• Create prison-enterprise marketing offices in prisons and jail systems.

• Allow private prison operators to profit from the gainful employment of convict labor.

Origins of convict labor

The idea of work by prisoners is hardly new. In 1787 the founding father of criminology in the English-speaking world, Jeremy Bentham (1748-1832), urged replacement of the jails of his day by what he terms "mills for grinding rogues honest and idle men industrious."

Contracting with private businesses

Under the contract system, prison officials advertised for bids from private employers to hire the labor services of convicts within the walls of the prison, while prison officials maintained control over security and sustenance. . . . The contractor sold the finished products in the open market, and the state received a fixed fee per prisoner per day. . . .

Prisoner leasing

After the Civil War, convict leases became another way in which prisoners were put to work. Under convict leases, private employers essentially assumed control over nearly all aspects of prison life, including security and living conditions. Prisoner leases usually involved work camps on farms, construction sites (including railroads), and mines outside prison walls. Leases to private employers usually yielded the highest revenues to the state.

The system of leasing prisoners to private businesses for work outside prison walls was first tried in Kentucky in 1825, and during Reconstruction the practice became widespread in Southern and border states whose economies had been devastated. Leasing proved economically successful but politically difficult.

. . . Between the end of the Civil War and the outbreak of World War I, Texas also routinely hired out prison inmates to private individuals and corporations. . . . Railroad contracts were more lucrative for the state than farm labor, but the latter was more common, especially in sugar farming, and yielded net revenue to the state of $3.4 million over the period. Black prisoners predominated on sugarcane farms, and labor prices charged to companies were only slightly less than the wages of similar free labor. From 1880 to 1912, black prisoners in first-class physical condition cost $31 per month and first-class white prisoners cost $29 per month.

Policy options

Repeal of federal restrictions on prison labor would allow the states to design their own lease and contract systems. Conditions and criteria would differ among the states. States could lease labor to industries both inside and outside prisons and retain final control, inspection and auditing responsibilities. Allowing state authorities maximum latitude in negotiating prison lease deals would benefit taxpayers, prisoners, and crime victims and would improve public safety over the long run.

Oregon votes a Nazi 'solution': euthanasia

by Linda Everett

On Nov. 4, the voters of Oregon gave themselves the ignominious distinction of voting twice for the same Hitlerian euthanasia policy that the United States condemned as crimes against humanity at the 1945 Military Tribunal at Nuremberg. Oregonians voted to retain their 1994 Death with Dignity Act, which gave physicians the legal right to provide sick patients with prescriptions for lethal drugs with which to kill themselves. The vote condemns the lives of tens of thousands of sick, elderly, and disabled, as well as polluting the purpose of medicine for millions of doctors, nurses, and health care workers in the state and beyond, with its focus on finding the most efficacious ways to kill a patient.

The Oregon law is the predictable result of the U.S. Supreme Court's June 26 assisted-suicide ruling, in which the court accurately cites the incalculable risks that the nation faces by making assisted-suicide a legal right—and then, throws the issue to the "laboratory of the states," to resolve it how ever they may. The monstrosities unleashed by the Oregon vote are now at work in dozens of other states—and, more insidiously, in Federal and state programs, like Medicare and Medicaid.

Background of the case

In November 1994, Oregonians narrowly passed Ballot Measure 16, the Oregon Death with Dignity Act, the first law in the history of the United States that amends a state constitution to make euthanasia, or, in today's parlance, "physician-assisted suicide," legal, by permitting doctors to prescribe lethal doses of medications for terminally ill patients to allow them to commit suicide. The law was written by nurse and attorney Barbara Coombs Lee, who, at the time, worked with a major managed-care company that specialized in "early warning systems" for hospital cost projections. She called for Medicaid coverage of suicide aid, saying that it met a need without further burdening a medical system that already labors under huge costs. "The writing of a prescription," she said, "is not expensive." In fact, what could be cheaper?

Once passed, however, Measure 16 never went into effect, because a group of patients and doctors challenged it as un-

constitutional, and said that it denied sick or disabled patients equal protection under the law (although the state would intervene to protect healthy 25-year-olds from killing themselves, it would *not,* under Measure 16, stop a "terminally ill" suicidal patient from committing suicide). U.S. District Court Judge Michael Hogan agreed, and ruled that under Measure 16, terminally ill patients faced an imminent and irreparable loss of their constitutional rights, including their right to life. He ordered a permanent injunction against it.

The state of Oregon sought to dismiss the suit in 1995, arguing that "[T]he Constitution does not require a state to protect individuals from possible—or even likely—injury or death by another, let alone harm to an individual who knowingly and willingly chooses death." The Oregon Right to Die Committee, which sponsored Measure 16, also appealed. The Ninth Circuit Court dismissed the case in February 1997, ruling that the patients who brought the suit, were not in imminent personal danger from it, thus, they lacked legal standing to challenge it. But, who, if not the terminally ill, would have standing? On Oct. 14, 1997, the U.S. Supreme Court refused to hear the case (*Lee v. Harcleroad*), and let stand, without comment, the Ninth Circuit's decision. But, since the Supreme Court did not address the merits of the case against Measure 16, another legal challenge is possible, even as Judge Hogan's injunction is lifted.

On the legislative track, Oregon lawmakers initiated hearings in January, to address basic problems never raised in the initiative process (for example, are emergency room doctors to be held liable for saving a "suicide" patient?). The Oregon Medical Association set the tone for the coming travesty, reversing its "neutral" stance on Measure 16, to oppose the law as "a seriously flawed mechanism for allowing patients . . . autonomy." But, a representative told *EIR,* "we're *not* saying there is no place for physician-assisted suicide."

The law allows no enforcement procedures for the State Health Division to ensure doctors' compliance; it allows no public accesss to records of suicides. Even the office of Oregon's Attorney General admits that they have no idea whether doctors are writing suicide prescriptions now, or whether patients are being coerced into using them—nor would they have any way of knowing, under this law.

Some of the law's other problems:

- It defines a "capable" patient as one able to make and communicate health-care decisions—which most depressed people can do. Ninety-five percent of people (with or without a terminal disease) who contemplate suicide, suffer from emotional or mental illness. Most doctors admit that they don't recognize depression, dementia, or delirium, which do impair judgment; but, the law does not require that they consult mental health specialists, who, at any rate, often agree with Hitler's doctors, that euthanasia is best for the mentally ill.
- Fifty percent of Oregon's doctors admit that they can't predict whether patients will die in six months, and the law defines "terminally ill" so broadly, that half the nation qualifies for suicide help. Any patient with any one of hundreds of conditions (such as diabetes), who could live a long life with treatment (insulin shots, dialysis), becomes "terminal" if he refuses treatment (due to depression), is unable to obtain it (closure of hospital or dialysis center, or lack of funds), or, is denied it by an insurer, HMO, hospital ethics committee, or by political leaders. Ninety-three percent of Oregon doctors surveyed said patients would request suicide because they feared being a burden to others; 85% cited financial pressures on a patient (patients agree in both cases).

Cultural pessimism on both sides

Oregon lawmakers voted in June to throw the issue back to the voters to decide, in a November ballot initiative (Measure 51), asking whether the law should be repealed. The ensuing campaign is memorable only for the level of cultural pessimism on both sides of the issue—and for the fact that the dirty fingers of billionaire speculator George Soros, who is bankrolling drug decriminalization initiatives nationally, including Oregon's next year, were evident on both sides, through his "death culture" campaign.

The euthanasia camp pandered to state rights libertarians who want privatized killing, without government interference, and to Baby Boomers who want more "control" over death, with an "arranged death" and "suicide help." Soros himself says his mother was a member of the Hemlock Society, who wanted his help to commit suicide; his father, he says, "unfortunately, wanted to live. . . . I was kind of disappointed in him." Soros plunked down a quarter of a million dollars in Oregon, to establish a euthanasia beachhead there.

The "Yes on 51" committee includes a broad range of groups from the Oregon Right to Life, Oregon Association of Hospital and Health Systems, the Catholic Conference, and other religious groups, who all opposed the suicide law. The manager of the "Yes on 51" committee told KXYQ Radio that although she is *for* the concept of assisted-suicide, the law is so poorly written, that she opposes it. The "Yes on 51" opposition also focussed on Baby Boomer fears by exposing the "fatally flawed" suicide method of Measure 16. That is, the law is faulty, they say, because it requires patients to self-administer, by oral ingestion, large quantities of barbiturates, which can lead to miserable, lingering comas. In the Netherlands, Dutch doctors usually use lethal injections on their assisted-suicide patients who linger after taking legally prescribed barbiturate overdoses.

The "Yes on 51" crowd promoted hospices as the suicide alternative, saying that everyone has the right to refuse any and all life-sustaining treatments, including food and hydration. Their main campaign seminar featured Ira Byock, who heads a 15-year Montana hospice project to sell America on "how good dying can be." The project is funded with nearly

$1 million in grants from Soros's Project on Death in America and the free-market malthusian Robert Wood Johnson Foundation and its "Last Acts" project, among others. Byock told Oregonians that the hospice movement is promoting a new, better dying experience in hospitals (with hospice rooms).

The battle around the suicide law, now in effect, is not over. It is already reported that the Oregon Health Plan, which won't even cover basic items such as hearing aids for the state's poorest people, will pay for them to commit suicide. Measure 16's authors, Barbara Coombs Lee and Eli Stutsman, who designed the law to prohibit lethal injections (to quell the image of Nazi doctors), now say that a new interpretation of the law might let doctors give patients "suicide drugs" via existing intravenous lines and through lethal inhalants—like the portable poison gas chambers and lethal IVs employed by Jack "Dr. Death" Kevorkian (*Oregon Health Law Manual,* Vol. 2, 1997).

Days after the vote, several Republican state legislators proposed a special session to amend the law, and to debate its possible expansion to allow the use of lethal injections. Jack Kevorkian's accomplice, attorney Geoffrey Fieger, was in Portland calling for patients to have the right to "suicide help" at any time (why wait until they are terminally ill?), with doctors and nurses giving the lethal injections.

The LaRouche movement alone has pointed out that the "solutions" promoted by both sides, embrace as positive, Hitler's notion that some lives are "not worth living." No matter how earnest the patient's plea for mercy, these "solutions," born of a culture of pessimism that cripples our vision of what medical science can do to relieve suffering, are wrong. They deny that we, as a nation, are capable of producing a better notion of mercy, than a mercy that kills. Under the culture of pessimism, a human life is deemed "too costly" or "not worthy" of society's support, if a person is hospitalized twice within six months for chronic illness. The patient will not die of his disesase; he will be murdered by a barbaric social Darwinian economic policy.

Unless such economic policies, and euthanasia laws such as Oregon's, which they spawn, are reversed, we shall soon see the implementation of the Nazi arguments of the death "ethicists": If suicide is a "right" or is "morally correct" for those with a poor quality of life, then "all suicide prevention is wrong," and suicide may even be considered morally "obligatory."

Soros funds campaign for assisted suicide

When speculator George Soros isn't sucking the lifeblood out of countries with currency speculation, he promotes his own personal solution for the sick and suffering millions among us, by pushing death. His Project on Death in America has distributed tens of millions of dollars to promote his "culture of death" in U.S. medicine, while his Open Society Institute funds the nation's most aggressive euthanasia stormtroopers, such as the following:

Oregon Death with Dignity Legal Defense Fund: ($250,000) To defend Oregon's 1994 physician-assisted-suicide law against legal challenges and repeal in the Ballot Measure 51 campaign.

Compassion in Dying: ($150,000) CID boasts that it "facilitates" scores of "rational suicides," many for "psychic pain." Its founder, Unitarian Universalist minister Ralph Mero, promotes his favorite "suicide" method: "There is nothing like applesauce and barbs [barbiturates]—it's calm, peaceful. You take the pills in the applesauce, have a sip of Chivas Regal. . . . Say your goodbye. Within minutes, you're gone. . . . It's something to see." CID spearheaded the Washington and New York "physician-assisted-suicide" cases which the U.S. Supreme Court decided in June. Mero founded Washington's Hemlock Society in 1988 and authored its defeated 1991 ballot initiative to legalize assisted suicide. Barbara Coombs Lee, the author of Oregon's Measure 16 suicide law, is now CID's executive director, overseeing several national campaigns to expand state euthanasia laws.

The Death with Dignity Education Center: ($100,000) Founded in 1994 by Hemlock Society attorney Michael H. White, after Hemlock's "death on demand" California ballot initiatives failed in 1988 and 1992. Among its board members are:

Dr. Timothy Quill, who proposes "lethal treatment" as a legitimate care option for terminally ill patients or for those who refuse life-sustaining treatment when they find standard methods of care "unsatisfactory in the context of their own situation and values."

David Mayo, who says he is "totally sympathetic to voluntary active euthanasia," but wants doctors to distinguish between patients worth saving and those who say their lives are "not worth living."

Maggie Pabst Battin, who asks in her *Suicide: The Philosophical Issues:* "Can suicide be morally correct, or . . . even obligatory? Then we must look at our policies and practices with regard to heroism, self-sacrifice, self-senicide or killing oneself in old age, voluntary capital punishment, and even the fundamental distaste for life."