

right to make his own decision about whether or not he will consume cannabis, and that is especially true of doctors and patients. We believe, supposedly, Republicans believe in the doctor-patient relationship. We have talked about it with ObamaCare, et cetera.

Well, guess what? The doctor-patient relationship if we are saying, "Yeah, you can do this, but you can't do anything with cannabis," that is not recognizing the doctor-patient relationship. So don't tell me about limited government. Don't tell me about individual freedom. Don't tell me about the doctor-patient relationship. Don't tell me about those things if you believe that adults should not be able to use cannabis, especially for medical purposes.

And the worst part is there are some medical reasons for it. We have already seen that Israel has, by the way, legalized marijuana, and they have done great research just in recent years on the medical uses of cannabis, of marijuana.

They have found that epilepsy, children's epilepsy in particular, this will stop seizures. Yet we are denying our own people the use of this. How insane.

Yes, we need to make sure that we watch out for our people, but we do not control their lives because we know better.

This is not a nanny state, but some people, interestingly enough, on the other side of the aisle, who believe in the nanny state, are the ones who believe mostly in allowing people to use medical marijuana if that will help them.

I just will say this: we have an epidemic of opiates in this country. And one of the reasons we have that is because we have our veterans who have been given these opiates at the VA.

I just had a call yesterday from a friend whose son came back from the war, and he was in convulsions on the floor, and they couldn't help him. They took him to the VA, and they put him on opiates, and it still didn't help. Finally, after a year, the doctors pulled him aside and said: Come to my office off the campus. They gave him a prescription for medical marijuana, and the man's son hasn't had a seizure since.

So what does that mean?

So he doesn't have a seizure. You have a veteran who has been filled with opiates. So now I got a call just yesterday. This poor young man who is smoking that marijuana does not have seizures, but they have filled him with opiates. He is trying to get off the opiates, but the process they have got him going through is he has to be dry of everything, including marijuana. And as soon as that level goes down, he begins having seizures again.

And then he went a few days ago—maybe a couple of weeks ago he was at the VA hospital. They were trying to get him off these opiates. He is going to feel a seizure. He went to the car to

smoke a marijuana joint and was arrested because the people at the veterans hospital who run the parking lots are Federal employees. It is Federal property.

We have had votes right here in Congress saying that if a State legalizes the use of medical marijuana, the VA in that State is permitted to let their people utilize medical marijuana, and it failed. That vote failed.

I challenge my Republican colleagues to join with the Democratic colleagues who supported that resolution last time. If you really care about these people—yes, we have an opiate, an opium-based horrendous surge going on in our country, and it is bringing down our people, our veterans in particular. Let's not eliminate if the doctor believes that medical marijuana will have an impact. Let us not outlaw that doctor from doing this. Let us also remember that we know that it can end seizures.

This poor guy who called me the other day, his son, once the medical marijuana is going down—and they won't let him do this on the campus of the VA hospital—he ends up going back into seizures.

This is a type of catch-22 when you are trying to control people's private lives. It doesn't work. It is not right. It is not right for our veterans. It is not right for our senior citizens who are sitting in the senior citizens' homes. If they would like to take a gummy that is filled with a little cannabis, so what? So what? Let them enjoy themselves a little bit, for Pete's sake, in a way that is not harmful; bring back their appetite, or whatever.

No, we are trying to control people's lives, and it is having a harmful effect on the people themselves. And think about one last note of it. Who is most hurt by this is we have people in the poorest neighborhoods of our country who end up being arrested and being frisked to see if they have got any marijuana on them.

We have armed groups who look like Army personnel coming into our cities for drug raids. The Founding Fathers never meant criminal justice to be handled at the Federal level—they never did—but now we have the equivalent of SWAT squads going in and breaking people's doors down for providing medical marijuana. This is ridiculous. And those poor people in the Black areas and the Chicano areas get arrested. They are arrested, and that follows them for the rest of their life.

I have a bill that says that it is up to the States. And I would ask all of my colleagues and the people listening tonight to support the States' rights to make this decision. This is a State issue. And I have a bill that basically says that the Federal Government shall respect State marijuana laws. And when we do that, that will be left up to the people of those States to make these decisions.

That is what our Founding Fathers wanted, and that is why things didn't

go haywire back in the old days. We left it up to the States. We especially left that issue of drug enforcement, but also law enforcement, at the local level for local police.

Mr. Speaker, so those are two ideas that I thought I would share with my colleagues tonight, that I think would save billions of dollars on the wall, and trying to change our attitude, trying to stop the waste that we are wasting lives, and billions of dollars, and creating drug cartels.

When it comes to marijuana, we need to change that law and leave it up to the States. And we can then—if people need help, we are going to give it to them. But if they are adults and Americans, they have a right to run their own lives.

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

PUBLICATION OF BUDGETARY MATERIAL

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC, May 2, 2017.

ACCOUNTS IDENTIFIED FOR ADVANCE
APPROPRIATIONS FOR FISCAL YEAR 2018

Mrs. BLACK. Mr. Speaker, pursuant to section 3(g) of H. Res. 5, I hereby submit for printing in the Congressional Record the list of programs eligible for advance appropriations for fiscal year 2018. If there are any questions, please contact Jim Bates, Chief Counsel of the Budget Committee.

ACCOUNTS IDENTIFIED FOR ADVANCE
APPROPRIATIONS

ACCOUNTS IDENTIFIED FOR ADVANCE
APPROPRIATIONS FOR FISCAL YEAR 2018

(Subject to a General Limit of \$28,852,000,000)
Labor, Health and Human Services, and Education

Employment and Training Administration
Education for the Disadvantaged
School Improvement
Career, Technical, and Adult Education
Special Education

Transportation, Housing and Urban Development

Tenant-based Rental Assistance
Project-based Rental Assistance

VETERANS ACCOUNTS IDENTIFIED FOR ADVANCE
APPROPRIATIONS FOR FISCAL YEAR 2018

(Subject to a Separate Limit of
\$66,385,032,000)

Military Construction, Veterans Affairs

Veterans Medical Services
Veterans Medical Support and Compliance
Veterans Medical Facilities
Veterans Medical Community Care

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 371. An act to make technical changes and other improvements to the Department of State Authorities Act, Fiscal Year 2017; To the Committee on Foreign Affairs.

ADJOURNMENT

Mr. ROHRBACHER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 58 minutes