

North tries to dismiss the charges by saying that he's the most investigated man on the planet, and that the lack of an indictment means he's clean. But he has been stung sufficiently to issue a press statement, dated Oct. 5, on the SOB Committee's accusations, which he erroneously claims to be being promoted by Robb's campaign as well. I quote:

"These drug charges have been peddled by a gentleman named Cellerino [sic] Castillo who was let go by the Drug Enforcement Administration and whose tall tales have been consistently denounced by the former and current heads of the DEA (see the following statement by former DEA head Jack Lawn). Even Clinton's DEA disavows the scurrilous remarks of Mr. Castillo. For once, at least, Robb disagrees with Clinton on something!"

North is lying again. The charges are not coming just from Castillo, and he has not been denounced. Mr. Castillo has a disability pension from the DEA, having retired in 1992, and he has a record a mile long of reports on drug-running by Ollie's Contra pilots, going back to 1985. The DEA has run a coverup operation from then on.

In fact, Castillo had a chance to respond to the North defense on Oct. 19, when he attended a luncheon in Merrifield, Virginia, which was being addressed by North's brother. If Lawn honestly didn't see his reports, Castillo said, other officials of the DEA certainly did, as the testimony of David Westrate, number three at the DEA, to the Kerry Committee shows. North's brother had to resort to the defense made famous at Nuremberg: Ollie, as a military man, was only following orders.

This claim doesn't sit too well with a lot of other military men, who see Ollie North as having brought dishonor to their calling. They insist that the oath Marines, and other military professionals, take is to the U.S. Constitution, not their "boss." And in North's case, as his recent statement about his commander-in-chief shows, it is not clear who he actually thinks his boss was, or is.

Danger to the nation

Anyone who has looked at the matter closely, has to realize that Ollie North represents a danger to the United States as a whole, not only because of his atrocious record, but also because of his current commitments to a virtual insurrection against constitutional government. North is committed to gaining power by any means necessary, from feigning piety, to spending money, to intimidating or avoiding opponents.

Once in power, North can be expected to show the same respect for the constitutional responsibilities to our nation and its future as he did before—none. He'll endorse free trade, protect the big-time drug traffickers, carry out racist policies, and threaten to incarcerate (or worse) any opponent who gets in his way. It's clear that many Virginia voters of both parties realize this. It's not yet clear that it's enough.

Oregon's Hemlock vote: national turning-point

Linda Everett

Euthanasia, in its many guises as death with dignity, physician-assisted suicide, or the nihilist notion of "life not worth living," thrives wherever nations face the grueling confluence of economic collapse and cultural pessimism. The Netherlands is one example, with its twin calamities of health care rationing and the "medical" treatment of mentally or physically ill or elderly patients with lethal injections and drug overdoses. On Nov. 8, the people of the state of Oregon are likely to vote for a statewide ballot initiative that would make similar "medical" treatment legal there. Entitled the "Oregon Death With Dignity Act," ballot Measure 16 would allow physicians to prescribe lethal drugs or suicide kits to any "capable" adult resident of Oregon who has been diagnosed as "terminally ill" and who requests the drugs to end their life.

Oregonians will attempt to review the Death With Dignity Act and its reputed safeguards in Oregon's 200-page voters' pamphlet. But it is ludicrous to believe that a proposal that aims to destroy the underlying premise of western medical science, namely, upholding the inviolability of human life, can offer *any* safeguard against abuse. Consider *one* Measure 16 safeguard that calls for physicians to determine if a patient 1) has a terminal disease, 2) is capable, and 3) has made the request for lethal drugs voluntarily. How do you verify if the patient seeking suicide is not depressed, if those making the determination believe that a terminally ill patient's wish to die is totally different from the suicidal intent of those without terminal illness? Doctors Herbert Hendin and Gerald Klerman, in the January 1991 *American Journal of Psychiatry*, state: "95% of those who kill themselves have been shown to have a diagnosable psychiatric illness in the months preceding suicide." Most physicians are not trained to recognize depression, but a league of pro-death doctors, "ethicists," social workers, and psychologists have pronounced that suicide for some is "ethical," even "rational." Why bother looking for depression? Those trained to treat chronic pain know that when individuals with physical problems become chronically depressed, they believe their pain has much increased and seek relief. Under Measure 16, that relief would be suicide.

What about "voluntary" choice for suicide? Hendin and Klerman say that "the overwhelming majority of the termi-

nally ill fight for life to the end”—but that’s only if sick patients can escape the pervasive “death-with-dignity” brow-beating that hospitals, nurses, chaplains, and social workers often minister to severely ill patients and their families. Where is the voluntary choice when the sick and frail elderly are told they are a burden to society, and therefore society has determined it needs to deny them certain life saving or life-sustaining treatment? Oregon did just that when its legislature and John Kitzhaber, now Democratic candidate for governor, expanded the state’s Medicaid program to cover more of its poor by cutting out life-saving treatment for some patients. Kitzhaber intends to cut \$65 million out of the plan once he’s elected. This is exactly the “choice” the Third Reich gave *its* physically and mentally infirm patients.

Consider how many patients become “terminally ill” when they are denied life-saving or life-sustaining treatment by health insurers, hospitals, or nursing home cartels who say it’s ethically inappropriate to spend resources on people who are going to die soon. Of course, managed care plans or health maintenance organization doctors have a financial incentive to convince patients to accept the hospice way of death instead of treatment. These same providers would not be subject to civil or criminal liability under Measure 16 for writing you a prescription for suicide.

The Oregon Medical Society says it is “neutral” on all this. When *EIR* asked to interview OMS’s president on how he’d counsel doctors on suicide prescriptions if the initiative wins, the OMS spokesman hung up the phone.

Patients not told of new medical relief

Under Measure 16 doctors are not allowed to record deaths from physician-prescribed lethal drugs as assisted suicide or suicides. This totally undercuts society’s ability to scrutinize if and where it has succeeded against major illnesses. The success of this initiative by the Oregon Right to Die Committee (RTD), one of several spawns of the original Hemlock Society’s campaign to make physician-induced death legal, depends on keeping people irrationally focused on the possibility of a horrible death. While the nation gasped for four years as Jack Kevorkian rampaged in Michigan, few ever heard that there were several medical breakthroughs in that short time that could have saved or helped most of his victims. Fewer know that patients no longer must choose between horrible pain or complete sedation, thanks to new pain remedy techniques.

More importantly, the narrowly focused aim of achieving the right to choose a “dignified death” precludes society from fighting politically for the national commitment, resources, and research required to tackle unconquered medical conditions. The measure of dignity accorded patients is defined by us, in society’s commitment to train and educate the medical staff crucial to their well-being, especially in the misery of their illness. A patient then, is not a burden, but a teacher to

those seeking to improve the next generation’s health.

In contrast, the neo-malthusians and benthamites want to shed those vulnerable populations like so much baggage. Consider the nefarious Derek Humphry, who founded the Hemlock Society five years after he “helped” his cancer-stricken wife of 22 years to die with a doctored cup of tea. Through his second wife, Ann Wickett, we’ve learned the quality of dignity the euthanasia movement espouses—when Humphry walked out on her and the Hemlock group turn its back on her when Ann discovered she had breast cancer. After a valiant fight, she eventually gave up and accused Humphry, et al. of pushing her into suicide. The ensuing controversy was enough to move Humphry out of Hemlock and onto the road selling hot tips on how to commit suicide at \$10 a head.

Euthanasia for anyone

After Hemlock’s initiatives in California and Washington State were defeated, Hemlockeans scaled back their immediate goal of doctors becoming directly involved in the killing of patients, because it was too much “of the shock of the new” for the conservative body of U.S. physicians. As Peter Goodwin, president of the Oregon Right to Die, told Hemlockeans last year, “Doctors need incremental changes, and would agree with writing a prescription for lethal medications, but would not give a lethal injection.” Thus, John Pridonoff, executive director of the Hemlock Society U.S.A., characterized Oregon’s Nov. 8 election as “the single most critical moment in the history of the right-to-die movement.” That’s because Measure 16 is the first “incremental” step, in a deliberate “step by step” approach to building acceptance of euthanasia among medical professionals. Hemlock’s aim was always euthanasia and physician-assisted suicide for anyone, at any time, anywhere. At their conference last year, speaker after speaker called for euthanasia also for those who are “hopelessly ill” with AIDS, Alzheimer’s, Parkinson’s or Lou Gehrig’s disease, multiple sclerosis, senile dementia, or victims of stroke or quadraplegia.

Despite the inherent dangers of endorsing this monstrous policy, the Oregon Democratic Party; the Republican Dorchester Conference (a liberal group of Republicans); the Oregon Federation of Teachers, Education and Health Professionals; the Oregon branches of the National Organization of Women; and the American Civil Liberties Union support Measure 16. The Coalition for Compassionate Care, with church groups, hospices, advocates for the handicapped, Catholic hospitals, and the Oregon Catholic Conference, hope to defeat it.

Nurses who honor their duty to protect their patients lament how quickly their patients decline and die once their family and doctors tell them they’re giving up the medical battle to save them. Is that what awaits this country if Oregonians vote for suicide?