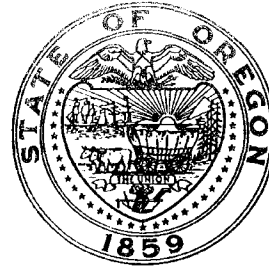


voters' pamphlet



STATE OF OREGON SPECIAL ELECTION—NOVEMBER 4, 1997

Compiled and Distributed by

Phil Keating
Secretary of State

This Voters' Pamphlet is provided for assistance in casting your vote-by-mail ballot.

PHIL KEISLING
 SECRETARY OF STATE
 MICHAEL GREENFIELD
 DEPUTY SECRETARY OF STATE



STATE OF OREGON
 SECRETARY OF STATE
 136 STATE CAPITOL
 SALEM, OREGON 97310-0722
 (503) 986-1500

Dear Oregonian:

On November 4, 1997, Oregon will conduct a special statewide election to decide two ballot measures referred to voters by the 1997 Legislature. Ballots will be mailed to registered voters between October 15 and 17. This election is the seventh statewide election conducted by mail, continuing Oregon's tradition of innovation and service to its citizens.

You will receive a ballot only if you are registered to vote in Oregon by October 14. To register to vote, or to update a registration, see the section of this Voters' Pamphlet entitled, "Voter Registration."

In this Voters' Pamphlet, you will find information about each referred measure, including the complete text of the measure, an estimate of its direct financial effect on government revenues and expenditures, a short explanation written by a committee of Oregonians knowledgeable about the measure, and arguments for and against each measure. Space for arguments is sold to anyone who pays the \$300 fee or submits the signatures of 1,000 registered voters.

The information contained in this Voters' Pamphlet is also available in the Online Voters' Guide published by the Secretary of State on the World Wide Web at:

<http://www.sos.state.or.us/elections/nov497/nov497.htm>

Sight-impaired persons can obtain a tape copy of this Voters' Pamphlet by calling Independent Living Resources at (503) 232-7411.

Your voted ballot must be received by county elections officials no later than 8:00 p.m. November 4, 1997. **Postmarks do not count.** Please exercise your right to vote.

Best,

Phil Keisling
 Secretary of State

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INFORMATION

GENERAL

Your official 1997 November Special Election Voters' Pamphlet provides you with information about two statewide measures referred by the Legislature. Additionally, you can find information about vote-by-mail and voter registration, as well as a list of addresses and phone numbers for county elections officials across the state.

For each measure, you will find in this voters' pamphlet the following information:

- (1) ballot title;
- (2) estimate of financial impact;
- (3) complete text of the proposed measure;
- (4) explanatory statement; and
- (5) arguments filed by proponents and opponents of the measure.

The ballot title for a legislative referral may be drafted by the Legislature. If the ballot title is not drafted by the Legislature it is drafted by the Attorney General's office. It is then distributed to a list of interested parties for public comment. After review of any comments submitted, the ballot title is certified by the Attorney General's office. The ballot title can be appealed and may be changed by the Oregon Supreme Court.

The estimate of financial impact for each measure is prepared by a committee of state officials including the Secretary of State, the State Treasurer, the Director of the Oregon Department of Administrative Services and the Director of the Department of Revenue. The committee estimates only the direct impact on state and local governments.

The explanatory statement is an impartial statement explaining the measure. Each measure's explanatory statement is written by a committee of five members, including two proponents of the measure, two opponents of the measure and a fifth member appointed by the first four committee members.

Citizens or organizations may file arguments in favor of, or in opposition to, measures by purchasing space for \$300 or by submitting a petition signed by 1,000 voters. Arguments in favor of a measure appear first, followed by arguments in opposition to the measure, and are printed in the order in which they are filed with the Secretary of State's office.

Additionally, you will find a "Legislative Argument in Support" for each of these measures. Oregon law allows the Legislature to submit, at no cost, an argument in support of each measure it refers to the people.

The Voters' Pamphlet has been compiled by the Secretary of State since 1903, when Oregon became one of the first states to provide for the printing and distribution of such a publication. One copy of the Voters' Pamphlet is mailed to every household in the state. Additional copies are available at the State Capitol, local post offices, courthouses and all county election offices.

Attention:

The State of Oregon prints measure arguments as submitted by the author. The state does not correct punctuation, grammar, syntax errors or inaccurate information. The only changes made are attempts to correct spelling errors if the word as originally submitted is not in the dictionary.

MEASURE NO. 51

HOUSE BILL 2954—Referred to the Electorate of Oregon by the 1997 Legislature to be voted on at the Special Election, November 4, 1997.

BALLOT TITLE

51 REPEALS LAW ALLOWING TERMINALLY ILL ADULTS TO OBTAIN LETHAL PRESCRIPTION

RESULT OF "YES" VOTE: "Yes" vote repeals law allowing terminally ill adults to obtain physician's prescription for lethal drugs.

RESULT OF "NO" VOTE: "No" vote retains law allowing terminally ill adults to obtain physician's prescription for lethal drugs.

SUMMARY: Repeals Measure 16, adopted by voters in 1994. That law:

Allows terminally ill adult Oregon residents voluntary informed choice to obtain physician's prescription for lethal drugs when physicians predict patient's death within 6 months;

Requires 15-day waiting period; 2 oral, 1 written request; second physician's opinion; counseling for patients with impaired judgment from depression;

Gives health care providers immunity from civil, criminal liability for good faith compliance.

Permits person choice whether to notify next of kin.

Allows health care providers to refuse to participate.

ESTIMATE OF FINANCIAL IMPACT: No financial effect on state or local government expenditures or revenues.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 127.800, 127.805, 127.810, 127.815, 127.820, 127.825, 127.830, 127.835, 127.840, 127.845, 127.850, 127.855, 127.860, 127.865, 127.870, 127.875, 127.880, 127.885, 127.890, 127.895 and 127.897 are repealed.

SECTION 2. Section 7, chapter 380, Oregon Laws 1995, is amended to read:

Sec. 7. (1) Notwithstanding any other provision of ORS chapter 677, a physician licensed under ORS chapter 677 may prescribe or administer controlled substances to a person in the course of the physician's treatment of that person for a diagnosed condition causing intractable pain.

(2) A physician shall not be subject to disciplinary action by the Board of Medical Examiners for prescribing or administering controlled substances in the course of treatment of a person for intractable pain.

(3) Subsections (1) and (2) of this section shall not apply to:

(a) A physician's treatment of a person for chemical dependency resulting from the use of controlled substances;

(b) The prescription or administration of controlled substances to a person the physician knows to be using the controlled substances for nontherapeutic purposes;

(c) The prescription or administration of controlled substances for the purpose of terminating the life of a person having intractable pain[, *except as allowed under chapter 3, Oregon Laws 1995*]; or

(d) The prescription or administration of a substance that is not a controlled substance approved by the United States Food and Drug Administration for pain relief.

(4) Subsection (2) of this section shall not exempt the governing body of any hospital or other medical facility from the requirements of ORS 441.055.

SECTION 3. This Act shall be submitted to the people for their approval or rejection at a special election held throughout this state on November 4, 1997.

NOTE: Boldfaced type indicates new language; [brackets and italic] type indicates deletions or comments.

MEASURE NO. 51

EXPLANATORY STATEMENT

This measure repeals the Oregon Death With Dignity Act (Measure 16) passed by voters in 1994.

1994's Measure 16 allows a terminally ill patient the voluntary choice to obtain a physician's prescription for a lethal dose of medication to hasten the patient's death when the patient is judged to have less than six months to live. Measure 51, placed on the ballot by legislative referral, would repeal that law.

1994's Measure 16 allows a terminally ill patient who meets the conditions of the law to voluntarily request a prescription for a lethal dose of medication to end his or her life. The Act also allows a physician to legally prescribe the medication, and inform and advise the patient throughout the process, once the physician ensures the patient has met all of the conditions of the law. The physician and others may legally be present when the medication is self-administered by the patient. Lethal injection, mercy killing and active euthanasia are not permitted under 1994's Measure 16.

Under 1994's Measure 16, physicians and other health care providers may refuse to participate for any reason. If they choose to participate, a detailed process with listed safeguards must be followed before the patient can receive the prescription for medication. The procedure begins when the patient makes the request of his or her physician.

Under 1994's Measure 16, coercing or exerting undue influence on a patient to request medication, or altering or forging a request for medication, is punishable as a Class A felony. The State Health Division is required to review physician documentation and publish statistical reports that respect patient confidentiality.

If passed, Measure 51 would repeal Measure 16, the Oregon Death With Dignity Act.

In order to repeal 1994's Measure 16, the voter must vote yes on this measure.

In order to keep 1994's Measure 16, the voter must vote no on this measure.

Committee Members:

Senator Ken Baker *
Representative Charles Starr *
Barbara Coombs Lee
Eli D. Stutsman
Kathleen Beaufait

Appointed by:

President of the Senate
Speaker of the House
Secretary of State
Secretary of State
Members of the Committee

* Member dissents (does not concur with explanatory statement)

(This committee was appointed to provide an impartial explanation of the ballot measure pursuant to ORS 251.215.)

LEGISLATIVE ARGUMENT IN SUPPORT

The Oregon Legislature recommends a yes vote on Measure 51, which would repeal Measure 16, the 1994 assisted suicide law. Information not available in 1994 which casts doubt on the effectiveness of Measure 16 combined with concern about the inadequacies of the so-called safeguards are the reasons for the recommendation.

Measure 16 permits only the use of lethal drugs for assisted suicide. However, research from the Netherlands and elsewhere (including statements of assisted suicide supporters) indicate that pills alone are not reliable in causing death. As many as 25% of all assisted suicides that rely on pills alone fail, requiring a lethal injection to 'complete' the suicide. Measure 16 prohibits the use of lethal injection, leaving the patient in those cases to experience agonizing, lingering death.

The Legislature also found flaws which presented major difficulties of either 'fixing' or implementing Measure 16.

No Mandatory Counseling. Measure 16 does not require a patient receive mental health counseling. This would permit a depressed person to take his or her own life. Most physicians are not trained to detect depression.

No Mandatory Family Notification. Many families would be devastated to find their loved one had requested assisted-suicide--too late.

No Strong Reporting Requirements. Physicians may not indicate on the death certificate that a death was an assisted suicide. There is no enforceable requirement for physicians to report their assisted suicides to the Oregon Health Division. All records are barred from public review.

No Strong Residency Requirements. Measure 16 does not define the term 'resident' and Oregon lacks a uniform definition of residency. A flood of people coming from other states could create a variety of problems, including the possible costs for the disposal of bodies.

For these and other reasons, the Legislature believes the voters of this state should repeal Measure 16. We urge the voters of this state to reject this flawed and inadequate law by casting a yes vote for Measure 51.

Committee Members:

Senator Eileen Qutub
Representative Lane Shetterly
Representative Charles Starr

Appointed by:

President of the Senate
Speaker of the House
Speaker of the House

(This Joint Legislative Committee appointed to provide legislative argument in support of the ballot measure pursuant to ORS 251.245.)

MEASURE NO. 51

ARGUMENT IN FAVOR

A MESSAGE TO THE PEOPLE OF OREGON FROM THE OREGON MEDICAL ASSOCIATION BALLOT MEASURE 51

In the next three months you will hear a great deal about Measure 51 which, if passed, will repeal Measure 16, Oregon's "Death With Dignity Act" which permits physician-assisted suicide for terminally ill patients.

The Oregon Medical Association (OMA) wants the voters of Oregon to know exactly where we stand on physician-assisted suicide, without interpretation by political coalitions who support or oppose Measure 51.

- **OMA supports and advocates for compassionate and competent palliative (comfort) care at the end of life;**
- **OMA acknowledges that medical efforts to eliminate irreversible and extreme pain at the end of life are an appropriate medical response that may result in hastening the patient's death;**
- **OMA acknowledges patients' legitimate right to autonomy at the end of life, but does not accept the proposition that death with dignity may only be achieved through physician-assisted suicide;**
- **OMA specifically opposes Oregon's Death With Dignity Act as seriously flawed.**

When the Death With Dignity Act passed in 1994, the OMA chose to stay neutral because our 5,500 physician members were narrowly divided on physician-assisted suicide, as were all Oregonians. Oregon physicians have had three years to study the law and we believe it has serious medical deficiencies that will negatively affect the care we provide to seriously ill patients.

While it is clear there continues to be a deep division of opinion on physician-assisted suicide, that won't be the issue when we vote in November.

The question is whether this law is a good one or not.

We don't think it is.

OMA urges you to vote Yes on Measure 51 in November to repeal Oregon's flawed physician-assisted suicide law.

(This information furnished by J.T. Hoggard, MD, President Elect, Oregon Medical Association.)

(This space purchased for \$300 in accordance with ORS 251.255.)

The printing of this argument does not constitute an endorsement by the State of Oregon, nor does the state warrant the accuracy or truth of any statement made in the argument.

ARGUMENT IN FAVOR

Oregon Association of Hospitals and Health Systems

Position Statement on:

Ballot Measure 51

Oregon Association of Hospitals and Health Systems supports the repeal of Oregon's "Death With Dignity Act" and therefore supports a "YES" vote on ballot Measure 51. We are opposed to Oregon's Death With Dignity Act for the following reasons:

We do not believe the concept of "death with dignity" requires the use of physician-assisted suicide as called for in Oregon's "Death With Dignity Act." We support more appropriate alternatives for terminally ill patients, including:

- Active education and involvement of the patient and family in treatment and care decision-making at the end of life;
- Compassionate and competent comfort care at the end of life;
- Aggressive medical efforts to eliminate irreversible and extreme pain at the end of life, recognizing that such treatment may result in hastening the patient's death;
- Improved cooperative and coordinated efforts with Hospice to ensure timely referral;
- Improved education and knowledge for healthcare providers to be more consistent in use of compassionate pain management and anxiety control for patients near the end of life.

There are fundamental problems with the provisions of the Act including:

- Use of oral medications, as proscribed in the act, can be very ineffective and require massive dosages. As a result, the possibility of actually increasing the patient's physical and mental distress is significant.
- Use of oral prescriptions for drugs that are not intended to be lethal can, in a significant number of cases, result in a failed suicide attempt.
- There is no requirement for a psychiatric evaluation for patients requesting physician assisted suicide.
- There is no requirement to notify the patient's family when a potentially lethal prescription is written.
- Physicians are not able to accurately determine when a patient will die and, therefore, when a lethal prescription is appropriate.

The Oregon Association of Hospitals and Health Systems urges voters to vote Yes on Measure 51 to repeal Oregon's flawed and unneeded physician-assisted suicide law.

(This information furnished by Ken Rutledge, Oregon Association of Hospitals and Health Systems.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

The Oregon electorate should vote on November 4, 1997 to repeal the so-called "Death with Dignity" or "doctor assisted suicide" act they previously approved in 1996 by a narrow margin. Humanitarian as well as religious grounds strongly endorse such action. Fortunately, court actions have hitherto hindered this measure from going into effect, postponing at least our state from becoming the death capital of the world, the first political entity to officially allow physicians to cross the line between curing and killing. It would be tragic, if Oregon, so famous for pioneering many things, were to gain the reputation of pioneering this disgrace! And if the electorate does not stop physician assisted suicide, who knows what methods might be enacted next?

With good reason Roman Catholics and most Protestants view suicide in any form as one of the worst possible sins, partly because it would be impossible for a perpetrator to repent of the act.

Life and death rightfully should be left in the hands of God. St. Paul declared, "In Him we live and move and have our being" (Acts 16:28). The divine decree in Ecclesiastes 8:8 thunders, "no one has power over the day of his death" (NIV).

Four different individuals in the Bible sought assisted suicides from God, namely Job, Moses, Elijah, and Jonah. They all prayed for God to kill them. God never answered such prayers, nor will he. To do so would violate his own principle that the human body is the "temple of the Holy Ghost" (I Corinthians 6:19).

The Netherlands is to date the only nation in the world where doctor assisted suicide and euthanasia widely prevails. Yet both practices remain illegal there. Usually the authorities just look the other way. But investigators lament that the practices there are really "no Dutch treat"! Cases surface where by their own initiative some physicians administer death without the decision of the patients.

Oregonians would do well to vote yes on measure 51.

(This information furnished by Raymond Cox, Th.D.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

Doctor/Patient Trust Essential

I have been a medical doctor in Oregon for most of 40 years. This great state has been good to me and my family. I am appalled at the prospect of Oregon becoming the main facilitator of an evil culture of disrespect and incivility at best, and violence and death at worst, all because of a very vocal few who have, I believe, a misguided concept of compassion.

As a physician, I was honored to attend, and not extend, the dying of many wonderful men and women. With God's help, I was never unable to help them to end their lives more easily and contentedly, mainly just through simply caring about them, being there, and meeting their medical needs.

Are we physicians now expected to ignore and deny our oath and ethical code of Hippocrates-- "The regimen I adopt shall be for the benefit of my patients according to my ability and judgment, and not for their hurt or for any wrong. I will give no deadly drug to any, though it be asked of me, nor will I counsel such, and especially I will not aid a woman to procure abortion".

Can we really afford to ignore our pledge of allegiance "to one nation under God" and deny His dominion over us by again usurping His power of life and death? It continues to be our ultimate human arrogance to take what we cannot replace.

Do we really want to not be able to consistently trust our caregivers with our health and lives?

Are our individual rights more important than our responsibilities to each other and society as a whole?

Is not reverence for life from God the basis for all ethics, morality, civility, peace, and love-- and disrespect for life the basis for their destruction?

Chesterton said, "Before you take down a wall, be sure you understand why it was put there in the first place". The Netherlands and the Nazi doctors are tragic examples.

I know I need not remind Oregonians that the worth of a nation (or state) is measured by how well it cares for its more vulnerable.

Please vote yes on Measure 51.

Joseph H. Eusterman, MD

(This information furnished by Joseph H. Eusterman, M.D.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

STATEMENT IN SUPPORT OF REPEAL OF THE PHYSICIAN-ASSISTED SUICIDE LAW IN OREGON

Providence Health System is honored to serve people throughout Oregon with a wide range of physician, hospital, home care and hospice services. It is from our deep experience in caring for persons with life-threatening illness and their families that we find the following reasons to support repeal of the physician-assisted suicide law in Oregon:

1. **By legalizing the ability of physicians to hasten death through assisted suicide, the law will adversely change the nature of the physician-patient relationship.** Physicians, health plans, and health systems risk the loss of patients' trust that their doctors will always provide or advocate for appropriate treatment, relief of their pain and symptoms, and facilitation of a compassionate and peaceful death.
2. **Health care providers need more time to show that pain management, hospice care, and other forms of support for dying persons do work.** With recent legislation on advance directives and end-of-life treatment, advancements in pain and symptom management, and the widespread availability of hospice care, the needs of dying persons and their families can effectively be met. And more is being done: organizations across the country are working to continue improving the health system and building community-based systems of care for persons who are dying and their families. We should allow these efforts to demonstrate their ability to improve the quality of our living and dying.
3. **The law reinforces the view that dying people are an unnecessary burden.** Because the law's provisions on mental health counseling and family notification are not mandatory, people diagnosed with a terminal illness may request suicide in the absence of other needed support. This law will reinforce the view that dying people are an undue burden to society, and provide a legitimate way of turning away from people during this critical period of their lives.

Please vote YES on Ballot Measure 51.

(This information furnished by John P. Lee, Providence Health System.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

OHSU Medical Students Support Measure 51

Under Measure 16 the consistent ethics to which our profession has ascribed for the past 2400 years are in danger of being discarded. These include the promises to "First do no harm" and "I will not give a deadly drug to anyone even if asked for it."

As future physicians, we see serious flaws in Measure 16. We know that doctors cannot accurately predict an individual's quality and quantity of remaining life. None of us will be able to accurately diagnose a 6-month life expectancy by the time our training is completed.

Two groups in the medical profession most ardently opposed to physician-assisted suicide are hospice workers and advocates for persons with disabilities. Their opposition sends us the message that the easy way to treat suffering is not the best way. These professionals understand that we need training in palliative care and advances in pain management and not in how to write prescriptions for lethal medications. We do not have to end life in order to end suffering. Quality end-of-life care must continue to be a fundamental part of our medical education.

Traditionally, doctors have been taught to view a suicidal tendency as a call for help. We maintain that the appropriate treatment for a person seeking an end to life is to employ methods that eliminate the reason for the despair rather than the person in despair.

We are training to save lives, not terminate them. We urge the people of Oregon to keep compassion in medicine by repealing Measure 16 today.

Nicole Alexander
Eric Anderson
Jonathan Anderson
Peter Bessas
Anatoly Brodsky
Michael Dixon
Jeff Douglass
James French
Erik Gilbert
Thomas Gilberts
Amy Grimsrud
Andrea Grout

Heather Marshall
Stephen Morgan
Lawrence Neville
James Obester Jr.
Sara Philip
Sean Ponce
Karie Praszek
Kerry Rasmussen
Krysta Schlis
Daniel Toweill
Christopher Zoolkoski

(This information furnished by Christopher Zoolkoski & Peter Bessas, OHSU Medical Students for Measure 51.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

The effort to repeal Oregon's Measure 16, is not as much about assisted suicide as it is about a flawed law - a fatally flawed law. That is why doctors, nurses, hospice workers - people across the state of Oregon - support Measure 51.

OREGON MEDICAL ASSOCIATION

"OMA urges you to vote Yes on Measure 51 in November to repeal Oregon's flawed physician-assisted suicide law."
(Oregonian 8/17/97)

PRESIDENT BILL CLINTON

"I believe it (assisted suicide) is wrong and I have always believed it to be wrong. The risks and consequences of physician-assisted are simply too great." (Official Statement 6/26/97)

"The Oregon Hospice Association is concerned that Oregon's assisted suicide law is not a good law, regardless of what an individual's position may be on physician-assisted suicide. But we are most concerned that Oregonians do not vote to keep Oregon's assisted suicide law because they believe their only choice is to suffer."

ANN JACKSON, OREGON HOSPICE ASSOCIATION

SENATOR MARK O. HATFIELD

"During the 46 years I was honored to represent Oregonians in public office, I confronted many difficult and complex issues. I found that the greatest challenge was to stand firm when confronted with flawed solutions to very real human problems, and to reject the tempting, but simplistic answer. Though now retired from office, I still feel a great sense of commitment to stay true to this conviction. That is why I am asking you to join me in supporting Measure 51."

"AS ONE OF THE STATE'S LARGEST ADVOCACY GROUPS FOR SENIORS, WE ARE DEEPLY CONCERNED ABOUT OREGON'S ASSISTED SUICIDE LAW, AND THE THREAT THIS DANGEROUS LAW POSES TO OREGON'S SENIORS. THAT IS WHY THE OREGON STATE COUNCIL OF SENIOR CITIZENS ENDORSES THE PASSAGE OF MEASURE 51."
OREGON STATE COUNCIL OF SENIOR CITIZENS

if we are going to repeal Oregon's fatally flawed assisted suicide law, we cannot make this stand alone. It will take all of us. Please vote yes on Measure 51.

(This information furnished by Trish Conrad, Yes on 51 Committee.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

Most people know of someone diagnosed with a life-threatening illness, such as cancer, who overcame the odds and lived. As amazing as it may seem, this happens frequently. If a doctor did, by some chance, make a mistake and a patient really wasn't terminal, wouldn't that be a cause for celebration? Not with Oregon's seriously flawed assisted suicide law. Under this poorly written law, the misdiagnosed patient may die anyway.

The law allows physicians, who are quite capable of making mistakes, to write prescriptions for lethal pills to end the lives of patients diagnosed with less than six months to live. And the prescription could actually be requested over the telephone, not in person. The physician does not even need to be present at the time of the suicide attempt.

The fact is that 50% of Oregon's doctors say they cannot accurately predict when someone will die. According to an editorial by two prominent pathologists, autopsies show pre-death diagnoses were wrong in 10-15% of all hospital cases where deaths occur.

No matter how well intentioned doctors may be, and no matter how authoritative their research and tests may appear, they can, and do, make mistakes. Oregon's assisted suicide law will turn these mistakes into deaths for patients who might otherwise have survived their illnesses and gone on to live healthy, happy and productive lives. This is a risk I am not willing to take.

No wonder the Oregon Medical Association recently declared that it "...urges you to vote Yes on Measure 51 in November to repeal Oregon's flawed physician-assisted suicide law." (Oregonian, 8/17/97). Please join them, and me, in voting **YES ON MEASURE 51!**

Benneth Husted, M.D.

(This information furnished by Benneth Husted, DO.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

A PERSONAL MESSAGE FROM SENATOR MARK O. HATFIELD

During the 46 years I was honored to represent Oregonians in public office, I confronted many difficult and complex issues. I found that the greatest challenge was to stand firm when confronted with flawed solutions to very real human problems, and to reject the tempting, but simplistic answer. Though now retired from office, I still feel a great sense of commitment to stay true to this conviction. That is why I am asking you to join me in supporting Measure 51.

When the American Medical Association addressed Congress last year, they stressed the need to more aptly and compassionately care for the terminally ill. "The movement for legally sanctioning physician-assisted suicide is a sign of society's failure to address the complex issues raised at the end of life....Our response should be a better informed medical profession and public, working together to preserve fundamental human values at the end of life."¹ I could not agree more.

After careful consideration, I have found that the numerous flaws in Oregon's assisted suicide law outweigh any potential relief for our terminally ill.

- It lacks the safeguards needed to protect our most vulnerable citizens, such as seniors with limited resources who fear becoming an economic burden on their loved ones.
- It fails to require mental health counseling for patients seeking assisted suicide. Undetected or untreated depression could effect the patient's ability to truly consider the consequences of this choice.
- It relies upon a doctor's ability to accurately predict how long a terminal patient has to live, while they admit they cannot in 50% of all cases.

While you may even support the concept of assisted suicide, I am sure you would not want a dangerously flawed law. **Oregon deserves better.**

Please join me. **Vote yes on Measure 51.**

¹ AMA Statement, House Judiciary Subcommittee, 4/29/96.

(This information furnished by Trish Conrad, Yes on 51 Committee.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

An important message from the Oregon State Council of Senior Citizens

As one of this state's largest advocacy groups for seniors, we are deeply concerned about Oregon's assisted suicide law, and the threat this dangerous law poses to the well being of Oregon's seniors. **That is why the Oregon State Council of Senior Citizens endorses the passage Measure 51.**

Senior citizens coping with their own terminal illness should not have to face this traumatic situation alone. Certainly, no senior citizen should have to make the decision of ending their own life without the support of loved ones. But, this law does not require family notification of the decision to commit assisted suicide. A senior citizen could take their own life in complete isolation, and in terrible fear. Not even the patient's physician need be present.

This law also victimizes seniors suffering from the emotional devastation that often accompanies a diagnosis of terminal illness. Without a requirement for mental health counseling, or a waiting period that allows sufficient time to make an emotional adjustment to the diagnosis, a patient could resort to assisted suicide without truly considering or comprehending the consequences of this very final decision.

Under this assisted suicide law, the "right to die" could become the "duty to die" for many of Oregon's seniors. Rising health care costs coupled with dwindling resources could pressure seniors to end their lives rather than become an economic burden on their family. It would be tragic if money became the controlling factor in a senior's decision to end their life, but this could certainly be the case if we retain this fatally flawed assisted suicide law.

Oregon's assisted suicide law targets some of the most vulnerable people in our society. **That is why the Oregon State Council of Senior Citizens urges you to join them in repealing this dangerously flawed law – VOTE YES ON MEASURE 51!**

(This information furnished by James A. Davis, D.Ed., Oregon State Council of Senior Citizens.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

ASSISTED SUICIDE LAW LACKS SAFEGUARDS

There is no more final decision than a terminally ill person choosing assisted suicide. It is a serious decision that cannot be taken lightly. Any law that permits assisted suicide must include safeguards that ensure this decision is not made recklessly.

Unfortunately, Oregon's assisted suicide law does not. The current law lacks adequate safeguards.

There is no requirement for mental health counseling. The decision to refer a patient for consultation is solely at the doctor's discretion, who often lacks the training necessary to detect depression or mental illness. Under this law, a patient diagnosed with terminal illness could suffer depression and choose suicide without truly considering the consequences of such a drastic step.

The waiting period is too short. Fifteen days does not give a person receiving the emotionally devastating diagnosis of terminal illness sufficient time to mentally adjust and consider the options clearly. This recovery could take up to five weeks.

There is no real residency requirement. Since "resident of Oregon" is not specifically defined, people from out-of-state, like California or Washington, could come to Oregon just to commit suicide. This would make Oregon the "death capital" of the nation and taxpayer money might be needed for the burial of the victims.

It lacks strong reporting requirements. There is no enforceable mandate for doctors to report their assisted suicides and doctors are not allowed to indicate assisted suicides on death certificates. Only a "sample" of records needs to be reviewed by the proper authorities and these records are barred from public examination. Tracking abuses under the current law will be nearly impossible. If the death is an assisted suicide, why not record it as death by assisted suicide?

As a hospice nurse, I believe the terminally ill, and all Oregonians, deserve an assisted suicide law that includes adequate protections. This law does not. It should be repealed. **Please vote Yes on Measure 51!**

David A. Abbott, R.N.

(This information furnished by David A. Abbott R.N.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

Oregon Pharmacist Opposes Assisted Suicide Law

As a licensed pharmacist in the state of Oregon, I must speak up concerning this vague and badly-written assisted suicide law which changes the role of all pharmacists dramatically.

For many years the pharmacy profession has been regarded as highly respected by all, because **your life, health and well-being** has been highly respected by your pharmacist.

Unlike the physicians, the pharmacists may not have the use of the "freedom of conscience" clause, which would permit them to refuse to participate in assisted suicides. The law provides no specific legal protections for the pharmacist when a prescription for a lethal drug is filled.

There could be an enormous increase in malpractice suits in the state, as a result of this badly-written law. There is a 25% possibility that the patient will live after swallowing the prescribed pills, perhaps suffering a painful reaction to the drugs and possibly being worse off than before.

This lack of legal protection means pharmacists could find themselves hard-pressed to obtain malpractice coverage if they dispense lethal drugs.

Oregon's assisted suicide law threatens the integrity of my profession, and endangers my ability to perform my work. Please vote to repeal it by voting Yes on 51.

John Gabaldon R. Ph.

(This information furnished by John Gabaldon R. Ph.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

OREGON PHYSICIANS FAVOR MEASURE 51

In 1994, many physicians in Oregon were unaware of significant issues and risks associated with Measure 16. In the three years since the narrow passage of Measure 16, physicians in Oregon have seriously studied, evaluated and are now responding to Measure 16.

The more we have learned, the more we realize the significant harm and danger of Measure 16. It will be harmful to patients and to physicians. Measure 16 represents a reversal from the proper role of physician as healer, comforter, consoler; to an improper role of helping patients commit suicide, where physicians provide the means and the instructions. Physician-assisted suicide is really "physician-directed suicide" because it uses the physician's prescription, which is a written "order or direction" to the patient. How can physicians now order and direct the death of patients?

We should not be misled by the faulty evidence and reasoning that has been used to promote Measure 16. Physicians must use and continue to improve their knowledge and skills in order to comfort and care for patients, not to encourage and assist in their death. We do not want to learn how to kill patients. Those of us who are teaching physicians do not want to teach medical students, interns, or residents how to perform physician-assisted suicide.

Measure 16 will have a devastating effect on the practice of medicine in Oregon. It will have a devastating effect on patients and their ability to trust their physicians.

The Oregon Medical Association has carefully and thoroughly evaluated Measure 16, and overwhelmingly "opposes Measure 16 as seriously flawed". (*Oregonian*, August 17, 1997)

It is critical for Oregonians to reject Measure 16 by voting Yes on Measure 51.

Lynne Bissonnette MD PhD
Richard L. DeKlotz MD
John W. Kendall MD
Naima S. Panow MD
William M. Petty MD
Thomas M. Pitre MD
Donald Schroeder MD
William L. Toffler MD
Fran Yuhans MD

(This information furnished by W. L. Toffler, MD.)

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ARGUMENT IN FAVOR

'Right to Die' Becomes 'Duty to Die'

Doctors serve the sick by curing disease when possible and/or providing 'comfort care' to relieve suffering. In Holland for two decades, laws have allowed doctors to kill informed and rational terminally-ill patients at their request, using pills (assisted suicide) and/or lethal injection (euthanasia). Oregon's Measure 16 identifies such a patient group.

Despite written safeguards (stronger than those in Measure 16), Dutch doctors have expanded assisted suicide and euthanasia to include other patients. At least 21-30% of all patients receiving assisted suicide or euthanasia are killed without their consent, often as a convenience for doctors and/or families. Consequently, Dutch comfort care is underdeveloped. Many patients there must choose to be killed to get pain relief.

Holland provides free health care for all its people, so money issues do not impact their patients, families and doctors. By contrast, American health care is heavily money-driven. Many patients have no insurance, being poor or have become poor paying for expensive health care. Many others are treated under capitation payment systems imposed by medical and government bureaucracies, having doctors pay for their patient's care. Doctors, CEOs and stockholders thus profit from earlier deaths of 'expensive' patients. Patients often feel guilty for being a burden to their families. For them, the 'right to die' becomes the 'duty to die'.

WJ Smith put it bluntly in *'Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder'*, 1997, page 14: "The day doctors are legally allowed to kill patients, Wall Street investors in for-profit HMOs will be dancing in the streets." We must restructure our health care system and improve pain management, not do the easiest and cheapest thing by killing patients.

Please vote YES on Measure 51 to prevent implementation of Measure 16.

Miles Edwards, M.D.
Lung Specialist (retired),
Portland.
Rob Boone, M.D.
Cancer Specialist,
Bend.
James Chesnutt, M.D.
Family Practice,
Portland

(This information furnished by Miles J. Edwards, M.D.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

Deceit is no basis for sound public policy in Oregon or anywhere else. Yet, deceit was used to mislead voters into supporting Oregon's assisted suicide law in 1994.

A chief spokeswoman for assisted suicide appeared in television commercials telling Oregonians how her dying daughter had slipped away peacefully after taking a lethal dose of pills. However, that was not the whole story.

In reality, her mother later admitted what the pills caused was so gruesome, her son was tempted to suffocate the girl with a pillow. "In the end, Rosen, a registered nurse, said she 'hit a vein,' suggesting she had to use an injection to end her daughter's life." (Mark O'Keefe, *Oregonian* 6/29/97).

The voters were not told that the key flaw in Oregon's assisted suicide law was clearly represented in that case – pills don't work. They have a failure rate as high as 25%, a figure admitted to by one of assisted suicide's strongest supporters, "right to die" advocate and Hemlock Society President, Derek Humphrey.

In addition to this potential for failure, the law's lethal pills can have dreadful, unintended side effects. After swallowing the suggested dose of 60-100 pills, many people suffer vomiting, convulsions and brain damage. Victims may suffer in agony for days.

Since this fatally flawed law does not allow for lethal injection to end the drug-induced trauma, the ghastly option of suffocating the suffering patient by placing a plastic bag over their head may be the only other available option to "complete" this clearly less than dignified suicide.

Had Oregonians been told in 1994 that the assisted suicide law's sole method (lethal pills) was ineffective and unreliable, leaving only suffocation as a sure way to "finish the job," would they still have voted the same way?

Now that we know the rest of the story, I urge you to repeal Oregon's fatally flawed assisted suicide law.

VOTE YES ON MEASURE 51!

Dr. N. Gregory Hamilton

(This information furnished by Dr. N. Gregory Hamilton.)

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ARGUMENT IN FAVOR

MEASURE 16 DESTROYS TRUST BETWEEN PATIENT AND PHYSICIAN

In addition to 30 years experience as a physician treating over 8000 cancer patients in Oregon, I have personal experience regarding the harmful effects of physician-assisted suicide on trust in the relationship between patient and physician.

We had been married for 18 years and had 6 children. For three years my wife had been suffering from advancing malignant lymphoma. It had spread from the lymph nodes to her brain, to her spinal cord and to her bones. She had received extensive chemotherapy and radiation treatments. She required considerable pain medication, antidepressants and other supportive measures. In late May, 1982, we met again with her physician to review what more could be done. It was obvious that there was no further treatment which would halt the cancer's progressive nature.

As we were about to leave his office, her physician said, "Well, I could write a prescription for an 'extra large' amount of pain medication for you." He did not say it was for her to hasten her death, but she and I both felt his intended message. We knew that was the intent of his words. We declined the prescription.

As I helped her to our car, she said, "He wants me to kill myself." She and I were devastated. How could her trusted physician subtly suggest to her that she take her own life with lethal drugs? We had felt much discouragement during the prior three years, but not the deep despair that we felt at that time when her physician, her trusted physician, subtly suggested that suicide should be considered. His subtle message to her was, "Your life is no longer of value, you are better off dead."

Six days later she died peacefully, naturally, with dignity and at ease in her bed, without the suggested lethal drugs.

MEASURE 16 DESTROYS TRUST BETWEEN PATIENT AND PHYSICIAN

VOTE YES ON 51

Kenneth R. Stevens, Jr., M.D.

(This information furnished by Kenneth R. Stevens, Jr., MD.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

"The OMA specifically opposes Oregon's Death With Dignity Act as seriously flawed." (*Oregonian*, 8/17/97). In doing so, they have joined physicians across the nation calling for the repeal Oregon's dangerously flawed assisted suicide law.

While many of these flaws are evident to even the most casual observer, my overriding concern is the way this law compromises the integrity of the medical profession, and my ability to treat patients in a humane and dignified fashion.

As a physician who treats cancer patients on a daily basis, I understand the need for uncompromising care at the end of life. Oregon's assisted suicide law does nothing to address that need.

- It is neither humane nor dignified to prescribe a dose of 60 to 100 pills to a terminally ill patient. Even if they are able to swallow them, they still may suffer a lingering coma or a prolonged, painful death.
- There is nothing compassionate about saying, "There is nothing more I can do," writing a prescription, and wishing the patient, "good luck." The law allows the physician to take no responsibility, while giving them a new lethal power.
- It is wrong to allow a patient to request a lethal prescription by telephone. It is also wrong to allow a patient to take those pills without the physician present, leaving the physician with no control over when the event occurs or its outcome.
- The law lowers the standard of medical care. It allows doctors to act negligently and not be held liable for botched suicide attempts, or inadequate end of life care.
- The law is open to abuse as it fails to require strict record keeping on the number of assisted suicides.

The OMA is right to call for the repeal of Oregon's flawed assisted suicide law. Any physician committed to compassionate care of the dying will agree.

VOTE YES ON MEASURE 51!

Dr. Gary L. Lee
Oncology Associates of Oregon

(This information furnished by Gary L. Lee, M.D.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

Undignified Death After Suicide Attempt

In my earlier career as an ICU physician, I saw many people die. The case that stands out to me as the most tragic was that of a young man in his early 20s who had attempted suicide (after break-up with his girl friend). The evening before I first met him, he had swallowed over 60 Seconal tablets (the same medication and dose recommended by proponents of assisted suicide). He then became unconscious and then vomited his full stomach contents into his lungs (a common consequence of this scenario).

By the time he arrived in our ICU, he was regaining consciousness (the Seconal 'wearing off') and was coughing up much very smelly sputum (like that of a watery diarrhea). We diagnosed this condition as aspiration pneumonia with 'putrid' lung abscesses. The bacterial organisms causing such a pneumonia are bowel bacteria similar to those in diarrhea. I performed a bronchoscopy and observed very burned appearing, inflamed airway membranes with copious foul brownish fluid coming from extensive areas of the lungs.

This young man suffered not only the physical discomfort of tasting this putrid sputum but was very embarrassed by realizing he smelled so bad to others. The room reeked with the smell. He greatly regretted his suicide attempt and wanted to live. Unfortunately, despite our giving him massive doses of antibiotics, he died of this pneumonia two days later. It stands out as the most undignified death I ever witnessed in 35 years of medical practice.

The Dutch experience tells us that about 20-25% of assisted suicide attempts 'fail', patients don't die immediately as planned. One of the leading complications of this approach is aspiration pneumonia as with this unfortunate young man, a scenario which will be particularly likely in already nauseated cancer patients.

Please vote YES on Measure 51 to prevent implementation of Measure 16.

Miles Edwards, M.D.
Lung Specialist (retired),
Portland.

(This information furnished by Miles J. Edwards, M.D.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

ORAL MEDICATIONS DON'T WORK

People attempting suicide with medications fail to kill themselves from 20% to 88% of the time. The only method of suicide specified in Measure 16 is by ingestion, which means taking medicine by mouth.

The most effective medicines to cause death are the old fashioned sleeping pills, the barbiturates. They are bitter and cause nausea and vomiting. They must be swallowed rapidly and kept down in large amounts to cause death.

Most terminally ill people have difficulty eating rapidly or keeping food and medicines down. Cancer patients lose their appetites and vomit easily. Patients with heart failure or pulmonary failure have difficulty breathing and so eat slowly. People with neurological disorders often eat slowly.

So the target population for physician assisted suicide, the terminally ill, will not be able to commit suicide under Measure 16.

MEASURE 16 IS NOT DEATH WITH DIGNITY. VOTE YES ON MEASURE 51 TO REPEAL MEASURE 16.

William M. Petty, M.D.,
Gynecologic Oncology

(This information furnished by William M. Petty, MD, Oncologist.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN FAVOR

WHY WE PHYSICIANS FAVOR MEASURE 51

Measure 16 is Harmful to Patients.

- Surveys have shown that cancer patients and AIDS patients with pain are more likely than others to oppose physician-assisted suicide.
- These patients view Measure 16 with alarm and are concerned it may decrease access to proper pain treatment.
- Oral lethal drugs used in physician-assisted suicide are not effective 25% of the time, and may increase discomfort in dying.
- Economics of managed care and catastrophic illness may encourage vulnerable patients to choose physician-assisted suicide.
- Economics of managed care and catastrophic illness may result in physicians biasing patients to choose physician-assisted suicide.

Measure 16 is Harmful to Physicians

- A prescription is a directive and order from a physician; Measure 16 results in physicians directing the death of their patients.
- Measure 16 is destructive to the trust in the patient-physician relationship.
- Measure 16 has a harmful psychological effect on physicians who may be involved with directing the death of their patients.
- Psychiatrists become gate-keepers of physician-assisted suicide.

Measure 16 is Harmful to Society

- The very ill and weak are most vulnerable to influence by others to choose physician-assisted suicide.
- The value of terminally ill individuals is decreased.
- Suicide may be looked upon as a proper response to life's difficulties.
- Access to proper medical care for the very ill may decrease.
- Measure 16, over time, may encourage a cultural shift to a duty to die.

As caring physicians we urge your support for Measure 51 and the repeal of Measure 16.

VOTE YES ON MEASURE 51

Gerald B. Ahmann MD
Joseph P. Amato MD
William M. Bennett MD
William E. Connor MD
Pam Edwards MD
Jerry Flaming MD
Milton D. Hyman MD
Selma Hyman MD
John W. Kendall MD
Laura A. Miller MD

Leon Harrington MD
Mark O'Hollaren MD
Donald Orwick MD
William M. Petty MD
Jana M. Reddoch MD
Neal Rendleman MD
Paul C. Tseng MD
Thomas Van Veen MD
Earl Van Volkinburg MD

(This information furnished by William M. Petty, MD, Oncologist.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

MEASURE 16 DISCOUNTS THE DISABLED

Being disabled, I know the discrimination and abuse that is directed toward anyone in our society perceived as "different" or outside the mainstream. Many challenge the contributions that disabled people make to our society, considering them "burdens," or as not making positive contributions.

This image is slowly changing. Recent years have seen progress in recognizing the rights of the disabled. Passage of the landmark Americans with Disabilities Act (ADA) in 1990 is a prime example.

However, I and many other disabled people, fear that Oregon's dangerously flawed assisted suicide law will reverse this progress and be a step backward to the days when the disabled were seen as "expendable."

This faulty law discriminates against those disabled by terminal illness, withholding from them the same protections from premature termination of life that others enjoy. This law deems the life of a person suffering a terminal illness less worthy of the state's protection than the life of a healthy, able-bodied person.

Oregon's law poses additional dangers to the disabled. By defining "terminal illness" vaguely, countless disabling conditions could qualify as "terminal." A new spinal cord injury is one example. The law allows individuals with certain disabilities to die within fifteen days of the first request, before gaining access to available therapies and rehabilitation.

Members of vulnerable groups are destined to become the chief victims of assisted suicide. A disabled person could see the "right to die" become the "duty to die," as subtle pressure for assisted suicide surfaces due to financial considerations, fears of being a burden on the family or a lack of independent living opportunities.

Let's not reverse the progress society has made in recognizing and responding to the rights and needs of the disabled. **Please vote Yes on Measure 51.**

**Ellie Jenny
Founder, Not Dead Yet - Oregon**

(This information furnished by Ellie Jenny, Not Dead Yet.)

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ARGUMENT IN FAVOR

Statement of Endorsement

Measure 51

We stand united in opposition to any legislation promoting assisted suicide.

Optimal management of end-of-life issues can be achieved.

We urge all voters to understand the distinction between active termination and compassionate treatment.

Barbara A. Zavanelli-Morgan, MD
Endocrinologist

Stuart Morgan, MD
Internist

(This information furnished by Barbara A. Zavanelli-Morgan, MD.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

MEASURE 16 SUPPORTERS OPEN DOOR TO DEATH MACHINES

In 1994, Measure 16 supporters told the citizens of Oregon that Measure 16 was for lethal drugs to be swallowed by the patients. Yet, one of the many flaws in Measure 16 is that pills cannot always be swallowed and don't always work.

The supporters of Measure 16 told us in 1994 and told the legislature in 1997 that Measure 16 did not permit Kervorkian-style suicide machines.

Now they say the opposite!

In the Oregon Health Law Manual, published in August, 1997, Coombs Lee, Stutsman and Hagan write that the "route of administration" of lethal drugs "is also discretionary". They now suggest that Kervorkian-style inhalation of lethal gas and intravenous infusions (allowing lethal drugs to flow through IV tubing by gravity) "may be used" by the patient, depending on judicial interpretation.

This is not what the voters of Oregon understood in 1994.

Have the voters of Oregon been tricked into legalizing being gassed, having lethal drugs flowing into their IV tubing and calling it something other than lethal injection or death machines?

Measure 16 supporters have said that no one wanted "infusion pumps" or Kervorkian-style death-machines. Yet they now say that those same devices may be permitted under the scope of Measure 16.

- Measure 16 is seriously flawed.
- Voters thought they were voting for pills.
- Pills fail frequently and can result in lingering deaths.
- Voters didn't want death machines.
- Lethal gas machines may be permitted.
- Voters didn't want lethal drugs in their IV tubing.
- Lethal drugs in IV tubing may be permitted.
- Death machines can be abused to kill patients without their permission.

VOTE YES ON MEASURE 51

REPEAL MEASURE 16

Robert W. DuPriest MD
N. Gregory Hamilton MD
Mark A. Kallgren MD
Mark A. Kummer MD
R. Eugene Lienert MD
Leonard W. Ritzmann MD
Kenneth R. Stevens MD
William L. Toffler MD

(This information furnished by N. Gregory Hamilton, MD.)

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ARGUMENT IN FAVOR

MEASURE 16 IS "FATALLY FLAWED" VOTE YES ON 51 FOR ITS REPEAL

Recently, the Oregon Medical Association publicly urged a YES vote on Measure 51 to repeal Oregon's assisted suicide law. The physicians of Oregon noted that Measure 16 is "fatally flawed" and should be repealed. What is meant by the term "fatally flawed"?

The answer resides in the drugs that would be used. In particular, physician assisted suicide relies on the use of alcohol and an old-fashioned class of drugs called barbiturates, both drugs administered orally, rather than injected into a vein. Administered orally, alcohol and barbiturates merely induce a deep sleep. They do not stop the heart and only rarely do they stop breathing. However, they can cause a lack of oxygen sufficient to cause permanent and irreversible brain damage. To "complete" the suicide, one places a pillow or plastic bag over the victim's head and waits for the person to die by suffocation.

To effectively cause death, euthanasia must utilize injected drugs that stop the heart and stop breathing (for example, intravenous potassium chloride and curare). In such instance, death invariably follows (as in lethal injections for criminal executions). Potassium and curare, however, must be given by injection (they are not effective when taken by mouth) and the victim must be watched by a physician and family until he/she is dead. Is this what Oregon voters really want? I think not!

The evidence is clear that orally administered alcohol and barbiturates are ineffective, and that lethal injection is the only reliable method to bring about death. Proposition 16, however, appears to forbid such action. Measure 16 may be a first step (approval of a "fatally flawed," ineffective method) as a prelude to euthanasia by lethal injection.

Please vote YES on Measure 51 to repeal Oregon's fatally flawed physician-assisted suicide law and stop the move towards euthanasia by lethal injection.

Robert M. Julien, M.D., Ph.D.
Physician, author and pharmacologist
Portland, Oregon

(This information furnished by Robert M. Julien, M.D., Ph.D., Physician, author, and pharmacologist.)

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MEASURE NO. 51

ARGUMENT IN FAVOR

PATIENTS IN PAIN FEAR MEASURE 16

One of the chief arguments used to justify Measure 16, is that it would provide and "out" for terminally-ill individuals having pain.

Yet, cancer patients with pain regard physician-assisted suicide (Measure 16) as a threat to their receiving proper medical care.

The public, and even some physicians, are not aware of the new information regarding the fear of physician-assisted suicide and euthanasia by cancer patients and by AIDS patients with experience with pain.

Medical research has shown the following:

- Cancer patients and AIDS patients with pain are more likely than others to oppose legalizing physician-assisted suicide or euthanasia.
- Cancer patients experiencing pain are less likely to trust a doctor if physician-assisted suicide or euthanasia is mentioned as part of a discussion of care at the end of life.
- Cancer patients in pain were more likely to switch physicians if their doctor mentioned that they would be willing to perform euthanasia or physician-assisted suicide.
- In The Netherlands, pain was the only reason for euthanasia in just 10% of cases and a contributing factor in less than 50% of cases.
- Patients in pain do not view physician-assisted suicide or euthanasia as an appropriate response to inadequate pain management; they want to get rid of the pain in the patient, not get rid of the patient in pain.
- Cancer patients in pain are suspicious that if euthanasia or physician-assisted suicide are legalized, the medical care system may not focus sufficient resources on pain relief and palliative care.
- Elderly patients are more likely to oppose physician-assisted suicide than are their relatives.

References:

1. The Lancet, 347:1805-1810, 1996.
2. Drug Use in Assisted Suicide and Euthanasia, Pharmaceutical Products Press, 1996, pp. 91-111.
3. Archives Internal Medicine 156:2240-2248, 1996.
4. The Atlantic Monthly, March, 1997, pp. 73-79.

PROTECT PATIENTS WITH PAIN
PROTECT THE VULNERABLE ELDERLY
VOTE YES ON MEASURE 51

Ward Buckingham MD
Thomas Comerford MD
Carl Jenson MD
Kenneth Stevens MD
John Vetto MD

(This information furnished by Kenneth R. Stevens, Jr., MD.)

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ARGUMENT IN FAVOR

Measure 16 poses a striking danger to residents of Oregon and its quality of life. As residents of Eastern Oregon we are alarmed by the following serious concerns:

Oregon voters were misled by pro-Measure 16 forces in 1994. The most glaring example was the chief spokesperson for the Measure 16 media campaign claiming that her daughter had "slipped peacefully away" after she was given lethal pills. She now admits the pills didn't work so she gave her daughter a lethal injection. (*Oregonian* 11-4-94)

Up to 100 pills must be taken, often causing difficulties leading to an agonizing lengthy death.

Measure 16 doesn't require counseling nor family notification before a loved one is put to death.

Measure 16 doesn't define who is a resident of Oregon. Quite likely people will flock to Oregon from other states to commit suicide, leaving Oregonians to pay for the burial of the bodies. There is no provision for anyone to verify the patient's actual place of residence. Oregon should be known as a great place to live, not a great place to die!

Measure 16 goes against medical traditions of western civilization. It is a violation of the Hippocratic Oath, "I will give no deadly medicine to any if asked, nor suggest any such counsel." The OMA recently declared that they urge Oregonians to vote yes for the repeal of "Oregon's flawed physician-assisted suicide law." (*Oregonian* 8-17-97)

Presently suicide is one of the leading causes of death among teenagers. We fear Measure 16 will accelerate this trend by giving youth the message that society wholeheartedly supports suicide!

This summer in a rare unanimous decision the United States Supreme Court justices were of one mind that there is no constitutional "right to die". (*Oregonian* 8-7-97)

A fully informed Oregon electorate has the opportunity to repeal this seriously flawed assisted-suicide law.

VOTE YES ON MEASURE 51.

(This information furnished by David Lodzinski, Friends of Malheur and Harney Counties.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

**Oregon's Legislature was Wrong to Send Measure 16 Back to the Ballot.
Oregon Voters Have Already Spoken**

Oregon's Legislature is Trying to Thwart the Will of Voters... Again

627,980 Oregon voters approved the Oregon Death With Dignity Act (1994's Measure 16).
52 legislators overturned the will of voters and are forcing us to vote on the very same law again.

When Oregon's legislature sent the Death With Dignity law back to the ballot, they told us that we just didn't know what we were doing when we passed Measure 16.

The Legislature says it doesn't trust that voters made the right choice.
They said vote on the same law again.

It's an insult to voters that this election is even being held.
Worse yet, it's costing taxpayers nearly \$1 million to hold this election.

We urge you to read the Legislative Argument in Support of Measure 51, the Legislature's chance to tell you why you're voting on the very same law again. Ask yourself if there are any new issues listed there, or if these are just the same old political arguments we heard in 1994.

So why are we voting again?

Because our political opponents, with their powerful lobbyists and their minions in the Legislature, just didn't like the result the first time around.

Now its up to voters.

A NO vote on Measure 51 is our chance to tell Legislators to keep their hands off of our initiative process... and ensure that dying Oregonians have the right to control their own end of life decisions.

To the Legislature, it's just politics as usual.

To terminally ill Oregonians, it's a choice between dying on their own terms... or on someone else's.

Don't let the Legislature take your vote away.

Get government out of this most personal decision of a dying person.

Please Vote No on Measure 51.

Barbara Coombs Lee, Elven Sinnard, Dr. Peter Goodwin
Chief Petitioners of Measure 16

(This information furnished by Barbara Coombs Lee and Elven "Al" Sinnard, Oregon Right to Die; and Peter Goodwin, M.D., Physicians for Death with Dignity.)

(This space purchased for \$300 in accordance with ORS 251.255.)

The printing of this argument does not constitute an endorsement by the State of Oregon, nor does the state warrant the accuracy or truth of any statement made in the argument.

ARGUMENT IN OPPOSITION

**We are Oregonians who suffer with terminal diseases.
Let us keep the freedom of choice in this last great decision of our lives.**

We know we may soon face the pain, suffering and disability of the final stages of our illnesses.

We urge you to vote NO on Measure 51.

When life has deteriorated to the point of a miserable, agonizing existence, we would like the choice to hasten the inevitable end, and to do so with the advice and help of a willing physician.

The Oregon Death With Dignity Law gives us that choice. The existence of the law gives us peace of mind and contentment now. We can focus on living, knowing that we have options at the end of our lives.

This law provides choices for all Oregonians

The law does not require that anyone consider physician aid-in-dying. The law leaves this decision up to the patient, and the patient only. The law requires that the patient make the request, both orally and in writing. It requires a waiting period of at least 15 days. It requires a second doctor to concur that the patient is in the last phase (six months or less) of the terminal illness. It requires treatment in case of mental depression. The law clearly states that medical care providers do not have to participate.

**Keep the Right to Choice
VOTE NO ON MEASURE 51**

Keep the choice the current law provides to dying Oregonians.
Honor us and other dying Oregonians by allowing all of us to make this last great choice for ourselves.

Vote No on Measure 51.

Barbara Oskamp

Penny Schlueter

Tim Shuck

(This information furnished by Barbara Oskamp.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

Governor John Kitzhaber Says He'll Vote No on Measure 51.

"As a physician, I can tell you there is a clear difference between prolonging someone's life and prolonging their death. One of the down sides of modern medicine is that often it prolongs people's deaths, which I am not sure is humane and I'm not sure is ethical."

"I believe an individual should have control, should be able to make choices about the end of their life."

"I don't think this issue is going to go away. We've got to get it out in the open... and come to terms with those implementation questions."

"They [the legislature] didn't have the courage to repeal the measure. They didn't have the will to make it work. They just sent it back to voters."

"We're talking about giving an individual access to a means to not prolong their death."

Governor John Kitzhaber
The Sunday Oregonian
August 2, 1997

(This information furnished by Margaret Tafoya Surguine, Oregon Right To Die.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

OMA MEMBERS URGE A NO VOTE ON MEASURE 51.

We are physicians and members of the Oregon Medical Association. We are opposed to the OMA's recent position on Measure 51, the effort to repeal Oregon's Death With Dignity law that was passed by voters in 1994.

The OMA wisely voted to remain neutral in 1994, allowing physicians to be guided by their personal convictions. As the OMA president said then, "Let the people of Oregon tell us what they want."

Unfortunately, a group of doctors, whose single goal is to advocate for the repeal of 1994's Measure 16, took over the House of Delegates in 1997, forcing through a resolution opposing Measure 16. **Most Oregon doctors do not support this position.**

In the past, organized medicine has frequently lagged behind the needs and desires of patients. The American Medical Association opposed such common medical practices as smallpox vaccinations, Advance Directives, blood banks and even group health insurance. The opposition of the OMA to Oregon's Death With Dignity law is just another example.

The OMA House of Delegates does not speak for the majority of Oregon physicians who support a law with well-defined safeguards giving patients' autonomy at the end of their lives.

Our patients have the right to hasten death under the limited circumstances outlined in Oregon's Death With Dignity Law.

We believe Oregon's Death With Dignity Act (1994's Measure 16), is a carefully crafted law. We urge you to vote No on Measure 51 to keep Oregon's Death With Dignity Law.

Under Oregon's Death With Dignity law any physician or health care provider may refuse to participate. The numerous safeguards ensure that patients are fully informed and acting completely voluntarily.

**Vote No on Measure 51.
Keep Oregon's Death With Dignity Law.
It's a good law.**

Dr. Peter Rasmussen Dr. Glenn Gordon, former OMA President Dr. Joan Tanner
Dr. Calvin Collins Dr. Bruce Johnson Dr. Robert Hartog
 Dr. R.W. Gerber Dr. Peter Reagan

(This information furnished by Dr. Joan Tanner, MD.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

EMERSON HOOGSTRAAT HELPED PASS THE OREGON DEATH WITH DIGNITY ACT. BUT HE WAS DENIED THAT DIGNIFIED DEATH.

To the voters of Oregon:

My husband Emerson was dying of prostate cancer. When the campaign to pass the Oregon Death With Dignity Law started in 1994, he decided to help. He volunteered at the campaign office almost every day, using his skills as a Portland State University finance professor.

Emerson was proud of Oregonians for passing Measure 16 in 1994. He felt an enormous sense of relief that he would not have to die a slow and painful death.

But soon after the election, the law was challenged in court. And Emerson's cancer began to spread to his bones.

In his final months, Emerson lived in agony, unable to use the law he helped to pass to end his own suffering.

His bones became so brittle that they broke when he turned over. He lived in constant pain, no matter how much morphine was prescribed.

My husband of 40 years died exactly the death he feared because opponents stopped the Death With Dignity Law in court. The courts have decided Measure 16 should become law, calling the Oregon Death With Dignity Act "carefully crafted."

Now a bunch of meddling, anti-choice legislators tell us our vote three years ago didn't count. They are asking us to repeal the law we passed in 1994.

Especially since he died the death he feared the most, I know Emerson would tell Oregonians they were right to pass the Oregon Death With Dignity law in 1994. And they will be right to vote No on Measure 51 to keep Oregon's Death With Dignity Law.

**Don't let even one more Oregonian die in agony, against their will.
Tell the Legislature to respect our vote.
Please Vote No on Measure 51.**

Sincerely,
Dorothy Hoogstraat

(This information furnished by Dorothy B. Hoogstraat.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

A Message from the Chief Psychologist and Director of Mental Health Education for the State of Oregon Under Governor Tom McCall

To the voters of Oregon:

I write to you as an older man who is now retired from a career devoted to the care of people suffering from emotional difficulties. I am the former Chief Psychologist and Director of Mental Health Education under Governor Tom McCall.

One of the most tormenting issues my patients faced was the death of family members. The trauma of seeing parents suffer for days and months during terminal illness was one of the most heart-breaking situations my patients faced.

So often I heard terminally ill people pray for life to end as they watched their daily deterioration and the consequent loss of dignity. They wished for death to restore peace, lift them from pain they could barely tolerate, and leave them with some measure of self-esteem. My own dear father was such a case.

I don't want to impose my views on others who, for religious reasons, don't want to choose to die with help. But I resent that sectarian views be imposed upon citizens who have already spoken in favor of this issue. There should be a clear distinction between church dogma and state issues for the population at large.

I beg of you to vote No on Measure 51. I am certain that within the next generation aid-in-dying will be accepted everywhere. We'll look back and wonder why such a humanitarian and logical measure had such difficulty in getting approved by legislators.

My wife, Susan Adele Pasarow, M.S.W., who recently experienced the pain of helping a beloved aunt die, joins me in strongly endorsing individual freedom to die with compassionate understanding, allowing the process of dying to become the last experience of growth, both for the patient and the family involved.

Respectfully,
Andrew Berger, Ph.D.
Susan Adele Pasarow, MSW

(This information furnished by Andrew Berger.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

**Our loved ones wanted the choice to end their suffering.
Oregon voters gave them that right.
Now the Legislature wants to take it away.**

We are family members of terminally ill Oregonians who chose to end their lives.

Because the law said we could not help... or even be present... our loved ones were forced to die alone.

Families and physicians should be allowed to help if the patient chooses.

We support the Oregon Death With Dignity Act (1994's Measure 16) because we believe physicians should have the right to be with their dying patients to the end. All too often, patients feel abandoned, unsure of what to do, unable to get the advice and counsel they need because the law says our doctors cannot talk to us about death with dignity.

**We helped change the law in 1994.
Now opponents want to turn the clock back.**

Groups like Oregon Right to Life and the religious extremists who oppose death with dignity don't have the right to impose their views on us. The Death With Dignity Act lets any health care provider refuse to participate. It ensures that the patients administer the medication themselves. And it allows us to be present when our loved ones die. The dying patient has that right... and so do we.

**Measure 51 is about politics.
Not about helping dying patients.**

When the Legislature takes away our vote... when dying patients are forced to suffer against their will... you can be sure the reason is politics as usual, not compassionate care for the dying.

**Join us in voting No on Measure 51.
Keep Oregon's Death with Dignity Act.**

Respectfully submitted,

Dave Bartels
Damon Millican

Dorothy Hoogstraat
Patty Rosen

Peggy Graden
Herb Crane

(This information furnished by David K. Bartels.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

Nurses, Social Workers and Health Care Professionals Oppose Measure 51.

We are the health care professionals who work closely with dying patients and their families. We watch the agony families face when loved ones end their lives by violent means. We watch the pain and suffering of terminally ill patients as they linger near death.

The Death With Dignity Act Improves the Quality of Life of Dying Patients

Since voters passed the Oregon Death With Dignity Act three years ago, we have seen more hope than ever in our terminally ill patients. Many argue that just knowing this law exists greatly improves their peace of mind and quality of life; the fear is gone and they can concentrate on living their last days to the fullest.

Let Dying with Dignity be their Choice

If dying patients voluntarily seek this option...
If health care professionals are willing to aid the dying patient...
If families support the right of their loved ones to hasten death and end suffering...
Then we, as a society, should be willing to offer the legal means, and with appropriate safeguards to protect the patient.

Please help the terminally ill patients we care for, and their families who support this choice.

**Vote No on Measure 51.
Keep the Oregon Death With Dignity Act.**

Carolyn Tomei
Sterling Scott

Myriam Coppens
Gloria Bacon

Charla Richards-Krietzberg
Harriet Kube

Ruth Matarazzo

(This information furnished by Carolyn Tomei.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

Editorial Boards across the state agree on one issue by a 23-2 margin:

**THE LEGISLATURE WAS WRONG TO SEND
OREGON'S DEATH WITH DIGNITY LAW
BACK TO THE BALLOT FOR A SECOND VOTE.**

"LEGISLATURE REJECTS WILL OF OREGON VOTERS."
Roseburg News Review, June 11, 1997

"We hope Oregonians send the Legislature a clear message...: Leave Measure 16 alone and stop undermining measures already decided by the public.... Contrary to what opponents claim, no significant new issues have been raised. It's insulting for opponents and some legislators to suggest Oregonians did not know what they were doing."
Salem Statesman Journal, May 12, 1997

"DO VOTERS COUNT?"
La Grande Observer, June 3, 1997

"What's really going on here is not a sober assessment of new facts, but a power play by the losers of the 1994 campaign, who clearly have more influence with the Legislature than with the electorate."
Eugene Register-Guard, May 12, 1997

"DYING PATIENTS NEED TO HAVE THE RIGHT TO CHOOSE."
Medford Mail Tribune, July 9, 1997

"Lawmakers need to remember what the voters' will is on this issue.... They voted to respect the needs of terminally ill patients for compassion and personal dignity, to allow these people a peaceful, legal exit, rather than one of interminable suffering or violent traumatic end."
The Dalles Chronicle, Feb. 18, 1997

Join these newspapers in opposing the repeal of Oregon's Death With Dignity law.

(This information furnished by Geoff H. Sugerma, Oregon Right To Die.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

Physicians Urge a No Vote on Measure 51.

As physicians, we support Oregon's Death With Dignity law passed by voters in 1994 (Measure 16). It is a good law.

We believe our patients have the right to make their own end of life decisions. Our role is to make sure that they are cared for completely and compassionately, and that they understand all available options at the end of life.

Most Oregon physicians support Death With Dignity.

Surveys of Oregon doctors show over 60% support the legal right of the terminally ill to hasten their own death in carefully defined circumstances. Physicians will follow Measure 16's well-defined process to make sure the patient is informed of all options, is acting completely voluntarily and has the mental capability to make his or her own health care choices.

Opponents are misleading the public when they say oral medication fails.

A review of the medical literature confirms the proper use of oral medications is 100% effective. We have the knowledge and the medication necessary to ensure a peaceful and humane death for our patients.

Keep the politics out of medicine.

It is cruel to play politics with the comfort and care of our patients. Can we as doctors -- or as Oregonians -- deny dying patients the voluntary, informed choice to hasten their own death? The answer to us is clearly, "NO."

**Vote No on Measure 51
Keep Oregon's Death With Dignity Law.**

Physicians for Death With Dignity

Dr. Peter Rasmussen
Dr. Joan Tanner
Dr. Robert Hartog

Dr. Glenn Gordon
Dr. Calvin Collins
Dr. R.W. Gerber
Dr. John McAnulty

Dr. Peter Goodwin
Dr. Bruce Johnson
Dr. Peter Reagan

(This information furnished by Peter Goodwin, M.D., Physicians for Death with Dignity.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

Safeguards in the Oregon Death With Dignity Act

There are numerous safeguards in the Oregon Death with Dignity Act, all designed to ensure that the terminally ill patient is making a voluntary, informed choice to hasten death through the self-administration of medication.

Here is a list of safeguards.

- Requires fully informed, voluntary, repeated and steadfast decision.
- Does not allow lethal injection, active euthanasia or mercy killing.
- Patients may change their minds at any time, for any reason and in any manner of communication.
- Applies only in the last six months of life (final stage of terminal illness--same standard as hospice care).
- Mandates psychological/psychiatric referral if mental capability is in question.
- Requires two documented oral requests.
- Requires a detailed written request witnessed by two others.
- Requires 15 day waiting period from initial oral request.
- Requires 48 hour waiting period from time of written request.
- Encourages notification of next of kin.
- Punishes coercion of patients.
- Applies only to residents of Oregon.
- Physician must be licensed to practice in Oregon.
- Mandates Health Division review.
- Allows health care professionals to refuse to participate for any reason.

**Vote No on Measure 51.
Keep the Oregon Death With Dignity Act.
It's a good law.
It's a safe law.**

Charla Richards-Kreitzberg
Richard Bayer, MD
Rebecca Elizabeth Bottero
Lela B. Radovich
Hank Robb

(This information furnished by Charla Richards-Kreitzberg, R.N. BSN.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

Now the opposition to Oregon's Death With Dignity law is crystal clear.

It's the OCA, back again to spread its divisive message of hate throughout Oregon.

The OCA Family Values PAC has registered with the Oregon Secretary of State to oppose Oregon's Death With Dignity law.

The OCA is joined by the Christian Coalition PAC and Oregon Right to Life as organizations working for the repeal of the law you passed in 1994.

We all knew the political arm of the Oregon Catholic Conference wanted to impose its religious beliefs on the rest of us.

Now you know -- with the OCA at their side -- that the threat of forcing their narrow views on the rest of us is much more dangerous.

While the majority of Catholics support a terminally ill patient's right to hasten death, the political arm of the Catholic Church has spent literally millions of dollars to try to convince voters they were wrong.

Now the Catholic Church is linked up with the OCA and the Christian Coalition, pledging to spend over \$5 million to repeal Oregon's Death With Dignity Law.

Is it right for these groups to force their religious views on the rest of us?

Don't give them a victory at the ballot box.

The executive director of Oregon Right to Life, the state's biggest organization opposing personal liberty on death with dignity and other issues, had this to say on the day the Oregon Senate sent Measure 16 back to the ballot:

"That was the biggest victory the pro-life community has had in at least 20 years in the Oregon Legislature."

Gayle Atterberry
Salem Statesman Journal, June 16, 1997

**Vote No on Measure 51.
It's Your Choice... Not Theirs.**

(This information furnished by Kelli K. Watanabe, Oregon Right To Die.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

A Majority of Oregon Psychiatrists Favor Implementation of the Oregon Death With Dignity Act

FACT: 74% of Oregon psychiatrists say if they themselves had a terminal disease, there might be conditions under which they would consider asking for a physician's assistance to end life.

FACT: 56% of Oregon psychiatrists favor implementation of Oregon's Death With Dignity Act, as passed by voters in 1994.

FACT: 69% of Oregon psychiatrists believe that under some circumstances, a physician should be permitted to write a prescription for medication whose sole purpose is to allow a terminally ill person to end his or her life.

Source: Ganzini, L.; Fenn, DS; Lee MA, et al: Attitudes of Oregon Psychiatrists Toward Physician Assisted Suicide. American Journal of Psychiatry, 1996: 153:1469-1475.

FACT: The Oregon Psychiatric Association has published guidelines for psychiatric evaluation of terminally ill patients requesting to hasten their own death if the Oregon Death With Dignity Act becomes law.

Source: Report of the Committee on the Ethics of Physician-Assisted Suicide Oregon Psychiatric Association September, 1996

The above study of Oregon psychiatrists, conducted after passage of the Oregon Death With Dignity Law in 1994, clearly shows strong support for a patient's right to hasten death. The study included 77% of Oregon psychiatrists.

Respectfully submitted by:
Dr. David Smith

Dr. David Pollack

Dr. Peter Natsios

(This information furnished by David Smith, MD.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

Lies From Your Legislators

The politicians against choice at the end of life want voters to repeal the Oregon Death With Dignity Act (1994's Measure 16).

These politicians talk about "new evidence." They claim that oral medications fail.

This is simply not true. There is no new evidence that oral medications fail.

When we appeared at a hearing before the Secretary of State, we asked the supporters of Measure 51 to show us the "studies" they said prove oral medications fail.

They couldn't show us the studies. Because there aren't any.

Legislators like Ron Sunseri and Eileen Qutub are forcing taxpayers to waste money on an election--and their whole reason is based on falsehoods.

Supporters of Measure 51 point to two experts whose research, they say, supports their claims.

One of those experts wrote a letter addressed to the people of Oregon saying that the claim of failure has **no foundation whatsoever, is misleading and completely wrong.** He said there are no scientific data nor hearsay to support it.

The other expert wrote to us and said that after using an oral prescription, EVERY patient will die. **No exceptions, no failures.** After taking the medication, the patient is in a deep coma without awareness and so **without any suffering.**

These two experts will not allow themselves to be used and manipulated by those opposed to death with dignity. Neither should you.

Don't be fooled by the politicians' propaganda.

Take a stand for integrity and truth in government.

Vote NO on Measure 51.

John Duncan
Hannah Davidson
Oregon Death With Dignity Legal Defense and Education Center

For more information about this research, contact Oregon Death With Dignity Legal Defense & Education Center, 625 SW 10th Avenue, Suite 284C, Portland, OR 97205.

(This information furnished by John Duncan, Oregon Death With Dignity Legal Defense & Education Center.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 51

ARGUMENT IN OPPOSITION

"No One Trusts the Dying to Know What They Want."

Excerpted from an article by **Marcia Angell**,
Executive Editor of the **New England Journal of Medicine**.

"Dying patients suffering intractably should have the option of taking an overdose, just as they have now the option of turning off life supports. Probably in most cases, they never would take the pills, but they would have the peace of mind of knowing they had a choice..."

"Compassionate doctors have always helped dying patients to end their lives. They do so not only by turning off life supports, but by giving large doses of morphine or by prescribing more sleeping pills than necessary. The problem is that the practice is secret..."

"I wish the Supreme Court had recognized a constitutional right to doctor-assisted suicide for patients. It is the most personal and private matter, and it should be decided that way, not as a political matter in state legislatures. But sooner or later, one way or another, the practice will become legal, because dying patients need that choice, and their doctors need to be able to help them."

"For the state to require dying patients to endure unrelievable suffering is callous and unseemly."

"Death is hard enough without being bullied."

Reprinted as:
"Dying Patients Need to Have the Right to Choose"
Medford Mail Tribune
July 7, 1997

(This information furnished by Loretta Johnston, Oregon Right To Die.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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ARGUMENT IN OPPOSITION

VOTE.... PLEASE VOTE.

No matter how you stand on the Oregon Death With Dignity Law, please vote on Measure 51.

A low turnout will be interpreted to mean that Oregonians are undecided, uncertain, or confused about this topic, and that will guarantee this issue will be on the ballot again and again. In deciding how to vote, trust your own brain and your own judgment. Read the actual death with dignity law. Call 503-228-4415 for a copy, check oregondwd.org on the Internet, or read Oregon Revised Statutes (128.800) at your local library. See for yourself exactly what it says.

Keep in mind that this law was initially passed by voters as a statute, not a constitutional amendment, and can be amended by the legislature any time it meets. Instead of sending an amended version of the law back to you, as they did with Measure 50, they sent back the very same law you approved in 1994. They said voters did not know what they were doing when they passed this law.

If you believe that competent adult Oregonians who are near death should have a choice about how they deal with dying, then keep the law and vote NO.

If you are not opposed to Death With Dignity, but have reservations about this law, VOTE NO. Then call your senator and representative. Tell them to respect the voters' choice and amend the law.

If you are personally opposed to Death With Dignity, please read the law again and note that only the patient may request help. It is against this law for medical personnel or anyone else to suggest this before a patient makes a request.

While you might not want this option for yourself, should you impose your personal wishes on others who have different values and beliefs?

MAKE UP YOUR OWN MIND. THEN VOTE.

Penny Schlueter
Terminal Ovarian Cancer Patient

(This information furnished by Penny Schlueter.)

(This space purchased for \$300 in accordance with ORS 251.255.)

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MEASURE NO. 52

SENATE BILL 346—Referred to the Electorate of Oregon by the 1997 Legislature to be voted on at the Special Election, November 4, 1997.

BALLOT TITLE

52 AUTHORIZES STATE LOTTERY BOND PROGRAM TO FINANCE PUBLIC SCHOOL PROJECTS

RESULT OF "YES" VOTE: "Yes" vote authorizes legislation establishing state education lottery bond program to finance public school projects.

RESULT OF "NO" VOTE: "No" vote rejects establishing state education lottery bond program to finance public school projects.

SUMMARY: Measure authorizes legislation establishing revenue bond program to finance "state education projects" for public schools. "State education projects" means projects to acquire, construct, improve, remodel, maintain, repair public school facilities, including land, building costs; computer, telecommunications equipment; books, furniture, furnishings, vehicles, planning costs. State repays bond debt using unobligated net lottery proceeds, earnings on Education Endowment Fund, other moneys appropriated by legislature. Net proceeds of bonds limited to \$150 million. Implementing legislation, already enacted contingent on measure's passage, appropriates funding only for school district projects.

ESTIMATE OF FINANCIAL IMPACT: The measure authorizes the sale of Lottery-backed revenue bonds with a principal sum of up to \$150 million, plus an amount equal to bond issuance costs and reserves. The proceeds are to be used for the acquisition, construction, improvement, remodeling or repair of public school facilities throughout Oregon and the purchase of telecommunications equipment, computers, software and related technology, books, furniture and vehicles. The bonds, plus interest, will be repaid through a Lottery revenue allocation of approximately \$15 million per year beginning in fiscal year 2000. If issued at recent interest rates and a 15 year pay back period, total interest costs are estimated at \$71.4 million.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) The Legislative Assembly may enact legislation to establish a state education lottery bond program that provides financing for state education projects. The Legislative Assembly may pay the debt service of state education lottery bonds from earnings on the Education Endowment Fund, unobligated net lottery proceeds and other moneys that the Legislative Assembly may appropriate for such purpose. State education lottery bonds may be issued in an aggregate principal amount that produces net proceeds for state education projects that shall not exceed \$150 million.

(2) As used in this section, "state education projects" means projects for the acquisition, construction, improvement, remodeling, maintenance or repair of public school facilities in the State of Oregon, including land, site preparation costs, permanent or portable buildings and equipment, telecommunications equipment, computers, software and related technology, textbooks, library books, furniture and furnishings, vehicles, costs of planning for bond issues and capital improvements, the payment of debt service on obligations, other than general obligation bonds, issued for such projects and holding in reserve for any of the purposes described in this subsection.

SECTION 2. This Act shall be submitted to the people for their approval or rejection at a special election held throughout this state on November 4, 1997.

NOTE: Boldfaced type indicates new language; [brackets and italic] type indicates deletions or comments.

MEASURE NO. 52

EXPLANATORY STATEMENT

This measure allows the Legislative Assembly to establish a state education lottery bond program. The program would provide as much as \$150 million for state education projects. The measure defines "state education projects."

With the passage of this measure, House Bill 3411 which establishes the Lottery Bond Program automatically takes effect. The proceeds will be distributed statewide to local school districts during the 98-99 school year.

The debt service for the bonds will be paid from earnings on the Education Endowment Fund, lottery proceeds and other moneys appropriated by the Legislative Assembly for such purpose.

This measure has no effect on local property taxes.

Committee Members:

Senator Ken Baker
Representative Ken Strobeck
Representative Jo Ann Bowman
Senator Joan Dukes
Delna Jones

Appointed by:

President of the Senate
Speaker of the House
Secretary of State
Secretary of State
Members of the Committee

(This committee was appointed to provide an impartial explanation of the ballot measure pursuant to ORS 251.215.)

LEGISLATIVE ARGUMENT IN SUPPORT

VOTE YES FOR CLASSROOMS FOR OREGON SCHOOL CHILDREN

MEASURE 52 PROVIDES FUNDS FOR PUBLIC SCHOOL FACILITIES THROUGH \$150 MILLION OF STATE BONDS

- Measure 52 helps provide more space for students and smaller classes. Local schools can build new classrooms and renovate existing classrooms.
- Measure 52 helps student learning. Local schools can replace outdated textbooks and library books with new ones.
- Measure 52 helps update classroom technology. Local schools can buy telecommunications equipment, software and computers.
- Measure 52 reduces the need for new, locally-approved school bonds.
- Measure 52 does not increase property taxes.
- Measure 52 helps all school districts in each region of the state. State bond money goes to all local school districts based on number of students.

SUPPORT NEW CLASSROOMS AND MUCH NEEDED SCHOOL RENOVATIONS.

SUPPORT STUDENT LEARNING IN CLASSROOMS EQUIPPED WITH NEW TECHNOLOGY.

SUPPORT STATE FUNDING FOR NEW TEXTBOOKS AND LIBRARY RESOURCES.

SUPPORT SCHOOLS WITHOUT RAISING TAXES.

VOTE YES ON MEASURE 52.

Committee Members:

Senator Tom Hartung
Representative Randall Edwards
Representative Ken Strobeck

Appointed by:

President of the Senate
Speaker of the House
Speaker of the House

(This Joint Legislative Committee appointed to provide legislative argument in support of the ballot measure pursuant to ORS 251.245.)

MEASURE NO. 52

ARGUMENT IN OPPOSITION

VOTE "NO" TO EXPAND OPTIONS FOR YOUR CHILDREN

Charter schools would relieve public school crowding, save tax dollars, and allow you to choose schools best suited to your children's needs. Still, the legislature narrowly failed to pass a charterschool bill in this year's session. Legislators denied your children access to new educational options but still wants more of your money.

Voting yes tells legislators you support an antiquated school system that limits your children's opportunities. Voting **NO** tells legislators you want reforms like charter schools that save tax dollars while expanding educational opportunities.

VOTE "NO" TO ENCOURAGE RESPONSIBILITY

The money already allotted to schools represents the largest school budget in Oregon's history. The additional \$150 million requested by Measure 52 is not specifically targeted. Would the money be spent on textbooks, cleaning supplies, or cellular phones for school administrators? If Measure 52 was to pass, do you know how your school district would spend the money? Find out before voting yes.

Voting yes tells legislators you are willing to exceed record spending levels without demanding accountability or an advance plan. Voting **NO** tells legislators to work within the limits of the largest school budget ever approved.

VOTE "NO" TO HELP LEGISLATORS DO THEIR JOBS

One of the responsibilities of our legislature is to fund public schools. This year, Republicans and Democrats could not agree to a dollar figure. Rather than doing their jobs by working it out, they dodged their responsibility and presented us with Ballot Measure 52. By asking us to do their work, legislators have set a dangerous precedent for our future.

Voting yes tells legislators it is okay to skip tough issues and avoid their responsibilities. Voting **NO** tells legislators they are expected to do their jobs, make tough choices, and show political courage in the face of controversy.

VOTE "NO" ON BALLOT MEASURE 52

(This information furnished by Richard P. Burke, Mainstream Liberty Caucus, affiliated with the Libertarian Party of Oregon.)

(This space purchased for \$300 in accordance with ORS 251.255.)

The printing of this argument does not constitute an endorsement by the State of Oregon, nor does the state warrant the accuracy or truth of any statement made in the argument.

INFORMATION

VOTER REGISTRATION

Who May Register To Vote

You may register to vote for the November 4, 1997, Special Election if:

1. You are a citizen of the United States;
2. You will be at least 18 years old by November 4, 1997; and
3. You are a resident of Oregon.

How To Register To Vote

To register to vote in the November 4, 1997, election, your completed voter registration card must be delivered to a county elections office by October 14, 1997. A voter registration card received after October 14, 1997, that contains a postmark of October 14, 1997, or sooner will be accepted. You also may deliver your completed voter registration card to any Driver and Motor Vehicle Services (DMV) office by October 14, 1997.

If Your Name, Mailing Address or Political Party Affiliation Has Changed

If you are currently registered to vote in Oregon but your name, mailing address or party affiliation has changed since you last completed a voter registration card, complete a new voter registration card and mail it to your county elections office.

If Your Residence Address Has Changed

If you are currently registered to vote in Oregon but your residence address has changed since you last completed a voter registration card, complete a new voter registration card and mail it to your county elections office.

If you notify your county elections office of your change of residence address after October 14, 1997, you must go to your county elections office to vote.

Where to Obtain a Voter Registration Card

Voter registration cards can be obtained from any county elections office, most banks and post offices, some state agencies, and are also found in many telephone books.

VOTE-BY-MAIL

What is Vote-by-Mail?

Vote-by-Mail is a method of conducting elections. Instead of using traditional polling places where voters go to cast ballots on election day, a ballot is automatically mailed to each registered voter. The ballot is then voted and returned to the county clerk to be counted.

When are the ballots mailed to the voters?

In Oregon, ballots can legally be mailed any time between the 20th and 14th days before the election. For state elections the window is narrowed to the 20th to 18th days in order to have more consistency as to when voters will receive their ballots.

Who will get ballots?

Each registered Oregon voter will receive a November election ballot containing the two statewide measures and any local measures which have been placed on the ballot.

As a voter, what do I have to do?

Your ballot packet will automatically be mailed to you. Inside the packet you will find the ballot, a secrecy envelope and a return envelope. Once you vote the ballot, place it in the secrecy envelope and seal it in the pre-addressed return envelope. **Be sure you sign the return envelope on the appropriate line.** After that just return the ballot either by mail or at a designated drop site.

What if I make a mistake?

If you make a mistake you may call your county elections office and request a replacement ballot. One will be mailed to you as long as you request it by October 30. After that, you may pick it up in person at the elections office. If your ballot is received by the elections office before you realize you made a mistake, you will not be able to get a replacement ballot because you have already cast a ballot in the election.

What if my ballot doesn't come?

If you are registered to vote and do not receive a ballot, call your county elections office. They will check that your voter registration is current. If it is, they will mail you a replacement ballot.

What if I have moved and have not updated my registration?

If you were registered to vote by October 14 but now have a different address, you must go to the county elections office. They will update your voter registration and issue you a ballot that must be voted at the elections office.

Do I have to mail my ballot back?

You have the choice of mailing your ballot or returning it to any designated drop site in the state. The times and locations of drop sites will be publicized for each election.

How much postage is required to mail the ballot back?

Your voted ballot can be returned using a single 32¢ stamp, unless otherwise noted by your county elections office.

When must the voted ballot be returned?

The voted ballot must be received in any county elections office or designated drop site by 8:00 p.m. on election night. Postmarks do not count!

What if I forget to sign the return envelope?

Generally, your elections office will either return it to you for signing or they will contact you, if possible, to come to the elections office to sign it. If the return envelope does not get signed before 8:00 p.m. on November 4, the ballot will not be counted.

Can the public watch the election process?

All steps of the process are open to observation by the public. Contact your county elections official to make arrangements.

When will election results be known?

Ballot counting will not begin until election day. The results that are released at 8:00 p.m. election night will include the majority of all the ballots cast. Results will continue to be updated through election night until all ballots have been counted.

COUNTY ELECTIONS OFFICES

Baker

Julia Woods
Baker County Clerk
1995 3rd St., Suite 150
Baker City, OR 97814-3398
(541) 523-8207 / t (541) 523-8208

Benton

John Anderson, C.A.O.
Elections Division
PO Box 888
Corvallis, OR 97339-0888
(541) 757-6756 / t (541) 757-5646

Clackamas

John Kauffman
Clackamas County Clerk
Elections Division
825 Portland Ave.
Gladstone, OR 97027-2195
(503) 655-8510 / t (503) 655-1685

Clatsop

Lori Davidson
Clatsop County Clerk
PO Box 178, 749 Commercial
Astoria, OR 97103-0178
(503) 325-8511 / t (503) 325-8511

Columbia

Elizabeth (Betty) Huser
Columbia County Clerk
Courthouse
St. Helens, OR 97051-2089
(503) 397-3796, Ext. 8444 /
t (503) 397-7246

Coos

Mary Ann Wilson
Coos County Clerk
Courthouse
Coquille, OR 97423-1899
(541) 396-3121, Ext. 301 /
t (541) 396-2106

Crook

Deanna (Dee) Berman
Crook County Clerk
300 E. Third, Room 23
Prineville, OR 97754-1919
(541) 447-6553 / t (541) 447-6553

Curry

Renee Kolen
Curry County Clerk
PO Box 746
Gold Beach, OR 97444
(541) 247-7011, Ext. 223 /
t (541) 247-6440

Deschutes

Mary Sue (Susie) Penhollow
Deschutes County Clerk
Deschutes Services Bldg.
1340 NW Wall St.
Bend, OR 97701
(541) 388-6546 / t (541) 385-3203

Douglas

Doyle Shaver, Jr.
Douglas County Clerk
PO Box 10
Roseburg, OR 97470-0004
(541) 440-4252 / t (541) 440-6092

Gilliam

Rena Kennedy
Gilliam County Clerk
Courthouse
Condon, OR 97823-0427
(541) 384-2311

Grant

Kathy McKinnon
Grant County Clerk
PO Box 39
Canyon City, OR 97820-0039
(541) 575-1675 / t (541) 575-1675

Harney

Maria Iturriaga
Harney County Clerk
Courthouse, 450 N. Buena Vista
Burns, OR 97720
(541) 573-8641

Hood River

Sandra Berry
Dir. Assess/Rec
Courthouse, 309 State St.
Hood River, OR 97031-2093
(541) 386-1442

Jackson

Kathy Beckett
Jackson County Clerk
Courthouse, 10 S. Oakdale
Medford, OR 97501-2902
(541) 776-7181 / t (541) 776-7183

Jefferson

Elaine L. Henderson
Jefferson County Clerk
Courthouse, 75 SE "C" St.
Madras, OR 97741
(541) 475-4451 / t (541) 475-4451

Josephine

Georgette Brown
Josephine County Clerk
PO Box 69
Grants Pass, OR 97528-0203
(541) 474-5243 / t 1-800-735-2900

Klamath

Bernetha G. Letsch
Klamath County Clerk
507 Main St.
Klamath Falls, OR 97601
(541) 883-5134 / t (541) 883-5157

Lake

Karen O'Connor
Lake County Clerk
513 Center St.
Lakeview, OR 97630-1579
(541) 947-6006 / t (541) 947-6007

Lane

Annette Newingham
Chief Deputy County Clerk
135 E. 6th Ave.
Eugene, OR 97401-2671
(541) 682-4234 / t (541) 682-4320

Lincoln

Dana Jenkins
Lincoln County Clerk
225 W. Olive St., Room 201
Newport, OR 97365
(541) 265-4131 / t (541) 265-4193

Linn

Steve Druckenmiller
Linn County Clerk
4th & Broadalbin
Albany, OR 97321
(541) 967-3831 / t (541) 967-3833

Malheur

Deborah R. DeLong
Malheur County Clerk
251 "B" St. W., Suite 4
Vale, OR 97918
(541) 473-5151 / t (541) 473-5157

Marion

Alan H. Davidson
Marion County Clerk
Elections Division
4263 Commercial St. SE, #300
Salem, OR 97302-3987
(503) 588-5041 / t (503) 588-5610

Morrow

Barbara Bloodsworth
Morrow County Clerk
PO Box 338
Heppner, OR 97836-0338
(541) 676-9061 / t (541) 676-9061

Multnomah

Vicki Ervin
Dir./Elections
1040 S.E. Morrison
Portland, OR 97214-2495
(503) 248-3720 / t (503) 248-3729

Polk

Linda Dawson
Polk County Clerk
Courthouse, Room 201
Dallas, OR 97338-3179
(503) 623-9217 / t (503) 623-7557

Sherman

Linda Cornie
Sherman County Clerk
PO Box 365
Moro, OR 97039-0365
(541) 565-3606

Tillamook

Josephine Veltri
Tillamook County Clerk
201 Laurel Ave.
Tillamook, OR 97141
(503) 842-3402

Umatilla

Patti Chapman
Director of Elections
PO Box 1227
Pendleton, OR 97801
(541) 278-6254 / t (541) 278-6257

Union

R. Nellie Bogue-Hibbert
Union County Clerk
1001 4th St. Ste "D"
LaGrande, OR 97850
(541) 963-1006

Wallowa

Charlotte McIver
Wallowa County Clerk
101 S. River St., Rm 100, Door 16
Enterprise, OR 97828-1335
(541) 426-4543, Ext. 15

Wasco

Karen LeBreton
Wasco County Clerk
Courthouse, 511 Washington St.
The Dalles, OR 97058
(541) 296-6159 / t (541) 296-6159

Washington

Ginny Kingsley
Elections Division
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Hillsboro, OR 97124
(503) 648-8670 / t (503) 693-4598

Wheeler

Marilyn Garcia
Wheeler County Clerk
PO Box 327
Fossil, OR 97830-0327
(541) 763-2400 / t (541) 763-2401

Yamhill

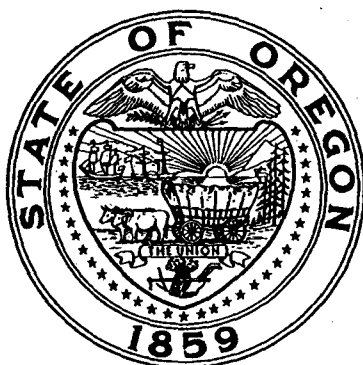
Charles Stern
Yamhill County Clerk
Courthouse, 535 NE 5th St.
McMinnville, OR 97128-4593
(503) 434-7518 / t (503) 434-7519

SECRETARY OF STATE
Phil Keisling
State Capitol Building
Salem, Oregon 97310-0722

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