

THE WAR ON DRUGS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Tennessee (Mr. COHEN) for 5 minutes.

Mr. COHEN. This past Friday, the United States would have observed—"celebrated"—would be entirely the wrong word—the 40th anniversary of the war on drugs. The war on drugs was initiated by President Richard Nixon. He said we can have a war on drugs 40 years ago.

The fact is, 40 years later, we've spent nearly a trillion dollars on the war on drugs. We have just as much drug use in this country as ever before. We've incarcerated millions and millions of people for victimless crimes. And when we get people who sell drugs, which we need to do, all that happens is like sharks teeth—they're replaced by the next in line; somebody else wanting to make money from a program that the public endorses and supports. So the war on drugs has been a terrible mistake.

Now, don't get the wrong impression. I'm not suggesting that drug abuse and drug addiction is not a great problem that we must deal with. But our approach in treating it as a law enforcement matter and not as a health matter, a health care issue, has led to prison populations increasing, racial disparities of the greatest source in this Nation in the arrest process, and a lost generation of people with no education and no job prospects because those arrests haunt them for the rest of their lives.

Think about how many law enforcement resources have been wasted on drug arrests—nonviolent drug arrests—when policemen could be spending their time working against violent crime and crimes that are dangerous to people—robberies and murders and assaults and other offenses that are truly important to the American public. It has been estimated that the total criminal justice cost of marijuana arrests for State and local governments is as much as \$7.6 billion a year. That averages out to about \$10,000 per arrest. Think of all the serious criminals that could have been arrested instead.

I was shocked recently to read that the New York City Police Department arrested 50,000 people for low-level marijuana offenses last year. New York City, 50,000 arrests for low-level marijuana offenses. This was more than during a 19-year period between 1978 and 1996 combined. Marijuana use has not skyrocketed in the last year, but arrests have ramped up. They use arrests as a basis to get people, particularly people of color, where it's seven times more likely you'll be arrested if you're African American and four times more likely you'll be arrested if you're Latino, and more likely if you're African American or Latino that you'll spend the night in jail than if you're Caucasian, as a way to take people and arrest them and deprive them of what should be their basic civil rights to go around the city.

Our local budgets are straining like never before. And yet we see more arrests. It's time that we question this policy, this war, knowing that insanity is repeating the same thing over and over again and expecting a different result. This is insane. For 40 years we've had this war on drugs. We've had a war on our own citizens. We've wasted monies that can be used for better things. And we've treated what is a health problem and a societal problem as a law enforcement problem. It is a mistake. We need to change our approach.

Drug courts have been a successful way to deal with this problem. We have drug courts in my community that have been successful in getting people to see a different approach to life—not a jail, but a different approach. Racial disparities that I mentioned have been tremendous. It is seven times more likely if you're African American, four times more like if you're a Latino, to be arrested. These inequities run throughout our drug policy program and need to be directed. We corrected a discrepancy between powder cocaine and crack last year. It was 100-to-1 before we changed the law. It's now 18-to-1 in quantity. Still, it should be equal. And it results in racial disparities once again.

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I have introduced legislation, the Justice Integrity Act, which would study those disparities and a Byrne Program Accountability Act which would require States to do studies on their racial disparities. The fact is law enforcement makes arrests for these crimes sometimes to justify getting Byrne funds and getting funds from the Federal Government for the purpose of getting money into their programs and not providing justice.

We need to have expungement laws so that people who have had nonviolent drug offenses can have their records expunged and go on to get employment and have a successful life in America. I have introduced the Fresh Start Act that says if you have a nonviolent Federal offense and you've spent 7 years and had a clean life, you can get your record expunged. This needs to become the law and give people a second chance. Otherwise, they can't get jobs and they resort to crime.

Medical marijuana is an issue that's come up in this country and most States that have had the opportunity to deal with it have passed it, mostly by percentages of over 60 percent. I had a good friend named Oral James Mitchell. Oral James Mitchell was a Navy SEAL and one of the strongest, toughest, best friends I ever had. When O.J. was 54, he got pancreatic cancer. Pancreatic cancer destroys a person, just whittles them away. And a guy who was 210 pounds, who could do all those things the SEALs do, the hand-to-hand and the paratroops, he used medical marijuana, and his mother said, Thank God for the marijuana. It allowed Oral to have a sense of humor and to eat. It worked.

I yield back the balance of my time and urge us to solve the war on drugs by getting out of it. It is a war. It is a crime.

MEDICARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Louisiana (Mr. BOUSTANY) for 5 minutes.

Mr. BOUSTANY. Mr. Speaker, over 14 years in private practice in medicine, I had the great privilege to treat many, many Medicare patients, thousands of Medicare patients. I did open heart surgery, complex open heart surgery, lung cancer surgery, in times of great need, great difficulty for these seniors who had paid many years of their payroll taxes into the Medicare program with the hope and the recognition that this program would be there for them, for their health care needs in their later years.

And I'll tell you, in the '90s, when I was in the midst, at the peak of my practice, it was not unusual, and in fact quite often patients would come into the emergency room with a very difficult situation, without a primary care physician because they had not had previous health problems. And then what would happen is we would have to do emergency heart surgery on them, and once they got through all of this and got through the hospital stay, we could not find a primary care physician to take them on, to treat their everyday problems with hypertension, high blood pressure, diabetes, gout and things of that nature.

I would get on the phone time and time again and I would call family doctors and internal medicine physicians and plead with them, Why can't you take this one more patient into your practice? And it's because the reimbursement situation for Medicare was so bad even back then in the nineties that if a physician took on too many Medicare patients, they couldn't meet their costs. That situation has gotten much worse today, in 2011.

I could tell you that I have grave concerns about the future of the Medicare program and what's going to happen. And I'm not speaking as a Member of Congress, I'm speaking as a physician, as somebody who cared for many, many patients, who valued that doctor-patient relationship. This situation whereby families who have a loved one on Medicare cannot find a primary care doctor, this is a very serious situation today and getting worse by the week.

The bottom line is Medicare is in trouble. I saw this as a doctor, and I see it now as a Member of Congress.

Just a couple of facts. Over 10,000 baby boomers are reaching retirement age every day, leaving fewer workers to support them. We have an aging population. This is putting tremendous cost pressure on this Medicare program. In fact, the Medicare program, according to the Medicare actuaries, the trust fund that provides the money for the