

AMENDMENT NO. 1 OFFERED BY MR. HINCHEY

Mr. HINCHEY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. *Hinchey*:

At the end of the bill (before the short title), insert the following:

TITLE VIII--ADDITIONAL GENERAL PROVISIONS

**SEC. 801.** None of the funds made available in this Act to the Department of Justice may be used to prevent the States of Alaska, Arizona, California, Colorado, Hawaii, Maine, Maryland, Nevada, Oregon, or Washington from implementing State laws authorizing the use of medical marijuana in those States.

Mr. WOLF. Mr. Chairman, I ask unanimous consent that the debate on amendment No. 1 offered by the gentleman from New York (Mr. *Hinchey*) and any amendment thereto be limited to 60 minutes to be equally divided and controlled by the proponent and myself, the opponent.

The CHAIRMAN. Is there objection to the request of the gentleman from Virginia?

There was no objection.

Mr. HINCHEY. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this amendment is a simple limitation that would prevent the Justice Department from using any of the funds appropriated to it by this bill to interfere with the implementation of State laws that allow for the use of marijuana for medicinal purposes under the supervision of a licensed physician.

During the past several years 10 States, Alaska Arizona, California, Colorado, Hawaii, Maine, Maryland, Nevada, Oregon and Washington State, have passed laws that decriminalize the use of marijuana for medical purposes. With the exception of Hawaii and Maryland, all of these laws were passed by referendum and the average vote in each of those eight States was more than 60 percent approval. These State laws are not free-for-alls that open the doors to wholesale legalization as critics claim. Rather, in every case, they specify in great detail the illnesses for which patients may use marijuana for medicinal purposes, the amounts the patients may possess, and the conditions under which it can be grown and obtained. Most establish a State registry and an identification card for patients.

Federal law classifies marijuana as a Schedule I narcotic with no permissible medical use. Despite the difficulty of conducting clinical trials on such a drug, it has been highly effective in treating symptoms of AIDS, cancer, multiple sclerosis, glaucoma and other serious medical conditions. In fact, the Institute of Medicine of the National Academy of Sciences has recommended smoking marijuana for certain medical uses.

The AIDS Action Council, the American Academy of Family Physicians, the American Nurses Association, the American Preventative Medical Association, the American Public Health Association, Kaiser Permanente, and the New England Journal of Medicine

have all endorsed supervised access to medical marijuana.

Internationally, the Canadian Government has adopted regulations for the use of medical marijuana in that country to our immediate north. In addition, the British Medical Association, the French Ministry of Health, the Israel Health Ministry, and the Australian National Task Force on Cannabis have all recommended the use of medical marijuana.

Here at home, however, our Federal Government has been unequivocal in its opposition to the citizen-led initiatives in the States that I mentioned. After California voters approved Proposition 215 in 1996, the Clinton Justice Department brought suit against both doctors and distributors in an attempt to shut down the new California State law.

Federal courts upheld the right of doctors to talk to their patients about medical marijuana. The Supreme Court, however, ruled that it is a violation of Federal law to distribute marijuana for medicinal purposes. Despite State laws that protect patients from State prosecution, the Supreme Court cleared the way for the Federal Government to enforce Federal laws against those individuals, nevertheless complying with laws in their own States.

Attorney General Ashcroft has vigorously enforced this decision, choosing to prosecute patients and distributors, which makes passage of this amendment critical to the States that have enacted laws for the medicinal use of marijuana. This amendment would prevent the Justice Department from arresting, prosecuting, suing or otherwise discouraging doctors, patients and distributors in those States from acting in compliance with their State laws.

This amendment in no way endorses marijuana for recreational use, not in any way. It does not reclassify marijuana to a less restrictive schedule of narcotic. It does not require any State to adopt a medical marijuana law. It will not prevent Federal officials from enforcing drug laws against drug kingpins, narco-traffickers, street dealers, habitual criminals, addicts, recreational users or anyone other than people who are complying with the laws of their own State with regard to the medical use of marijuana.

By limiting the Justice Department in this way, we will be reaffirming the power of citizen democracy and State and local government. I urge my colleagues to vote ``yes" on this amendment.

Mr. Chairman, I reserve the balance of my time.

Mr. WOLF. Mr. Chairman, I yield myself 4 minutes.

Mr. Chairman, I rise in very strong opposition to this amendment. The Grand Lodge of the Fraternal Order of Police wrote a letter and said, ``Dear Mr. Chairman" to the gentleman from Indiana (Mr. *Souder*), ``I am writing to advise you of the strong opposition of the membership of the Fraternal Order of Police to an amendment to be offered today by Representative Maurice Hinchey to the appropriations measure on the Departments of Commerce, Justice, State which would effectively prohibit the enforcement of Federal law with respect to marijuana in States that do not provide penalties for the use of the drug for so-called `medical' reasons."

It ends by saying, ``The Hinchey amendment threatens to cause a significant disruptive effect on the combined efforts of State and local law enforcement officials to reduce drug crime in every region of the Nation."

In the year 2001, the Supreme Court issued a notwithstanding rule and held that marijuana is a Schedule I controlled substance under the Controlled Substance Act. It has no currently accepted medical use and treatment in the United States. There are other drugs that now can take its place. It cannot be used outside the FDA-approved DEA-registered research.

Marijuana is the most abused drug in America. More young people are now in treatment for marijuana dependency and for alcohol than for all the other illegal drugs. Marijuana use also presents a danger to others beyond the users themselves. In a roadside study of reckless drivers who are not impaired by alcohol, 45 percent tested positive for marijuana.

It sends the wrong message. What a message it sends. I urge the defeat of the amendment which was, I might say, defeated in the full committee.

GRAND LODGE,

FRATERNAL ORDER OF POLICE,

Washington, DC, July 22, 2003.

Hon. **MARK SOUDER**,

*Chairman, Subcommittee on Criminal Justice, Drug Policy, and Human Resources,  
Committee on Government Reform, House of Representatives, Washington, DC.*

**DEAR MR. CHAIRMAN:** I am writing to advise you of the strong opposition of the membership of the Fraternal Order of Police to an amendment to be offered today by Representative Maurice D. Hinchey to H.R. 2799, the appropriations measure for the Department of Commerce, Justice, State and the Judiciary, which would effectively prohibit enforcement of Federal law with respect to marijuana in States that do not provide penalties for the use of the drug for so-called ``medical" reasons.

In these States, Federal enforcement is the only effective enforcement of the laws prohibiting the possession and use of marijuana. Federal efforts provide the sole deterrent to the use of harder drugs and the commission of other crimes, including violent crimes and crimes against property, which go hand-in-hand with drug use and drug trafficking organizations, particularly in the State of California where marijuana is sometimes traded for precursor chemicals for methamphetamines, and in the State of Washington, which is a significant gateway for high-potency marijuana that can sell for the same price as heroin on many of our nation's streets.

The Hinchey amendment threatens to cause a significant disruptive effect on the combined efforts of State and local law enforcement to reduce drug crime in every region of the country. On behalf of the more than 308,000 members of the Fraternal Order of Police, we urge its defeat. If I can be of any further help on this issue, please feel free to contact me or Executive Director Jim Pasco through my Washington office.

Sincerely,

Chuck Canterbury,  
*National President.*

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NATIONAL NARCOTIC OFFICERS'

ASSOCIATIONS COALITION,

West Covina, CA, July 22, 2003.

Hon. **MARK SOUDER**,

*Chairman, Subcommittee on Criminal Justice, Drug Policy, and Human Resources,  
Committee on Government Reform, House of Representatives, Washington, DC.*

**DEAR CHAIRMAN SOUDER:** I am writing to let you know of the strong opposition of the 60,000 state and local law enforcement officers in 40 states who are members of the NNOAC to an amendment to be offered today to the Commerce/Justice/State Appropriations bill that would effectively prohibit enforcement of federal marijuana law in states that do not provide penalties for the use of so-called "medical" marijuana.

Because even a modest amount of federal marijuana enforcement is now the only effective enforcement of the marijuana laws in several such states, it provides a strong deterrent effect to the use of harder drugs and other crimes, including violent crimes and crimes against property. Federal investigations of marijuana producers also serve to disrupt larger drug trafficking organizations, particularly in the State of California where marijuana is sometimes traded for precursor chemicals for methamphetamines, and in the State of Washington, which is a significant gateway for high-potency marijuana that can sell for the same price as heroin.

The Hinchey amendment threatens to cause a significant disruptive effect on state and local law enforcement of both drug laws and of other crimes affecting public safety in states where it would apply. We strongly encourage Members of Congress who support their local police officers and law enforcement to oppose this amendment.

Sincerely,

Ronald E. Brooks,  
*President.*

Mr. Chairman, I reserve the balance of my time.

Mr. HINCHEY. Mr. Chairman, I yield 3 minutes to the gentleman from California (Mr. Farr).

Mr. FARR. Mr. Chairman, I thank the gentleman for yielding me time.

I am one of the cosponsors of this, and I would like to first point out that the last statement you heard by your distinguished chairman is not about the amendment. This amendment does not legalize marijuana. I repeat, it does not legalize marijuana.

It is a very straightforward amendment. It removes the Federal interference from local law, from local affairs where States have adopted through their legislative process or initiative process, a limited use of marijuana for medical purposes only. And in most cases, in all the cases I know, it has to be dispensed by a doctor.

And the reason this amendment passed in California is because the elderly community, oftentimes suffering from pain, felt this was a remedy for pain. And the voters of California said, you should not deny this as long as it is being used in the medical arena. That is all this amendment does.

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It says, Federal Government, get off the back of those States that have used their legal process to have a limited use of marijuana for medical purposes. And those States are Alaska, California, Colorado, Maine, Nevada, Oregon, Washington, and the District of Columbia. The States of Hawaii and Maryland have also passed the laws through their legislatures.

This is not about legalization of marijuana. This is just saying, Federal Government, where those States have adopted those laws, just stay off their backs. The attorneys general of these States, the law enforcement in these communities, they support these operations.

I know, because in Santa Cruz County they were very, very upset and petitioned when the Federal Government came in and did a raid. It upset everybody.

So this process of not allowing States to go forward, I think, is wrong. This amendment provides States with voter-given authority to promulgate regulations to control the limited, limited, limited use of marijuana for medicinal purposes. It is an amendment about States' rights. It is about the sacredness of the electoral process and the sanctity of the citizens' votes. It is about treating people as if they have instructed their government to do so.

That is all this amendment does. A very narrow, limiting amendment. Please adopt it.

Mr. WOLF. Mr. Chairman, I yield 8 1/2 minutes to the gentleman from Indiana (Mr. Souder).

(Mr. SOUDER asked and was given permission to revise and extend his remarks.)

Mr. SOUDER. Mr. Chairman, this amendment is not about what it purports to be about. It is bad amendment for so many reasons that I can barely touch on.

First, let me clarify that the FOP, the Fraternal Order of Police, exactly knows what amendment we are talking about. In fact, in their letter, echoed also by a letter we received from the National Narcotics Officers' Association Coalition says specifically this:

``Federal investigations of marijuana producers also serve to disrupt larger drug trafficking organizations, particularly in the State of California where marijuana is sometimes traded for precursor chemicals, for methamphetamines, and in the State of Washington, which is a significant gateway for high-potency marijuana that can sell for the same price as heroin" on many of our Nation's streets.

These officers in California and Washington, these States, opposed the referendums. They warned the people about what was going to happen and what they see happening in many places in these States.

Let me reiterate a couple of basic points. It does not help sick people. First, this amendment is not about helping sick people. There are no generally recognized health

benefits to smoking marijuana. We heard a false reference earlier to the Institutes of Medicine report where in it its verdicts said marijuana is not modern medicine. They issued a warning particularly against smoking marijuana in that report which, admittedly, was mixed, but did not endorse medicinal marijuana.

The FDA has not considered or approved marijuana for this use. Its active ingredient, THC, is available in an improved pill form for those who want to use it. In fact, as people have said, there are many dangerous products that have ingredients in them that can be helpful, but that does not mean that the carrier of it, such as marijuana, is in fact medicinal. It is something inside that.

In fact, I, as chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Resources recently met with officials from The Netherlands and in their Office of Medical Cannabis, even that nation, which is generally recognized for its extremely liberal drug policies, specifically has rejected the use of smoked marijuana for so-called "medicinal purposes," which these State referendums do not do.

The American Lung Association has said that marijuana contains 50 to 70 percent more of some cancer-causing tobacco smoke. This is very dangerous.

Furthermore, in a recent article by the Deputy Director of ONDCP, Andrea Barthwell called The Haze of Misinformation Clouds the Issue of Medicinal Marijuana, she eloquently wrote, "Before the passage of the Pure Food and Drug Act in 1907, Americans were exposed to a host of patent medicine cure-alls, everything from vegetable folk remedies to dangerous mixtures with morphine. The major component of most 'cures' was alcohol, which probably explained why people said they felt better."

What we are hearing now is the same kind of classic peddling on the street of remedies that, in fact, are not remedies, when there are legal remedies to address the same question. The compounds in marijuana plants may have some medicinal marijuana but that is not marijuana and can be gotten elsewhere.

Secondly, it makes no legal or governmental sense. In fact, it is fairly embarrassing we have this amendment on the floor. This amendment is premised on two extremely curious principles, first, that the Justice Department should not enforce a clear Federal law on the books; and as acknowledged by the sponsor of amendment and other supporters, the Supreme Court has ruled that States cannot usurp Federal law.

If the sponsor of the amendment believes that Federal law should permit the medicinal use for marijuana, he ought to go through the legislative process and change the law. But the Justice Department, the DEA, and Members of Congress, I might add, have sworn an oath to support and defend the Constitution of the United States which requires enforcement of the laws of the United States; and it is an incredibly dangerous precedent to retreat from that.

Second, to ask Federal law enforcement to look the other way in some States, but not others is unfair and probably unconstitutional selective enforcement of a law.

This amendment would only apply in certain States. So someone in Washington State would be exempt from enforcement of Federal marijuana laws if they claim it is for medicinal purposes, but someone in Indiana would not. What kind of law is this?

In fact, we fought a Civil War over this. It is called nullification. States do not have the right. How would the minority feel, those who are advocating this, if civil rights laws could be overturned at the Federal level, and we said we were not going to enforce Federal rights because State can nullify a Federal law?

If you want to change a Federal law, have the courage to change the Federal law. Do not try to nullify a Federal law.

[Time: 20:30]

It makes no police sense. In the States listed in the bill, the Federal Government is the only entity now doing effective marijuana enforcement. This bill would end that enforcement, even though the States in question are some of the most active drug States, and there are clear ties between marijuana traffic and ties in harder drugs, as well as marijuana traffic and other violent crime.

In the State of Washington, for example, streams of high-potency marijuana are selling for more in Indiana and New York and Boston than cocaine and heroin because its THC content is not what we saw in the 1960s, 2 to 4 percent, but in the 18 to 30 percent range. That is extremely dangerous to individuals. This amendment would in effect prohibit DEA from enforcing marijuana laws if it claimed it was for medicinal purposes.

For that reason, State and local law enforcement officers have opposed this amendment, including the National Narcotic Officers and the FOP, Fraternal Order of Police.

Lastly, State medical marijuana laws are a sham.

Finally, we have seen these laws do not operate as intended. A State audit in Oregon found that many of those who obtained so-called medicinal marijuana have not provided documentation of their claims. A survey of many HIV patients who claimed to use marijuana for medical purposes found that 57 percent smoked marijuana for mental, rather than physical, reasons and that a third admitted outright that they had smoked marijuana for recreational purposes. Even in California, the State is trying to revoke the license of a physician who has written

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7,500 marijuana recommendations for patients without conducting any medical exams.

Lastly, we heard that this was citizen-led. What a joke. What we have are people who historically, including some Members of this body, who favor drug legalization in general support this as medicinal marijuana. In fact, what they back more is legalization of marijuana, and this has not been a citizen-led effort.

A man named George Soros has poured millions of dollars into these referendums and the citizen groups have predominantly opposed them against an overwhelming number of ads masquerading behind a few herding individuals who have been given false promise by the modern-day medical hustlers, just like they did in the 1900s. This is embarrassing from a legal standpoint and embarrassing from a body that should be upholding the laws of the United States and to be fighting the terrorism on our streets where people are dying and here we are trying to give them cover for this pro-drug movement by acting like it is medicine.

It is not medicine. If my colleagues believe it is medicine, get it out of the main and into the people who need it. Do not hide behind marijuana and make it more available so more kids can die in my district and in my colleagues' districts as well.

Mr. HINCHEY. Mr. Chairman, I yield 4 minutes to the gentleman from Texas (Mr. Paul).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Chairman, I thank the gentleman for yielding me the time.

As a cosponsor of the amendment, I rise in support of this amendment and appreciate the fact that the gentleman from New York has brought it to the floor.

I would suggest that the previous speaker has forgotten some of the law; and to me, that would be the constitutional law of the ninth and tenth amendments. So changing the law is one thing, but remembering the Constitution is another.

This has a lot to do with State law; but more importantly, as a physician, I see this bill as something dealing with compassion. As a physician, I have seen those who have died with cancer and getting chemotherapy and with AIDS and having nothing to help them.

There is the case in California of Peter McDaniels, who was diagnosed with cancer and AIDS. California changed the law and permitted him to use marijuana if it was self-grown, and he was using it; and yet although he was dying, the Federal officials came in and arrested him and he was taken to court. The terrible irony of this was here was a man that was dying and the physicians were not giving him any help; and when he was tried, it was not allowed to be said that he was obeying the State law.

That is how far the ninth and tenth amendments have been undermined, that there has been so much usurpation of States' rights and States' abilities to manage these affair, and that is why the Founders set the system up this way in order that if there is a mistake it not be monolithic; and believe me, the Federal Government has made a mistake not only here with marijuana, with all the drug laws, let me tell my colleagues.

There are more people who die from the use of legal drugs than illegal drugs. Just think of that. More people die from the use of legal drugs; and also, there are more deaths from the drug war than there are from deaths from using the illegal drugs. So it has gotten out of control. But the whole idea that a person who is dying, a physician cannot even prescribe something that might help them. The terrible irony of Peter McDaniels was that he died because of vomiting, something that could have and had only been curtailed by the use of marijuana. No other medication had helped; and we, the Federal Government, go in there and deny this and defy the State law, the State law of California.

Yes, I would grant my colleagues there is danger in all medications. There is some danger in marijuana, but I do not know of any deaths that is purely marijuana-related. If we want to talk about a deadly medication or a deadly drug that kills literally tens of thousands in this country, it is alcohol. And how many people want to go back to prohibition? I mean, nobody's proposing that, and yet that is a deadly drug.

The whole notion that we can deny this right to the States to allow a little bit of compassion for a patient that is dying, I would say this is a compassionate vote. If we care about the people being sick, then we have to vote for this amendment. This will do

nothing to increase the use of bad drugs. The bad drugs are there; and as a physician and a parent and a grandparent, I preach against it all the time, but the unwise use of drugs is a medical problem, just like alcoholism is a medical problem; but we have turned this into a monster to the point where we will not even allow a person dying from cancer and AIDS to get a little bit of relief.

I strongly urge support and a positive vote for this amendment.

Mr. WOLF. Mr. Chairman, I yield 5 minutes to the gentleman from Arizona (Mr. *Shadegg*).

Mr. SHADEGG. Mr. Chairman, I thank the gentleman for yielding me the time, and I rise in strong opposition to the amendment and in very strong disagreement with the last speaker.

The reality is his point would be well taken if indeed there were medical evidence that medicinal marijuana helped people, but there is none. In his entire testimony there was not a single citation to a study that showed medical marijuana, in fact, helps, as my colleague, the gentleman from Indiana (Mr. *Souder*), pointed out earlier where indeed the medical evidence is to the contrary. And that leads me to an important part of the case against this amendment I think it is very important for people to understand, and that is, how did we get where we are?

We got to this position because in a handful of States across the country, valiant initiatives have been raised to legalize medical marijuana. My State happens to be one of those States, but let me make it clear to my colleagues what happened in those campaigns in those States.

First, make no mistake about it, law enforcement agents in every single one of those States opposed the medical marijuana initiative. They did so for good and solid reasons: number one, there is no medical benefit; but, number two, marijuana is a precursor drug.

Make no mistake about it, today's marijuana is not the marijuana that we had 40 or 30 or 20 or even 10 years ago. The potency of today's marijuana is dramatically higher, shockingly higher than the marijuana that existed and was around in the 1960s. But what else happened in those campaigns?

The other important thing that happened in those campaigns is that the people were led astray by massive spending. My colleague, the gentleman from Indiana (Mr. *Souder*), pointed out that some proponents of this idea, including one who happens to be a resident of my State, have spent many millions of dollars advocating the legalization of marijuana; and they have outspent the opponents of these measures by two, three, four, five, 10 times. In my State of Arizona in two different campaigns the proponents of legalizing medical marijuana outspent the opponents by a dramatic amount of money. When we stack the debate, when only one side of the argument gets out, of course they are going to win.

Let us talk about what happens with this marijuana, and I disagree so strongly with my colleague who spoke just a moment ago. The reality is that in this Nation we have a serious drug problem confronting our youth, and why do we have that drug problem? We have that drug problem because of this very debate, because as a Nation we have not decided that drugs, illegal drugs, marijuana for one and many others, are bad. Indeed, we

have leaders of the Nation saying, oh, it is all right, we are not really going to go against it; we are not really going to enforce these laws; we do not care about these laws. How do my colleagues think kids react to that?

I will tell my colleagues how I raised my kids. I raised my kids to see these are the rules, you violate these rules, you will be punished. You know what? My kids understood the rules because when they violated them, we punished them.

That is not what we do with drugs in America. We say if it is a drug we will

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look the other way; we will let it go; we are not really committed to enforcing our Nation's drugs law. Now look at the hypocrisy, the outrageous hypocrisy of this proposal.

Now we are going to say, yeah, we have Federal laws against these drugs; we have Federal laws against marijuana; we believe that those laws are valid and good and appropriate, but you know what, in some States we will not enforce them because in some States we do not want to enforce them.

So if the FBI is dealing with a person and they happen to be in Maryland, they get one set of rules; but if they happen to be in Arizona, they get another set of rules.

What about those States that border each other? What about New Jersey right next to New York? What about Arizona right next to California? What about all kinds of other border jurisdictions?

We want the laws of this Nation to say that in this State the Federal antidrug laws on marijuana will be enforced, but right across the river in Kansas City, Missouri, versus Kansas City, Kansas, we are not going to enforce that law? Do my colleagues not think that will send a confused message to our kids about our Nation's policy on illegal drugs? Do my colleagues not think that will lead to more kids getting involved in drugs?

The most outrageous statement made on this floor on this House tonight was the statement that sending the message to our kids that some drugs are okay will not lead them to use those drugs or other drugs and will not lead to an increase in the use of illegal drugs. That is the most outrageous and absurd concept we can possibly embrace, and I hope this House will reject it.

We cannot afford to confuse our Nation's children. We cannot afford to tell them that marijuana is okay. We cannot afford to let them begin to use the dramatically more potent marijuana that is on the streets today and coming through my State of Arizona, to your State and your district by some confused policy that says, well, we think it is bad in some States, but we do not think it is bad in others.

The truth is, the gentleman who spoke before me believes we should legalize all drugs, and that is a valid and fair position; but take that issue directly to the substance of this Congress, propose it as a law, propose to amend the Federal laws that prohibit the possession and the use and the sale of marijuana and talk that debate straight up. Do not do it by subterfuge. Do not do it under the table. Do not do it by saying in one State we are going to enforce the Federal law and in another State we are not, because if we want to confuse a generation of America's children, that is the way to do it.

Mr. HINCHEY. Mr. Chairman, I yield myself such time as I may consume.

I just want to make it clear that we are not doing anything by subterfuge here. We are just saying that in 10 States of this Nation the people have decided that is a legitimate practice for people who have certain medical conditions. Twenty percent of the States have said so, and most of them by referendum; and 60 percent or more voted for that in those referendums.

Mr. Chairman, I yield 3 minutes to the gentleman from Ohio (Mr. *Kucinich*).

Mr. KUCINICH. Mr. Chairman, I thank the gentleman for yielding me the time.

There is a context here which is worth reflecting on, and that is the law enforcement policies of an administration which cannot effectively meet the challenge of international terrorism, but is ready to wage a phony drug war, including locking up people dying of cancer simply because those poor souls seek relief from horrible pain.

I ask, can we truly be so lacking in compassion? This is not about legalizing marijuana. That is just a smoke screen. It is an amendment to end Federal raids on medical marijuana patients and providers in States where medical marijuana is legal. Despite marijuana's recognized therapeutic value, including a National Academy of Science Institute of Medicine report, recommending its use in certain circumstances, Federal law refuses to recognize the importance and safety of medicinal marijuana.

Instead, Federal penalties for all marijuana use, regardless of purpose, include up to a year in prison for the possession of even small amounts.

Let us reflect again on how cynical and how dark it is to even contemplate sending someone to prison for a year when they may not even have that much time left in their life; but since 1996, eight States have enacted laws to allow very ill patients to use medical marijuana in spite of Federal law. The present administration has sought to override such State statutes, viewing the use of medicinal marijuana for purposes in the same light as heroin or cocaine.

[Time: 20:45]

Last year, Federal agents raided the Women and Men's Alliance for Medical Marijuana, an organization that under California State law legally dispensed marijuana to patients whose doctors had recommended it for pain and suffering. Eighty-five percent of this organization's 225 members were terminally ill with cancer or AIDS.

This is about compassion. The Federal Government should use its power to help terminally ill citizens, not arrest them. And States deserve to have the right to make their own decisions regarding the use of medical marijuana. I strongly urge my colleagues to support this amendment.

Mr. WOLF. Mr. Chairman, I yield 5 minutes to the gentleman from Florida (Mr. *Mica*).

Mr. MICA. Mr. Chairman, I thank the gentleman from Virginia for yielding me this time.

I had the opportunity in Congress some 2 1/2 years ago to chair the Subcommittee on Criminal Justice, Drug Policy and Human Resources for some 2 years. During that time, I held the first hearings, really, in Congress on the question of legalization of marijuana; and I tried to approach the issue of the medical use of marijuana from an open standpoint.

We conducted hearings and brought in what we considered were the best medical experts, and we dug into all of the testimony. And, my colleagues, I can say here tonight that we

did not find one scintilla of evidence that there was any medical benefit by consuming marijuana, whether an individual was healthy or whether they were ill, or terminally ill. There was no evidence to that effect.

It has become sort of a cause celebre to promote these initiatives with huge amounts of money. And at first blush, I think people support some of these as possibly being compassionate, as we hear here.

We have also heard here that the medical use of marijuana will relieve pain. Well, I can say also from chairing that subcommittee that that is not the case. In fact, anything that we do to encourage use, whether for this purpose or other purposes, will not relieve pain, it will cause pain. Certainly, I am sure if someone smoked enough marijuana or took enough crack or enough heroin or methamphetamines, they would not have any pain.

What we did learn in our testimony and what I have learned over the several years that I have served on that committee in the Congress is, we did learn this one thing. We learned that the marijuana that we have on the market today, and we have heard this from the previous chairman, the gentleman from Indiana (Mr. *Souder*) and others, who cited that today's marijuana is not the marijuana we had some 20 or 30 years ago. There is a several hundred percent increase in potency in what is on the market.

We also heard that marijuana is the greatest substance abuse of our teenagers, even exceeding, believe it or not, alcohol today. We also learned that there are more than 19,000 drug-related deaths in the United States, overdose deaths, which now exceed homicides. And everything we do towards trying to glorify or utilize marijuana for whatever use or whatever purpose does lead more of our young people to use this.

Marijuana is a gateway drug, and so we end up with a death toll that we have seen so painfully across this Nation.

So if the object here is to relieve pain, that is not what is being done. It will cause pain.

Almost every police group opposes the Hinchey amendment. Let me just read some of the folks that oppose it. The Fraternal Order of Police, the world's largest police union, made up of 300,000 members of State and local

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enforcement officers nationwide, and the National Narcotics Officers' Association Coalition, with more than 60,000 members, have expressed strong opposition to the Hinchey amendment that would prohibit enforcement of Federal marijuana laws in some States but not in others.

Police groups oppose the amendment because Federal enforcement of marijuana helps deter use and trafficking in harder drugs and also in related crimes against property and some of our most violent crime.

Finally, some of those police groups that oppose the Hinchey amendment have said to us, we strongly encourage Members of Congress who support their local police officers and law enforcement to oppose this amendment. And we have letters from the National Narcotics Officers' Association Coalition and the Grand Lodge Fraternal Order of Police stating their clear opposition.

Again, I think the presentation of this amendment has been that this would relieve pain and be compassionate. My colleagues, this will cause pain, and there are many who confirm that.

Mr. HINCHEY. Mr. Chairman, may I inquire the remaining time?

The CHAIRMAN. The gentleman from New York (Mr. *Hinchey*) has 16 minutes remaining, and the gentleman from Virginia (Mr. *Wolf*) has 11 minutes remaining.

Mr. HINCHEY. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Ms. *Woolsey*).

Ms. WOOLSEY. Mr. Chairman, I rise in strong support of this resolution. I believe we should respect the State authority in regards to medical marijuana, and I remind my colleagues that we are not talking about illegal drugs, we are talking about medicinal marijuana, legally supported by 10 States.

As my colleagues know, in my home State of California, voters overwhelmingly passed Proposition 215, allowing the use of marijuana for medicinal purposes. Like my constituents, I believe that doctors should be permitted to prescribe marijuana for patients suffering from cancer, or AIDS, or glaucoma, spastic disorders, and other debilitating diseases.

The people that I represent from Marin and Sonoma Counties, Mr. Chairman, just over the Golden Gate Bridge, and my colleagues will not be surprised, it is a very progressive area in our country, but they want their doctors to be permitted to prescribe marijuana for their patients suffering from debilitating diseases; and they believe that the Federal Government should get out of the way. They should not butt in. And that is why I support this amendment, because it would stop the Justice Department from punishing those who are abiding by their State's laws.

Please join me in supporting this important amendment so that those who suffer from debilitating diseases can get relief without the fear of Federal interference.

Mr. Chairman, I call on all Members of this Congress, particularly those who believe in States' rights, to let States represent their voters. It is not okay to pick and choose where States can butt in and where they have the ultimate responsibility based on ideologies.

Mr. HINCHEY. Mr. Chairman, I yield 4 minutes to the gentleman from New York (Mr. *Nadler*).

Mr. NADLER. Mr. Chairman, I am going to begin by reading from an editorial that appeared in the New York Daily News this past Sunday, written by a Richard Brookhiser, who is a senior editor of the National Review, a very noted conservative magazine founded by William F. Buckley.

He writes as follows: ``Earlier this year, the New York State Association of County Health Officials, as cautious a bunch as you will find in the medical community, urged New York lawmakers to pass legislation to legalize the medical use of marijuana. It is past time to remove patients fighting cancer, AIDS, and other scourges from the battlefield of the war on drugs.

``The legalization of medical marijuana would be a step forward for the health of all New Yorkers, the Association of County Health Officials declared. Marijuana has proven to be

effective in the treatment of people with HIV/AIDS, multiple sclerosis, cancer, and those suffering from severe pain and nausea.

"I discovered," that is, he did; I am quoting the article. "I discovered marijuana's benefits while receiving chemotherapy for testicular cancer in 1992. Part way through my treatment, the conventional anti-nausea drugs prescribed by my doctors stopped working. Marijuana was the only thing that kept my head out of the toilet.

"I was lucky. As a member of the media elite, I probably wasn't at huge risk for a drug bust. Living here, I was able to obtain my herb under the cover of urban anonymity. But people shouldn't have to depend on professional status or the luck of geography. Putting such patients in jail for the 'crime' of trying to relieve some of the misery caused by their illnesses is cruel.

"The consensus regarding marijuana's medical value grows every day. Just this May, The Lancet Neurology noted that marijuana's active components are effective against pain in virtually every lab test scientists have devised, and even speculated that it could become 'the aspirin of the 21st century.'

"Marijuana does have risks, but so do all drugs. Recent researchers documented that relatively simple vaporizers can allow users to inhale the active ingredients with almost none of the irritants in smoke.

"Ten States now have laws allowing medical use of marijuana with a physician's recommendation, and those laws have been successful. Last year, the General Accounting Office interviewed 37 law enforcement agencies in those States, reporting that the majority of those interviewed 'indicated that medical marijuana laws has had little impact on their law enforcement activities.'

"As a conservative, I am not surprised that common sense is bubbling up from the State level while Federal marijuana laws remain stuck in the 1930s. Federal law will change eventually, because science, common sense, and human decency require it."

That is the article. Mr. Chairman, I am not a conservative, as most of my colleagues know. I am a liberal. But I certainly agree with this conservative writer and editor.

The fact of the matter is, we ought to let doctors prescribe the medicines they feel would be most effective for their patients. It is not up to us to stand up on the floor of this House and declare with the expertise of the politicians that we are that marijuana, or morphine, or tetracycline is not an effective drug. That is the job of the doctors and the medical professionals to make those judgments.

We can prosecute doctors or others who may abuse this privilege. We allow morphine's use for medical purposes. No one has legalized the general use of morphine, or heroin, from which it is derived. But for medical purposes, we use it as a painkiller all the time. Most of our drugs, if misused, are dangerous and even toxic, but we allow their use to heal the sick under a physician's supervision. Why should marijuana be any different?

Sure, it is a dangerous drug. I certainly do not deny that. But for certain diseases, for certain conditions, it can help people. It can make their lives bearable.

Let the doctors make those decisions, not the politicians. Let the doctors decide what will work for someone's illness, and let them be subject to the normal medical discipline

procedures for the normal uses of the law for those who would abuse their ability to prescribe a drug.

Mr. Chairman, let marijuana be treated as a drug the way morphine is, the way other powerful drugs are. Let people be healed. Let them feel better. Let people with HIV or AIDS or cancer be able to hold their food. Let them survive longer. And let us fight the drug war on a different battlefield.

Mr. WOLF. Mr. Chairman, I yield 2 minutes to the gentleman from Texas (Mr. *Burgess*).

Mr. BURGESS. Mr. Chairman, I thank the chairman for yielding me this time. I actually had not planned on speaking on this issue this evening, but after sitting in my office and hearing some of the other arguments, I felt compelled to come over and at least, if I could, perhaps provide some illumination on this subject.

The last speaker, in fact, talked about science, common sense, and human decency as dictating that we must make marijuana available to our sickest patients.

[Time: 21:00]

But why, indeed, would we want to make a substance available that is widely recognized as a gateway drug which could lead to greater drug use?

My friend from Arizona pointed out that drug use amongst our youth and our children is increasing at a rapid rate, and we need to do what we can to stop that. I do not believe that making marijuana generally available, even for medicinal purposes, is going to further that curtailment of drug use in children or young people.

But, Mr. Chairman, the fact remains that if we want to legally prescribe medication to deal with our patients' suffering, that is, anorexia, Marinol is available today; and I believe it is legal in all States, not just 10 states. What is Marinol? Marinol is a synthetic delta-9-tetrahydrocannabinol. Delta-9-tetrahydrocannabinol is also the naturally occurring compound of *Cannabis sativa*, or marijuana.

So you see, Mr. Chairman, our physicians already have the active ingredient in marijuana available to prescribe to their patients today; and, in fact, I will include for the **RECORD** the package insert from Marinol which details the double-blind placebo studies that show that Marinol has been useful as an appetite stimulant and an antiemetic, that is, it inhibits nausea and vomiting in individuals who are suffering from terminal HIV/AIDS and individuals who are undergoing chemotherapy. And perhaps the beauty of using Marinol is your patient does not have to be terminally ill, they just have to be ill, because Marinol can be used for a short term. In fact, that is what it is recommended, to be used over the short term to deal with those two adverse consequences of chemotherapy.

Mr. Chairman, compassionate care is available in this country. Our doctors are providing compassionate care. It is approved by the Food and Drug Administration. It is approved by the DEA.

Marinol • (Dronabinol) Capsules

#### DESCRIPTION

Dronabinol is a cannabinoid designated chemically as (6aR-trans)-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-1-ol.

Dronabinol, the active ingredient in Marinol • Capsules, is synthetic delta-9-tetrahydrocannabinol (delta-9-THC). Delta-9-tetrahydrocannabinol is also a naturally occurring component of *Cannabis sativa* L. (Marijuana).

Dronabinol is a light yellow resinous oil that is sticky at room temperature and hardens upon refrigeration. Dronabinol is insoluble in water and is formulated in sesame oil. It has a pKa of 10.6 and an octanol-water partition coefficient: 6,000:1 at pH 7.

Capsules for oral administration: Marinol • Capsules is supplied as round, soft gelatin capsules containing either 2.5 mg, 5 mg, or 10 mg dronabinol. Each Marinol • Capsule is formulated with the following inactive ingredients: FD&C Blue No. 1 (5 mg), FD&C Red No. 40 (5 mg), FD&C Yellow No. 6 (5 mg and 10 mg), gelatin, glycerin, methylparaben, propylparaben, sesame oil, and titanium dioxide.

### CLINICAL PATHOLOGY

Dronabinol is an orally active cannabinoid which, like other cannabinoids, has complex effects on the central nervous system (CNS), including central sympathomimetic activity. Cannabinoid receptors have been discovered in neural tissues. These receptors may play a role in mediating the effects of dronabinol and other cannabinoids.

Pharmacodynamics: Dronabinol-induced sympathomimetic activity may result in tachycardia and/or conjunctival injection. Its effects on blood pressure are inconsistent, but occasional subjects have experienced orthostatic hypotension and/or syncope upon abrupt standing.

Dronabinol also demonstrates reversible effects on appetite, mood, cognition, memory, and perception. These phenomena appear to be dose-related, increasing in frequency with higher dosages, and subject to great interpatient variability.

After oral administration, dronabinol has an onset of action of approximately 0.5 to 1 hours and peak effect at 2 to 4 hours. Duration of action for psychoactive effects is 4 to 6 hours, but the appetite stimulant effect of dronabinol may continue for 24 hours or longer after administration.

Tachyphylaxis and tolerance develop to some of the pharmacologic effects of dronabinol and other cannabinoids with chronic use, suggesting an indirect effect on sympathetic neurons. In a study of the pharmacodynamics of chronic dronabinol exposure, healthy male volunteers (N = 12) received 210 mg/day dronabinol, administered orally in divided doses, for 16 days. An initial tachycardia induced by dronabinol was replaced successively by normal sinus rhythm and then bradycardia. A decrease in supine blood pressure, made worse by standing, was also observed initially. These volunteers developed tolerance to the cardiovascular and subjective adverse CNS effects of dronabinol within 12 days of treatment initiation.

Tachyphylaxis and tolerance do not, however, appear to develop to the appetite stimulant effect of Marinol • Capsules. *In studies involving patients with Acquired Immune Deficiency Syndrome (AIDS), the appetite stimulant effect of Marinol • Capsules has been sustained for up to five months in clinical trials, at dosages ranging from 2.5 mg/day to 20 mg/day.*

Pharmacokinetics: Absorption and Distribution: Marinol • (Dronabinol) Capsules is almost completely absorbed (90 to 95%) after single oral doses. Due to the combined

*effects of first pass hepatic metabolism and high lipid solubility, only 10 to 20% of the administered dose reaches the systemic circulation. Dronabinol has a large apparent volume of distribution, approximately 10 L/kg, because of its lipid solubility. The plasma protein binding of dronabinol and its metabolites is approximately 97%.*

The elimination phase of dronabinol can be described using a two compartment model with an initial (alpha) half-life of about 4 hours and a terminal (beta) half-life of 25 to 36 hours. Because of its large volume of distribution, dronabinol and its metabolites may be excreted at low levels for prolonged periods of time.

Metabolites: Dronabinol undergoes extensive first-pass hepatic metabolism, primarily by microsomal hydroxylation, yielding both active and inactive metabolites. Dronabinol and its principal active metabolite, 11-OH-delta-9-THC, are present in approximately equal concentrations in plasma. Concentrations of both parent drug and metabolite peak at approximately 2 to 4 hours after oral dosing and decline over several days. Values for clearance average about 0.2 L/kg-hr, but are highly variable due to the complexity of cannabinoid distribution.

Elimination: Dronabinol and its biotransformation products are excreted in both feces and urine. Biliary excretion is the major route of elimination with about half of a radio-labeled oral dose being recovered from the feces within 72 hours as contrasted with 10 to 15% recovered from urine. Less than 5% of an oral dose is recovered unchanged in the feces.

Following single dose administration, low levels of dronabinol metabolites have been detected for more than 5 weeks in the urine and feces.

In a study of Marinol • Capsules involving AIDS patients, urinary cannabinoid/creatinine concentration ratios were studied bi-weekly over a six week period. The urinary cannabinoid/creatinine ratio was closely correlated with dose. No increase in the cannabinoid/creatinine ratio was observed after the first two weeks of treatment, indicating that steady-state cannabinoid levels had been reached. This conclusion is consistent with predictions based on the observed terminal half-life of dronabinol.

Special Populations: The pharmacokinetic profile of Marinol • Capsules has not been investigated in either pediatric or geriatric patients.

## CLINICAL TRIALS

Appetite Stimulation: The appetite stimulant effect of Marinol • (Dronabinol) Capsules in the treatment of AIDS-related anorexia associated with weight loss was studied in a randomized, double-blind, placebo-controlled study involving 139 patients. The initial dosage of Marinol • Capsules in all patients was 5 mg/day, administered in doses of 2.5 mg one hour before lunch and one hour before supper. In pilot studies, early morning administration of Marinol • Capsules appeared to have been associated with an increased frequency of adverse experiences, as compared to dosing later in the day. The effect of Marinol • Capsules on appetite, weight, mood, and nausea was measured at scheduled intervals during the six-week treatment period. Side effects (feeling high, dizziness, confusion, somnolence) occurred in 13 of 72 patients (18%) at this dosage level and the dosage was reduced to 2.5 mg/day, administered as a single dose at supper or bedtime.

As compared to placebo, Marinol • Capsules treatment resulted in a statistically significant improvement in appetite as measured by visual analog scale (see figure). Trends toward improved body weight and mood, and decreases in nausea were also seen.

After completing the 6-week study, patients were allowed to continue treatment with Marinol • Capsules in an open-label study, in which there was a sustained improvement in appetite.

Antiemetic: Marinol • (Dronabinol) Capsules treatment of chemotherapy-induced emesis was evaluated in 454 patients with cancer, who received a total of 750 courses of treatment of various malignancies. The antiemetic efficacy of Marinol • Capsules was greatest in patients receiving cytotoxic therapy with MOPP for Hodgkin's and non-Hodgkin's lymphomas. Marinol • Capsules dosages ranged from 2.5 mg/day to 40 mg/day, administered in equally divided doses every four to six hours (four times daily). Escalating the Marinol • Capsules dose above 7 mg/m<sup>2</sup> *increased the frequency of adverse experiences, with no additional antiemetic benefit.*

Combination antiemetic therapy with Marinol • Capsules and a phenothiazine (prochlorperazine) may result in synergistic or additive antiemetic effects and attenuate the toxicities associated with each of the agents.

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## INDIVIDUALIZATION OF DOSAGES

The pharmacologic effects of Marinol • (Dronabinol) Capsules are dose-related and subject to considerable interpatient variability. Therefore, dosage individualization is critical in achieving the maximum benefit of Marinol • Capsules treatment.

*Appetite Stimulation:* In the clinical trials, the majority of patients were treated with 5 mg/day Marinol • Capsules, although the dosages ranged from 2.5 to 20 mg/day. For an adult:

1. Begin with 2.5 mg before lunch and 2.5 mg before supper. If CNS symptoms (feeling high, dizziness, confusion, somnolence) do occur, they usually resolve in 1 to 3 days with continued dosage.
2. If CNS symptoms are severe or persistent, reduce the dose to 2.5 mg before supper. If symptoms continue to be a problem, taking the single dose in the evening or at bedtime may reduce their severity.
3. When adverse effects are absent or minimal and further therapeutic effect is desired, increase the dose to 2.5 mg before lunch and 5 mg before supper or 5 and 5 mg. Although most patients respond to 2.5 mg twice daily, 10 mg twice daily has been tolerated in about half of the patients in appetite stimulation studies.

*The pharmacologic effects of Marinol • Capsules are reversible upon treatment cessation.*

Antiemetic: Most patients respond to 5 mg three or four times daily. Dosage may be escalated during a chemotherapy cycle or at subsequent cycles, based upon initial results. Therapy should be initiated at the lowest recommended dosage and titrated to clinical response. Administration of Marinol • Capsules with phenothiazines, such as

*prochlorperazine, has resulted in improved efficacy as compared to either drug alone, without additional toxicity.*

*Pediatrics: Marinol • Capsules is not recommended for AIDS-related anorexia in pediatric patients because it has not been studied in this population. The pediatric dosage for the treatment of chemotherapy-induced emesis is the same as in adults. Caution is recommended in prescribing Marinol • Capsules for children because of the psychoactive effects.*

*Geriatrics: Caution is advised in prescribing Marinol • Capsules in elderly patients because they are generally more sensitive to the psychoactive effects of drugs. In antiemetic studies, no difference in tolerance or efficacy was apparent in patients 55 years old.*

#### INDICATIONS AND USAGE

*Marinol • (Dronabinol) Capsules is indicated for the treatment of:*

- 1. anorexia associated with weight loss in patients with AIDS; and*
- 2. nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.*

#### CONTRAINDICATIONS

*Marinol • (Dronabinol) Capsules is contraindicated in any patient who has a history of hypersensitivity to any cannabinoid or sesame oil.*

#### WARNINGS

*Patients receiving treatment with Marinol • Capsules should be specifically warned not to drive, operate machinery, or engage in any hazardous activity until it is established that they are able to tolerate the drug and to perform such tasks safely.*

Mr. HINCHEY. Mr. Chairman, I yield 4 minutes to the gentleman from California (Mr. Rohrabacher).

Mr. ROHRABACHER. Mr. Chairman, I rise in strong support of this amendment, for two reasons. Number one, I believe in freedom. I believe in democracy and the democratic process. If the people of 10 States have voted, I guess eight of them have actually voted through referendum and two through their other legislative process to legalize the medical use of marijuana within those States, it is totally contrary to our way of life in the United States of America to say that those States, the people of those States, do not have a right to set their standards, their legal standards in those States.

There are dry counties, and there are wet counties. You can have a State that is right next to one State. That is no argument. You do not have to have one rule for the whole country. That is what federalism is all about. And what greater use of federalism or more important use of federalism than for people to control substances as they are consumed in their own area? I would suggest that in my State, for example, where the people did, by a large majority, vote for legalizing the medical use of marijuana that it is a travesty for the Federal Government to send police into my State and arrest people and throw them in a cage, in jail, for doing something that the vast majority of people in my State voted to make a legal practice. This is contrary to American tradition. This is not right. It has only

been in this last 100 years that America has decided to go haywire and create this type of oppression which is contrary to the wishes of the majority of people in these areas.

Number two, let us just face it, it has not worked. The process that we have tried to use to prevent drug use has not worked. The drug war is a miserable failure. That does not mean we should give up. I am not advocating that. I do not advocate legalizing drugs, but I think that it is time to take a second look at what has been going on. It has not succeeded at all in preventing people from using drugs, and it has been a catastrophe in the black and other minority communities where young people get thrown into jail at an early age and their whole life is ruined. We need to take a second look at drugs in general and how we are going to try to convince young people not to use drugs.

By the way, I was Ronald Reagan's speech writer and I wrote almost every one of his speeches about drugs at a time when we convinced America's youth to stop using drugs and there was the greatest decline in the use of drugs during Reagan's administration as any time in our history. I can assure you in Ronald Reagan's speeches, he talked about just relying on law enforcement was not the answer. And it certainly is not the answer in dealing with medical marijuana that has been approved by the majority of people in various States. Lynn Nofziger, Ronald Reagan's adviser; William F. Buckley, the editor of National Review; Bob Ehrlich, the Governor of Maryland, all of these people understand what this is all about and understand that those people opposing this liberalization of the medical use of marijuana are living in a bygone era.

Let me just note this. My mother passed away about 4 or 5 years ago. One of the factors in my determination tonight to stand up here before you is that I remember when the doctor told me that she had lost her appetite and I was going to have to feed her. I was very pleased that I had voted for making the medical use of marijuana legal because I could not look at myself in the face knowing that I had done that to other people who were confronted by their mother. What are we doing to someone, and they do not have to be critically ill. What about an older person that has lost their appetite and their will to live? If a doctor thinks it is going to help them to use marijuana, it is immoral for us to try to put people in jail who are moving to alleviate that type of horror that people have in their own lives.

Are we compassionate or are we not? I suggest that we vote for compassion and freedom and support this liberalization.

Mr. WOLF. Mr. Chairman, I yield 3 minutes to the gentleman from Indiana (Mr. Souder).

Mr. SOUDER. Mr. Chairman, it is awful when your parents get older and have different struggles and we need to look and we have found drugs to give them to try to address this question. That is not what this debate is about. The gentleman from California and I have been friends for many years. We grew up in the same conservative youth organization, Young Americans for Freedom. We had these same disagreements when we were in YAF a long time ago on legalization of marijuana. We had a very close vote in the national organization. It was an organization founded by William F. Buckley. Richard Brookhiser came up through that same organization. What we called, and I was a more traditionalist conservative, the libertarians believed at that time, and in many cases still do, as we heard from the most consistent libertarian in the House, the gentleman from Texas (Mr. Paul),

that drug laws are wrong and that States can nullify Federal laws. I do not agree with that. I believe there are times when the elected representatives of the American people can make national policy and that is what we are debating right now. Does the Federal Government have a right to make a law by elected citizens all across the United States that will be upheld because they believe it protects the citizens of the United States in the best way?

Many States conceivably could pass different laws on civil rights to nullify some of the things we do here and other laws. We cannot operate that way. We heard earlier today that people said on the other side that we should support the first responders and our police forces. They are unanimous across the country as a whole saying

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that they are against any weakening of the marijuana laws with the signals they are sending. This is a fundamental debate about what direction we are going in national drug law. This is a backdoor way to move in. It is not about compassion. We need to look for additional ways if Marinol does not solve it all, but it does and in the new, improved ways it actually appears to deal with vomiting.

People can promise all types of different things. We can feel the pain, but we should not change laws that are working. And if we want to change those laws on the national drug policy, you should come and change the national drug laws. It would be a travesty if this House in effect nullifies Federal law. This is not just nullifying Federal law. The case was brought to the Supreme Court. The Supreme Court ruled that the Attorney General and DEA have an obligation to enforce Federal law.

I believe that the courts too often have usurped State authority and taken the 10th amendment the wrong direction. This is not about that. This is about when Congress passed a law under the Constitution that said in interstate commerce, which narcotics move across interstate commerce, which was not a liberal interpretation of that clause but a strict interpretation of that clause from a conservative perspective, all except the more anarcho-libertarians, as we used to call them, believe that in drug laws the Federal Government historically has had the right to enforce a Federal law. The conservative movement is not divided. We have a few of the libertarian fringe who I respect for their opinions but strongly disagree just as we did when we were kids; now we are grownups, and we still have the same disagreement.

Mr. HINCHEY. Mr. Chairman, I yield 3 minutes to the gentlewoman from Texas (Ms. *Jackson-Lee*).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. I thank the distinguished gentleman from New York for yielding me this time.

Mr. Chairman, I respect the gentleman from Indiana (Mr. *Souder*) for the work that he has done. We have traveled together. I think anyone that comes to the floor of the House and discusses this issue obviously is not concerned about the political liability that the headlines will read that you stood on the floor of the House to support the free and open use of marijuana and the promotion of drug use in the United States of America. That is

why I think it is very important to clarify the distinctive arguments that are being made on either side. In fact, I disagree with the interpretation of nullification when, in fact, it is an issue of States' rights that will not be harmful to others.

I believe the Federal law is relevant when the Federal law seeks to solve a problem that is, in fact, harmful overall to all Americans. The civil rights example that the gentleman from Indiana used was an issue where the United States wanted to fall on the side of what was right and end the most heinous of behaviors in the 20th century, and that was segregation, lynching; and so we wrote civil rights laws to give equality to all Americans.

This issue of the medical use of marijuana is a question of the patients asking and demanding relief. I guess there is no one that can stand in the shoes of a patient who is suffering from the horrible pain of cancer. No one, none of us who are standing here healthy today can understand the absolute pain of not being able either to eat or suffer through the treatment that might be provided by normal medical procedures.

My understanding of the States that have voted for the use of medical marijuana is, in fact, regulated processes; is, in fact, structures in place to ensure that this is not a situation of drug running. So I do not know why we have come to the floor of the House and not respect the amendment that the gentleman from New York has put forward, which is to cease the utilization of Federal funds for intervention in a process that has been accepted by States and regulated by States. Appropriately, I believe, the 10th amendment, leave-it-to-States, States' rights, should be the acceptable call of the day. That should be the law.

These nine or 10 States have opted to be able to choose in their regulated manner to allow for physicians and others to be able to prescribe marijuana for use to be able to help their patients and to stop the pain that they are suffering from. I cannot imagine that we would not want to be problem solvers on this issue and take the responsible route, which is to allow States who have been responsible in their own areas and suggested that medical marijuana is a vital and important use.

I would hope my colleagues would see this separately from the war on drugs when there is a great debate as to whether the war on drugs is effective. I too am not interested in legalizing drug use, but I am interested in making sure that the sick are taken care of and States' rights are protected in this instance.

Mr. WOLF. Mr. Chairman, I yield 3 minutes to the gentleman from Arizona (Mr. *Shadegg*).

Mr. SHADEGG. I thank the gentleman for yielding me this time.

Mr. Chairman, I again reiterate my opposition to this amendment. I would agree with the gentlewoman who just spoke that each side has an argument of merit in this debate. I compliment her for standing up and speaking out her views. But I would say I strongly disagree.

Let us start with this whole issue of States' rights. I yield to no one on the issue of States' rights. I have a piece of legislation I have introduced every year in this Congress which would have required every Member of Congress to cite in each bill they introduce the constitutional authority, the provision of the U.S. Constitution that gives the Congress the right to act in this area. The gentlewoman would suggest that medical marijuana is not an area in which the Federal Government has the right to legislate.

[Time: 21:15]

The implication there is that the Federal Government does not have the right to legislate in the area of drug policy.

I would suggest that our Nation's civil rights laws, which I strongly support, are based on the issue of interstate commerce and that discrimination affects interstate commerce, and therefore it is appropriate for the Federal Government to pass laws prohibiting civil rights conduct that is offensive, including discrimination.

By the same token, clearly our Nation's laws against drugs, marijuana and all of the others, are based on the same premise, and that is that they do affect interstate commerce. Indeed, drug use, illegal drug use by American workers, imposes a tremendous burden on our workforce and on our productivity.

But let us go beyond that. The argument I believe she tried to make was there is a distinction because these laws that do not have any negative effect, they do not do harm. I would suggest that even if medicinal marijuana did not harm anyone other than its user, an argument I will refute in just a moment, that premise would be wrong.

But let us look at the case cited earlier in this debate. There is a doctor in California who has taken advantage of that State's medical marijuana law to write 7,500 prescriptions for medical marijuana and has conducted in doing that not a single medical exam. The reality is, this is a fraud. The medical marijuana prescriptions which that doctor and other doctors have written are not written for medicinal reasons. The gentleman from Texas (Mr. *Burgess*) gave, I thought, eloquent testimony here on this floor just a few moments ago in which he made it very clear that there are drugs available to doctors today with the exact same medical and medicinal properties as marijuana, that will relieve the pain or that will deal with the lack of hunger or appetite, that will deal with those issues.

I want to make another point. It was interesting that in this debate one of my colleagues on the other side said, Look, we already recognize certain painkilling drugs and we allow them to be legal in our system, and he cited a couple of those painkilling drugs. Why do we not allow marijuana? The answer is, there is sound evidence behind allowing certain drugs and there is no

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sound evidence behind allowing marijuana to be used for the reasons for which it is argued.

I strongly urge my colleagues to oppose this amendment. It will, in fact, send an inconsistent signal to our children and do grave damage to the children of America.

Mr. HINCHEY. Mr. Chairman, I yield myself such time as I may consume.

Our Federal system reserves to the States all those powers that are not designated to the Federal Government in the Constitution. Ten States have decided that they want to alleviate the pain and suffering of their citizens who may be afflicted with AIDS or cancer or some other debilitating, killing disease, and make their last days on this Earth more comfortable by allowing them, under prescription from a licensed physician in those States, to use marijuana for medical purposes.

The Federal Government has said ``no." The Justice Department and this administration have said ``no." They are not going to allow people in those 10 States, fully 20 percent of the States of the Nation, to be relieved of the pain and suffering under the laws of those States. That makes no sense.

Mr. Chairman, I reserve the balance of my time.

Mr. WOLF. Mr. Chairman, do I have the right to close?

The CHAIRMAN. The gentleman from Virginia (Mr. *Wolf*) has the right to close.

Mr. HINCHEY. Mr. Chairman, how much time is remaining?

The CHAIRMAN. The gentleman from New York (Mr. *Hinchey*) has 2 minutes remaining. The gentleman from Virginia (Mr. *Wolf*) has 3 minutes remaining.

Mr. HINCHEY. Mr. Chairman, I yield myself such time as I may consume.

I want to thank everyone who participated in this debate. I think it is very important that issues like this be discussed on the floor of the House of Representatives. The fact of the matter here, in this particular amendment, is simply this: Are we going to continue to allow the United States Justice Department to stick its nose into the business of 10 sovereign States of this Union who have decided that they want to help people who are suffering and dying from debilitating disease, AIDS, cancer, and others, who suffer from ailments such as glaucoma and a whole host of other ailments that have been found by a vast majority of the highly respected medical associations of this country, they have found that people suffering in that way can be relieved by the prescriptive use of marijuana under the supervision of a licensed physician?

That is what this amendment would do. It does not open up anything else.

Some of the arguments that have been made against this amendment have nothing to do with what this amendment seeks to achieve. It is very narrow in its form and in its definition. It relates only to States that have decided in their own way, either by referendum, which eight of them have, or by laws passed by their State legislative bodies, to allow people to use marijuana for medical purposes to relieve the pain and suffering in the final days of their lives.

People talk about a gateway drug. Someone dying from cancer is not going to use marijuana as a gateway drug. They are using it to try to gain back a bit of their appetite so that they can maintain their strength and continue to live among their family and offer the aid and assistance of themselves to that family during the last days of their lives. Are we going to deny people that?

That is exactly what we are doing by the present law, and that is why this amendment is here, and I ask for its passage.

Mr. WOLF. Mr. Chairman, I yield myself the remainder of my time.

Mr. Chairman, this is really a cultural issue. That is what this is all about. It is about the culture, nothing else. The Hinchey amendment would mean that State medical marijuana laws are the supreme law of the land. This amendment would prevent Federal officials from enforcing Federal law in a manner contrary to State law.

Under this amendment anyone who manufactures, distributes, or possesses marijuana in purported compliance with State law would have immunity under Federal law.

I think it is a big issue and I think the gentleman from Arizona (Mr. *Shadegg*) and the gentleman from Indiana (Mr. *Souder*) covered it very well. Medical marijuana laws send the wrong message to our youth, too many of whom do not recognize the dangers of marijuana and continue to experiment. It is a cultural issue. It has taken the culture in the wrong direction, and I urge defeat of the amendment.

Mr. Chairman, I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from New York (Mr. *Hinchey*).

The question was taken; and the Chairman announced that the yeas appeared to have it.

Mr. HINCHEY. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New York (Mr. *Hinchey*) will be postponed.

Mr. WOLF. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. *Kolbe*) having assumed the chair, Mr. *Hastings* of Washington, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2799) making appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for the fiscal year ending September 30, 2004, and for other purposes, had come to no resolution thereon.