

Statement Of

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SUBCOMMITTEE ON CIVIL RIGHTS AND CIVIL LIBERTIES

“Developments in State Cannabis Laws and Bipartisan Cannabis  
Reforms at the Federal Level”

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## **Introduction**

Chairman Raskin, Ranking Member Mace, and members of the Subcommittee on Civil Liberties and Civil Rights,

Good morning. My name is Eric Goepel, founder of the Veterans Cannabis Coalition. I served in the U.S. Army for seven years, including two tours in Iraq, as a communications specialist in a special operations unit. I am also the son and grandson of veterans, all now passed, who have served this country since World War II. In my capacity with the Veterans Cannabis Coalition, I have been working for close to five years on this nexus of issues, beginning with advocating for the VA Medicinal Cannabis Research Act of 2018.

On behalf of our community and all patients who rely on cannabis as a medicine, we thank you for holding this hearing and gathering a variety of perspectives on this knot of state and federal challenges.

## **Background**

Our advocacy is rooted in personal loss. The loss of our brothers and sisters in arms who were killed in accidents and combat. The loss of our friends who survived the war only to die by suicide and overdose. The loss of our family members who served, taken early by diseases like alcoholism and cancer.

Each passing leaves a void and, for those of us who go on, a lingering question: could we have done more?

We are here to provide an answer: "yes". We could have done more, we can do more, and we should do more.

Every death by suicide, overdose, and toxic exposure is not a tragedy—it is a policy failure. It is not just a dereliction of Congress' duty to provide for the general welfare of the nation, but a betrayal of the explicit promise our country has made, for hundreds of years, to care for those who have borne the battle.

What other way can we describe 127,560<sup>1</sup> veterans dead by suicide in the last two decades, despite billions of dollars spent on studies on interventions? Or the tens of thousands lost to overdose, made worse by crackdowns on legal prescribing and a tainted drug supply? Or decade after decade of the Department of Defense poisoning generations of servicemembers, families, and host communities, at home and abroad?

We watched our parents and grandparents who served have to fight just to have their wounds recognized: Agent Orange. Gulf War Syndrome. PTSD. Faced with a bureaucratic culture of “delay, deny, and hope we die” they refused to sit idly by. They made common cause with their former comrades and banded together to petition their government to fulfill its obligations. In the process, they brought not just recognition and more services to all veterans, but advanced our social and scientific understanding of numerous illnesses and conditions.

We represent just one more link in the chain of service, trauma, and advocacy that has mobilized tens of millions of veterans over more than a century. While our focus is on the impact of cannabis on the lives of veterans, veterans do not exist in a vacuum. They are a part of every community in this country. The conditions commonly associated with veterans, like PTSD, are not unique to them, but they do experience those challenges at far higher rates and combinations than their non-veteran peers.

We saw what was happening in the data, we felt it reflected in our own lives, and we went searching for solutions. What we found was a story echoed by thousands of veterans, whose identities and backgrounds cut across every demographic.

Each served honorably. In peace or war, their military service wounded them, physically and mentally. After they separated, they struggled and sought treatment. But whether through the VA or private health, the treatments they received did nothing or made their symptoms worse. Over the course of years, they are juggled from therapist to therapist and medication to medication in the hopes of finding something that works for them. By the end, they are left numb and disconnected, ground down by a punishing pharmaceutical regimen and hopeless that they’ll ever feel “normal” again.

At that point in the story, they are teetering on a knife’s edge. In this time of desperation, they discover cannabis and are suddenly struck with profound relief. Universally, those

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<sup>1</sup> Department of Veterans Affairs. *2022 National Veteran Suicide Prevention Annual Report*. VA Suicide Prevention Office of Mental Health and Suicide Prevention. Sep. 2022. <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

veterans reported that THC, usually consumed in the form of smoked flower, allowed them to have their first good night's sleep in years or decades. Beyond that, for some it seemed to reduce pain, anxiety, depression—especially in comparison to the opioids, sedatives, and antipsychotics they were prescribed. For all, cannabis served as a catalyst that assisted them with regaining lost function and improving their quality of life.

For veterans, restored function means being able to hug your child because you are no longer in crippling pain. An improved quality of life means you can sleep more than two consecutive hours, free from PTSD induced nightmares. Brick by brick, cannabis helped those veterans rebuild their lives. It did not “cure” them, but it proved to be a powerful tool, both as a first-line medicine and a form of harm reduction as a less risky substitute for legal drugs like tobacco and alcohol.

## **State Reforms: Education & Compassionate Donation**

If we acknowledge the lived experience of the estimated 1-in-5 veterans who use cannabis for medical purposes and how they explicitly tie their cannabis use to reducing their suicide and overdose risk, then we are left with a clear charge: educate veterans about cannabis.

We are not in a position to determine whether THC or CBD or any other cannabinoid will be a good fit for any person. Individual biology, medical needs and goals, and a hundred other factors all contribute to whether cannabis might be helpful.

That has been our focus on the grassroots level. In California, we have brought together nonprofits, experts, and the state cannabis industry to raise awareness of both the existing research relating to cannabis as well as bringing patients together to share their perspectives.

Veterans know that a one-size-fits-all approach to healthcare does not work. All too often we have been subjected to an industrial mentality, within the VA and private sector, that looks at our symptoms like dials on a machine that can simply be turned down with pharmaceuticals. The result has been an overmedicated generation of veterans, particularly among post-9/11 vets, who have the highest rate of suicide across

demographics. Compared to 7,052 direct war deaths in the last 20 years, 30,177 post-9/11 veterans have died by suicide.<sup>2</sup>

While we conduct outreach to provide information and address stigma, there is a unique state law in place in California that has eliminated a major barrier to cannabis access in the form of affordability.

That law, the Dennis Peron and Brownie Mary Act<sup>3</sup>, is named after two pioneers who were critical in California becoming the first state to legalize medical cannabis in 1996. They did that with a message of compassion grounded in their experience of the existential peril of AIDS and seeing firsthand how cannabis helped ease the suffering of their loved ones.

What does bringing together free and tested cannabis, ongoing peer-support, continuing education, and traditional nonprofit services mean for veteran patients? It means a new patch in a safety net for a community who, in spite of a \$300 billion dollar annual budget dedicated to their welfare, is losing more people today to suicide than any other time on record.

There is plenty of promising current research to support a number of much needed medical applications for cannabis compounds. Seeing the holistic impact of people collectively working to provide others with hope and comfort through cannabis, though, should be seen. We invite members of this committee to join us and our nonprofit partners to see this network in action and hear the testimonials of veterans firsthand.

## **The Desperate Need for Federal Reform**

### **Cannabis in Comparison**

Regardless of individual opinions on cannabis and the claims people make, THC and CBD are not opioids, benzodiazepines, amphetamines or any number of legally prescribed drugs. Each of those substance categories are present in Schedule II of the Controlled Substances Act and have recognized medical uses, for example:

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<sup>2</sup> Suitt, Thomas H. "High Suicide Rates among United States Service Members and Veterans of the Post-9/11 Wars." Watson Institute. 21 Jun. 2021.  
[https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt\\_Suicides\\_Costs%20of%20War\\_June%2021%202021.pdf](https://watson.brown.edu/costsofwar/files/cow/imce/papers/2021/Suitt_Suicides_Costs%20of%20War_June%2021%202021.pdf)

<sup>3</sup> California State Legislature. "Bill Text - SB-34 Cannabis: Donations."  
[leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200SB34](http://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB34).

post-surgical acute pain, or alcohol withdrawal syndrome, or ADHD symptom management.

But each are toxic in the wrong dose, particularly when used together, and kill tens of thousands every year<sup>4</sup>. As Congress and the DEA have cracked down on legal sources of those types of medications, opioids in particular<sup>5</sup>, veterans have been pushed into an increasingly poisoned unregulated drug supply. We have watched the opioid overdose crisis shift from legal, diverted opioids like oxycodone, to the rise of heroin, to the current “third wave” of synthetics like fentanyl<sup>6</sup>.

With each wave of the crisis, overdose deaths have increased. Veterans have been particularly vulnerable because of the prevalence of chronic pain symptoms, with the VA leading the way in both opioid prescribing, deprescribing<sup>7</sup>, and, we would argue, patient abandonment.<sup>8</sup> We also have reports from veterans of being diagnosed with cannabis use disorder (CUD)<sup>9</sup>, which gives the VA permission to “modify a care plan” and initiate an involuntarily taper<sup>10</sup>. They are cut off, given nothing effective to replace it, and left to their own devices. Many end up resorting to illicit opioids and die because they do not know the potency, do not have the physical tolerance, or end up consuming other drugs cut into the mix that create a fatal polysubstance overdose.

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<sup>4</sup> Centers for Disease Control. “Drug Overdose Deaths.” National Center for Health Statistics. 12 Aug. 2022. <https://www.cdc.gov/nchs/hus/topics/drug-overdose-deaths.htm>

<sup>5</sup> Horowitz, Sari, Higham, Scott. “DEA launches new crackdown on pharmacies and opioid over-prescribers.” *The Washington Post*. 30 Jan. 2018.

[https://www.washingtonpost.com/world/national-security/dea-launches-new-crackdown-on-pharmacies-and-opioid-over-prescribers/2018/01/30/14cc20be-0600-11e8-94e8-e8b8600ade23\\_story.html](https://www.washingtonpost.com/world/national-security/dea-launches-new-crackdown-on-pharmacies-and-opioid-over-prescribers/2018/01/30/14cc20be-0600-11e8-94e8-e8b8600ade23_story.html)

<sup>6</sup> Centers for Disease Control. “Understanding the Opioid Overdose Epidemic.” Opioids. 1 Jun. 2022. <https://www.cdc.gov/opioids/basics/epidemic.html>

<sup>7</sup> Department of Veterans Affairs. “Department of Veterans Affairs Opioid Prescribing Data.” 1 Jan. 2020. <https://www.oit.va.gov/reports/opioid/index.cfm>

<sup>8</sup> Knopf, Alison. “How Did We Come to Abandon America’s Pain Patients?” *Filter*. 12 Jul. 2019. <https://filtermag.org/abandon-americas-pain-patients/>

<sup>9</sup> Bonn-Miller, M.O., Harris, A.H.S., Trafton, J.A.. “Prevalence of Cannabis Use Disorder Diagnoses among Veterans in 2002, 2008, and 2009.” *Psychological Services*, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/22564034/>

<sup>10</sup> Department of Veterans Affairs. “Access To VHA Clinical Programs For Veterans Participating In State-Approved Marijuana Programs.” Veterans Health Administration. 8 Dec. 2017. [https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=5711](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=5711)

In the background of the the opioid overdose crisis, the federal government also collects billions in taxes from the production and sale of alcohol<sup>11</sup> and tobacco<sup>12</sup>, which are associated with 620,000 deaths per year and have zero recognized health value.

Three-in-ten veterans use tobacco<sup>13</sup>—why have we not embraced an evidenced-based<sup>14</sup> harm reduction approach that helps them transition to non-tobacco sources of nicotine and other alternatives like CBD, rather than more criminalization?

More than 40% of veterans will have a lifetime alcohol use disorder<sup>15</sup>, which is associated with increased rates of overdose and suicide. But it's celebrated in our culture, and in particular military culture, and cheaply available at hundreds of thousands of points of sale throughout the US. That may have contributed to alcohol associated deaths doubling since 1999<sup>16</sup>.

At no point in history has the proper policy response been prohibition. That way lies rampant civil rights abuses, empowered organized crime, and mass poisoning deaths. We've seen it over and over in alcohol, opioids, and cannabis. Each time the federal government bans something widely used and offers no legal alternative, you simply criminalize millions of people. What's more, it generates antisocial behavior that puts a profit motive in developing increasingly cheaper and powerful versions of these drugs, using violence to enforce control, all the while freely contaminating their product.

That negligence is always present. Alcohol prohibition produced a spike in methanol poisonings. After decades of interventions to punish people who use opioids, we now have a drug supply that is dominated by synthetic forms that are ever more potent, discrete, and dangerous and killing more people every year. The federal government has

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<sup>11</sup> Centers for Disease Control. "Deaths from Excessive Alcohol Use in the United States." Alcohol and Public Health. 6 Jul. 2022. <https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html>

<sup>12</sup> Centers for Disease Control. "Tobacco-Related Mortality." Smoking & Tobacco Use. 28 Apr. 2020. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm)

<sup>13</sup>Centers for Disease Control. "About three in ten veterans use tobacco products." 11 Jan. 2018. <https://www.cdc.gov/media/releases/2018/p0111-tobacco-use-veterans.html>

<sup>14</sup> UK National Health Service. "Vaping to quit smoking." <https://www.nhs.uk/better-health/quit-smoking/vaping-to-quit-smoking/>

<sup>15</sup> Fuehrlein, B.S., Mota, N., Arias, A.J. "The burden of alcohol use disorders in US military veterans: results from the National Health and Resilience in Veterans Study." *Addiction*. 11 Oct 2016; 111(10):1786-94. doi: 10.1111/add.13423. <https://pubmed.ncbi.nlm.nih.gov/27061707/>

<sup>16</sup> Christensen, Jen. "Alcohol-related deaths have doubled in the US and women are at an increased risk, study says." CNN. 8 Jan. 2020. <https://www.cnn.com/2020/01/08/health/alcohol-related-deaths-double/index.html>

long prohibited cannabis, going so far as to spray the Parkinson's disease associated<sup>17</sup> herbicide paraquat on plants<sup>18</sup> and spurring the creation of synthetic cannabinoids commonly called "spice."

This is a brief and woefully incomplete factual accounting of federal action that has continuously put the well-being of the people in danger—and lining the pockets of organized crimes with billions in the process. We do not have to wonder why veterans are faring so badly when we see the rest of the country's needs being ignored despite every metric getting worse.

### **The VA Can Do Far More with Cannabis**

The case is clear that change is needed, but where should we start?

Our allies in Canada, who American servicemembers have fought side-by-side with since World War I, have provided their veterans with a cannabis for medical purposes reimbursement program since 2011. In the most recent year, Veterans Affairs Canada subsidized the purchase of \$150 million in legal cannabis by more than 18,000 veterans.<sup>19</sup>

In contrast, the U.S Department of Veterans Affairs has opposed every Congressional attempt to expand research, make it easier for veterans to access state-legal medical programs, codify protections for veterans using cannabis, or provide them safe harbor on VA property. Their counter arguments always boil down to: it is a Schedule I substance.

The Veterans Health Administration, the VA's most important function, represents the largest unified healthcare system in the country and is utilized by more than 6 million veterans a year<sup>20</sup>. It is essential; in particular, its specialized services cannot be replicated in the private sector. For all of its shortcomings and the adversarial relationship between patients and bureaucracy that often exists, veterans as a whole

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<sup>17</sup> Tangamornsukan, W., Lohitnavy, O., Sruamsiri, R. "Paraquat exposure and Parkinson's disease: A systematic review and meta-analysis." *Archives of Environmental & Occupational Health*. 25 Nov. 2018. 74(5):225-238. doi:10.1080/19338244.2018.1492894. <https://pubmed.ncbi.nlm.nih.gov/30474499/>

<sup>18</sup> Landrigan P.J., Powel, K.E., James, L.M. "Paraquat and marijuana: epidemiologic risk assessment." *American Journal of Public Health*. Jul. 1983; 73(7):784-8. doi: 10.2105/ajph.73.7.784. <https://pubmed.ncbi.nlm.nih.gov/6859364/>

<sup>19</sup> Veterans Affairs Canada. "Cannabis for Medical Purposes."

[www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/cmp](http://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/cmp)

<sup>20</sup> Department of Veterans Affairs. "VA Utilization Profile FY 2017." National Center for Veterans Analysis and Statistics. May 2020. [https://www.va.gov/vetdata/docs/Quickfacts/VA\\_Utilization\\_Profile\\_2017.pdf](https://www.va.gov/vetdata/docs/Quickfacts/VA_Utilization_Profile_2017.pdf)



have invested decades of advocacy in making the VA better and better. But when it comes to cannabis, it is doing both veterans and the healthcare providers in its employ a massive disservice.

Veterans are no strangers to irony and absurdity and Congress and the VA have contributed to creating a modern catch-22 with veterans and cannabis.

We serve, are injured, and then are prescribed drugs we know increase our risk of suicide and overdose and do not help our underlying symptoms. A plant that millions of us consume as a preferred alternative to our pharmaceutical cocktails, cannabis, is prohibited and stigmatized by the same people who say they want to end our suicide and overdose crisis. So should we take what the government gives us and continue to wither away and die, or fight for our own survival, use cannabis, and be turned into criminals by the nation we defended?

That's some catch, that catch-22.

### **Descheduling & Research**

That is one of many reasons that the cornerstone of any federal reform must be removing cannabis from the Controlled Substances Act entirely. Keeping cannabis on the schedule keeps the plant criminalized—even if you were to move it to Schedule V, possession without a doctor's prescription would remain a federal felony.

Keeping cannabis anywhere on the schedule also reduces potential innovation, as it would still put unnecessary restrictions on sourcing materials across a wide range of agricultural, commercial, industrial, and medical applications.

Whatsmore: we are so close. Hemp is a legal term for cannabis plants that have less than .3% THC by weight. All hemp is cannabis. Congress descheduled every cannabis derived compound under that arbitrary THC limit in the 2018 Farm Bill.

Those compounds, cannabinoids, act on the human endocannabinoid system which modulates several important physiological processes like immune function and memory.<sup>21</sup> Cannabinoids found naturally in the plant seem to be low risk and offer immense possibilities in the development of new pain medications, anti-inflammatories,

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<sup>21</sup> Grinspoon, Peter, MD. "The Endocannabinoid System: Essential and Mysterious." Harvard Health, 11 Aug. 2021, [www.health.harvard.edu/blog/the-endocannabinoid-system-essential-and-mysterious-202108112569](http://www.health.harvard.edu/blog/the-endocannabinoid-system-essential-and-mysterious-202108112569).

and neuroprotectants.<sup>22</sup> COVID is now the 3rd leading cause of death for veterans and all Americans. Reports of so-called “long COVID” and other chronic diseases triggering cascades of illness for which there are few options just heightens the obvious need for sustained research and development.

Considering the demands from public health, the promise of cannabinoids to revolutionize modern medicine, and the incredible medical R&D capacity of the Departments of Defense, Health and Human Services, and Veterans Affairs, Congress has the moral imperative to listen to patients and follow the evidence without bias. Robust and long-term investments are required to truly deliver the benefits of the plant at scale—Congress should not hesitate to act.

Beyond the absurdity of federal law criminalizing a fractional part of a molecule derived from a plant in use by humans for thousands of years—with no documented cases of a fatal overdose or associated death—the institution of prohibition itself is rotten to its core.

Cannabis prohibition was wrong when the father of U.S. drug policy, Harry Anslinger, led a multi-year racist and anti-scientific propaganda campaign to criminalize the plant in the 1930s. Prohibition was wrong when Nixon declared the War on Drugs in 1971, which John Erlichmann, one of the Watergate conspirators, said was explicitly intended to disrupt the civil rights and anti-war movements. The mere, supposed smell of cannabis has been grounds for the legal system to freely take your life, liberty, and property. Nor has prohibition ever been applied impartially, violating a foundational tenet of this country that all are equal under the law. Black, Latino, Indigenous, and impoverished communities have faced the hammer of government violence for generations because of their supposed association with cannabis.

Cannabis prohibition is the fruit of a tree poisoned by a malice we find so often in public policy. It must be pulled up, root and branch, and moreover the damage done by this poison must be remedied.

## **Justice Reform**

While cannabis descheduling will end the future criminalization of veterans and Americans at the federal level, mass clemency and attendant actions like

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<sup>22</sup> Hampson, Aidan. Cannabinoids as Antioxidants and Neuroprotectants. 21 Apr. 1998, patents.google.com/patent/US6630507B1/en.

expungements are essential in governmental accountability for this eight decade assault on the freedoms of every American.

Veterans have an additional exposure to federal law for their time in service, called the Uniform Code of Military Justice. In our work, we have found dozens of veterans who were given an other-than-honorable discharge for possession or use, stripped of benefits, and sometimes charged with a federal crime under that code.

In another bitter turn, many were kicked out because they were using cannabis to self-treat the wounds the military refused to address. To add insult to their injuries, they found themselves locked out of many of the services available to honorably discharged veterans, from home loans to comprehensive healthcare.

Once cannabis is descheduled, Congress must mandate the Department of Defense initiate an automatic review and upgrade process for veterans with an other-than-honorable discharge linked to a cannabis offense. Furthermore, those veterans should be eligible for retroactive benefits in acknowledgement of the unnecessary pain and suffering inflicted on them by an unjust law. The federal government must make veterans who have been doubly punished over cannabis whole again.

## **Environmental**

Part of making veterans, or anyone else, whole again is taking an honest assessment of what circumstances outside of their control are actively harming them.

The epitome of that harm is toxic exposure, a term that encompasses a staggering number of hazardous sources: heavy metals, petrochemicals, PFAS/PFOS “forever chemicals”, ionizing radiation, black mold, and herbicides/pesticides. The recent passage of the PACT Act<sup>23</sup> is an important step by Congress in addressing environmental factors that have contributed to disproportionate rates of severe illness like Parkinson’s disease.

One of the most prominent examples of toxic exposure is President Biden’s late son, Delaware National Guard Major Beau Biden. The President has linked Major Biden’s death from brain cancer at the age of 46 to the burn pits he was exposed to during his

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<sup>23</sup> US Department of Veterans Affairs. “The PACT Act and Your VA Benefits.” 8 Nov. 2022, [www.va.gov/resources/the-pact-act-and-your-va-benefits](http://www.va.gov/resources/the-pact-act-and-your-va-benefits).

service in Iraq. Another is Karshi Khanabad<sup>24</sup>, or K-2, an airbase in Uzbekistan used during the war in Afghanistan, that is linked to a massive cancer cluster of veterans that includes your colleague, Congressman Mark Green<sup>25</sup>. Major Biden and Congressman Green are just two of the 3.7 million Americans who were deployed to Iraq, Afghanistan, and other theatres of the Global War on Terror over the last 20 years<sup>26</sup>.

For all this progress on finally recognizing that these toxic exposures happened and lowering the barriers to getting care, there is still far more work to be done in expanding coverage and investigating cannabis and cannabinoids as potential treatments for connected conditions.

Congress must also address the historical and continuing source of environmental contamination both within and outside the US: Department of Defense activities.

In 2022, there were three well-documented incidents, spanning more than 70 years and all caused by DOD operations, that tainted local drinking water. The Department of the Navy was responsible for a fuel leak at Red Hill in November 2021 that spoiled an aquifer serving tens of thousands in Hawai'i. The recently passed PACT Act established service connection for a host of diseases suffered by any veteran who spent more than 30 days in Camp Lejeune, North Carolina, over a 30 year period, beginning in 1953<sup>27</sup>. A second-order effect was the immediate proliferation of lawsuits being advertised promising veterans monetary damages. Finally, just last week, the CDC announced the investigation of polluted drinking water at the shuttered Ford Ord, California. Veterans stationed there during the 1980s and 90s believe their rare and terminal blood cancers are a result of their time there.<sup>28</sup>

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<sup>24</sup> US Department of Veterans Affairs. "Karshi Khanabad (K-2) Air Base." 21 Aug. 2021, [www.publichealth.va.gov/exposures/karshi-khanabad.asp](http://www.publichealth.va.gov/exposures/karshi-khanabad.asp).

<sup>25</sup> Green, Mark. "Veterans Exposed to Cancer-causing Chemicals at K2 Air Base Deserve Justice." *The Tennessean*, 2 Mar. 2021, <https://www.tennessean.com/story/opinion/2021/03/02/veterans-exposed-toxic-chemicals-k-2-air-base-deserve-justice/6891383002/>.

<sup>26</sup> Vespa, Jonathan E. *Those Who Served: America's Veterans From World War II to the War on Terror*. Jun. 2020, [www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf](http://www.census.gov/content/dam/Census/library/publications/2020/demo/acs-43.pdf).

<sup>27</sup> US Department of Veterans Affairs. "Camp Lejeune water contamination health issues." 12 Oct. 2021, <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/camp-lejeune-water-contamination/>

<sup>28</sup> Martha Mendoza, *The Associated Press*. "Did Polluted Fort Ord Make Veterans Ill? They Demand Answers." *Army Times*, 10 Nov. 2022, [www.armytimes.com/news/your-army/2022/11/10/cdc-to-conduct-health-study-at-polluted-former-army-base](http://www.armytimes.com/news/your-army/2022/11/10/cdc-to-conduct-health-study-at-polluted-former-army-base).

What more evidence is required to show a pattern and practice by the Department of Defense that continues to this day that endangers and sickens millions of Americans? We believe that cannabis and its compounds will help ease the suffering of many of the people harmed by this negligence, but an ounce of prevention, in this case, is worth a pound of cure.

Take a look at the soil, water, and epidemiological trends around every DOD installation and show the American people what you find. Do not shy away from the gravity of what this means, for both veterans and the tens of millions of other Americans who find themselves shoulder-to-shoulder with us as we push for answers and action. Now remember that the cannabis plant, like a veteran, does not exist in isolation. They also contain potential solutions for a number of problems.

## **Conclusion**

We are the canaries in this nation's public health coal mines. We suffer disease and disorder, across the board, at greater severity and frequency than our peers. We have been the target of the most focused healthcare interventions in U.S. history, but are dying at rates never seen before.

In all of that darkness, there is this glimmer of lived experience, backed by historical use and a growing body of evidence, that cannabis could help a lot of people.

We cannot imagine a greater service to this nation than veterans who use cannabis, standing up—not just for themselves, but for the millions of patients around the country with whom we share the same conditions but often are given the same consideration.

Moreover, the federal government is at the heart of many of many of these problems, for veterans and the general population. Federal drug policy has actively made suicide and overdose among veterans and others worse. This dogged and cruel dedication to continuing the prohibition of THC against all evidence and criminalizing millions just adds fuel to this wildfire that is consuming hundreds of thousands of lives a year.

Veterans Day just occurred last Friday and there were a thousand variations of powerful officials thanking us for the country's freedom and honoring our endless sacrifices and examples of courage, honor, and bravery. What we appreciate more than words is action.

We are dying early and so are broad swathes of the US—all from clearly identified, preventable causes. It's not a mystery as to why: it's our unmanaged symptoms, poorly-treated trauma, substance use, and a laundry list of environmental toxins we have been continuously exposed to as part of living and working in federal service.

To everyone gone from those causes and all the places they overlap, could we have done more for them? The answer is always yes. What remains to be seen is whether we will summon the political will to do so.