked so hard to help.

The Oregon health plan rations medicine in an honest way. What it does is rank the procedures that promote and provide preventive medicine. I am concerned, as an Oregonian, as an American, as a taxpayer, that this system that has been enacted with the very best of motives will provide a slippery slope that will make the right to die into a duty to die. In a time when we have few health care dollars and so many of those dollars are expended late in life, I fear the financial incentive that is built into the system if soon the right to die becomes, under financial extremis, a duty to die.

Now, lest you think that I am exaggerating in my fears, the Oregon Medicaid director has recently publicly stated that once the legal issues have been resolved, Oregon will begin subsidizing physician-assisted suicide through the Oregon health plan. As one of Oregon's Senators, I cannot, on ethical, moral and other grounds, allow this to happen when I have the opportunity to prevent it.

H.R. 1300 and Senate 304 is legislation that is not an attempt to circumvent the Supreme Court. Rather, this legislation is to determine whether we should require the American taxpayer to pay for these services through Medicare, Medicaid, the Federal Employees Health Benefit Program, health care services provided to Federal prisoners under the military health care system.

The potential legal practice of physician-assisted suicide sets a standard for our entire Nation. We should, instead of subsidizing a path to death, try to strengthen the quality of hospice and end of life care. Let's offer support, not suicide, as the acceptable and responsible, viable option.

Mr. President, my colleagues, it is with great concern and with a heavy heart that I ask your support in passing this important and timely legislation. Oregon is a beautiful State in which to live, to visit, to raise a family. I ask today that you do not help Oregon become a State where people now come to die.

As I have said to the people and press of Oregon, the only thing that we should be killing around here is Federal funding for assisted suicide. Mr. President, I thank my colleagues. I urge their support for this legislation.

I yield the floor and the remainder of my time.

Mr. ASHCROFT. Mr. President, some people have asked me whether this bill would create any new restrictions or limitations on such practices as the withholding or withdrawing of medical care; the withholding or withdrawing of nutrition or hydration, abortion, or the administration of drugs or other services furnished to alleviate pain or discomfort, even if the drugs or services increase the risk of death.

Mr. DORGAN. That is an important question, and one I want to clarify. H.R. 1003 would not create any new restrictions in those areas.

In fact, section 3(b) of the bill explicitly states that none of those practices or services would be affected by the bill. This means that we do not create any new limitations, and none of the practices and services you described would be prohibited or further restricted by this bill. I also want to make clear that this bill would not place any new restrictions on the provision of hospice care, which I strongly support.

Mr. ASHCROFT. I have also been asked about whether the bill would prohibit legal services lawyers or other

legal advocates receiving Federal funds from talking to their clients about assisted suicide.

Mr. DORGAN. H.R. 1003 prohibits the use of Federal funds for legal or other assistance for the purpose of causing an assisted suicide; compelling any other person or institution from providing or funding services to cause an assisted suicide, or advocating a legal right to cause or assist in causing an assisted suicide.

However, the bill does not impose any kind of gag rule on legal services or other attorneys receiving Federal funding to provide legal services. An advocacy program could provide factual answers to a client's questions about a State law on assisting suicide, since that alone would not be providing assistance to facilitate an assisted suicide. Similarly, the bill does not prohibit such programs from counseling clients about alternatives to assisted suicide, such as pain management, mental health care, and community-based services for people with disabilities.

In addition, the bill is not intended to have the effect of defunding an entire program, such as a legal services program or other legal or advocacy program, simply because some State or privately funded portion of that program may advocate for or file suit to compel funding of services for assisted suicide. The bill is intended only to restrict Federal Funds from being used for such activities.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, inasmuch as there are no Members wishing to speak on the pending legislation, I ask unanimous consent to speak for 5 minutes as if in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

## A MESSAGE TO THE FEDERAL RESERVE BOARD

Mr. DORGAN. Mr. President, I rise to ask if someone at the Federal Reserve Board might be willing to spend a quarter and buy the Washington Post and read the article on the front page above the fold on the left side. If they are unwilling to do that, I will at least read the headline for them: ''Consumer Prices Nearly Flat in March.''

Why is this headline important? Because the most recent tax increase imposed in Washington, DC, was imposed by Mr. Greenspan, Chairman of the Federal Reserve Board, and his Board of Governors, who, meeting weeks ago, in a frenzy decided that the problem in our country is that our economy is growing too rapidly, there are too many people working and too few people unemployed and our economy is moving too rapidly. Their solution: Increase interest rates, impose a higher interest rate charge on every single American for every purpose. Of course, that is, in effect, imposing a tax on everybody, isn't it? The difference is, if somebody were to propose a new tax, it would have to be done here in the open, in debate. But in this dinosaur we call the Federal Reserve Board, it is done behind closed doors, in secret, outside of the view of the public, by a bunch of folks in gray suits, coming from their banking backgrounds, or as economists, peer through their glasses and try and see what the future holds. The future is no clearer to them than it was to the augurs in Roman times when practicing the rites called augury. These high priests would read the entrails of birds, the entrails of cattle, observe the flights of foul in order to portend the future.

Well, we now have economists who, of course, practice the study of economics. I sometimes refer to it as ''psychology pumped up with a little helium.'' The economists now tell us what the future will hold. What does the future hold for us? The economists at the Federal Reserve Board, believed by the Board of Governors, say that our country is moving too fast. It is like that Simon and Garfunkel tune, ''Feeling Groovy,'' although I doubt that they would play that there. It says, ''Slow down, you're moving too fast * * *'' The country is moving too fast, they say —2½, 3 percent economic growth. Lord, what is going to happen if we have 3 percent sustainable economic growth? You can't do that because the Fed wants to put the brakes on. They want people to pay higher interest rates to slow our country down.

You know, the Federal Reserve Board had told us forever that if unemployment dropped below 6 percent, what would happen? A new wave of inflation would come. Unemployment has been below 6 percent for 30 months; inflation is going down. The Consumer Price Index is nearly flat. In fact, Mr. Greenspan, Chairman of the Federal Reserve Board, says to us, ''I think the Consumer Price Index overstates the rate of inflation by probably 1 full percent and maybe a percent and a half.'' If that's the case, there is no inflation in our country. If there is no inflation in our country, why did those folks go behind the closed doors, lock it up, do their banking business in secret, and come out and announce to us that they were imposing a new tax on every American in the form of a higher interest rate?

I ask the Fed today to buy a paper, read the story, convene a meeting and put interest rates where they ought to be. Your Federal funds rate is a full one-half of 1 percent, and now, after your last action, nearly three-quarters of 1 percent above where it ought to be, given the rate of inflation. What does that mean? It is a premium imposed on the American people—a tax in the form of higher interest. It is imposed on every American, without public debate.

I urge the Federal Reserve Board to meet again with the new information and understand what some of us have been talking about for some long while: Your models are wrong. The world has changed. We don't have upward pressures on wages in our country; we have downward pressures on wages in our country. That is why you don't see consumer prices spiking up. We now exist in a global economy in which American workers are asked to compete against workers elsewhere around the world. It is not unusual for American workers to produce a product, to go into a department store to compete against a product produced in a foreign country by a 14-year-old child being paid 14 cents an hour, working 14 hours a day in an unsafe factory. It is a global economy. Unfair? Yes. But it is a global economy that now puts downward pressure on American wages. That is why consumer prices are not spiking up. That is why the Federal Reserve Board is wrong.

The Federal Reserve Board ought to countenance more economic growth in this country. It can be done without reigniting the fires of inflation. It should be done by a Federal Reserve Board that cares more about all of the American people and economic growth and opportunity all across this country than it does about the interest of its constituents, the big money center banks.

I did not intend to speak about this today, but when I bought the paper and saw the story, it occurred to me that someone ought to stand up and say to the Federal Reserve Board: You were wrong a couple of weeks ago. You ought to admit it. We don't accept your remedy. The American people know you are wrong because they understand what is happening in our economy. Our economy isn't growing too fast. If anything, the economic growth is too slow. We need fewer people unemployed and more people employed. We need more economic growth and more opportunity. I hope one day the Federal Reserve Board will adopt policies that will understand that.

Now, we have a couple of vacancies coming at the Federal Reserve Board, and I expect that the Federal Reserve Board will fill the positions with people who essentially look the same, act the same, talk the same, and behave the same as all the other folks there. Take a look at who is at the Fed. In fact, I have brought for my colleagues to the floor a giant chart with pictures of the Board of Governors and regional Federal bank presidents, indicating where they are from, where they were educated, their salaries. I don't want them to be anonymous. I want the people to see who is making the decisions that affect all of their lives.

Now we will have a couple of new people appointed to the Fed. Congress will have a little something to say about that. But the fact is, the nominations will be sent to us. I have said,