

ATSS-DAS

MEMORANDUM FOR Commandant, United States Army Sergeants Major Academy, Fort Bliss, Texas 79918-8002

SUBJECT: Access Agreement for release of Student writing assignment Ethics Paper.

1. I, Geier, Jason D., submitted a Ethics Paper to the United States Army Sergeants Major Academy archives regarding events and experiences that may be of historical significance to the United States Army and the Noncommissioned Officer Corps.

2. I understand the manuscript and attached documents will be accessioned into the historical holdings of the United States Army Sergeants Major Academy archives and will belong to the United States Government to be used in any manner deemed in the best interests of the United States Army as determined by the Chief of Military History or his representative. I also understand that I may retain a copy for my own use subject to classification restrictions.

3. I hereby expressly and voluntarily relinquish all rights and interest in the paper to the United States Army:

() NO: Initials

YES: Initials JDG

() YES: with the following caveat/exception: Initials

4. I understand that the information in this paper may be subject to the Freedom of Information Act, and therefore, may be releasable to the public contrary to my wishes. I further understand that, within the limits of the law, the United States Army will attempt to honor the restrictions I have requested to be placed on this material.

Date: 2 JUN 11

Student Printed Name: Geier, Jason D.

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Accepted on behalf of the United States Army by:

SGA Printed Name/Date: RUDEN C. STOUTEN GJUN 11

Signature: [Signature]

The United States Army Medical Marijuana Ethical Issue

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Abstract

In this paper, the writer discusses the topic of medical marijuana in regards to ethical issues facing the US Army, as well as the entire Department of Defense (DoD). The discussion begins with a background of medical marijuana with issues related to its use and concerns. The writer then looks at the legal history of medical marijuana and the connected ethical and legal issues. The paper then highlights legalized medical marijuana ethical issues Army and DoD leaders are/will have to confront.

"We've got kids that are going to have behavioral health issues. The real hard part for us is to determine, 'OK, I am willing to help this kid with behavioral health issues, but how long can I help him or her? How long can I do that and make sure I have a force capable of doing whatever the nation asks it to do?'"

Simply discharging Soldiers with drug and behavioral problems isn't an option.

"We can't use these people up, have them develop a problem and then throw them away and not take care of them. There is no way. I can't be part of an organization like that,"
"Part of the reason they're having the problem is the situation we put them into."

Gen. Peter W. Chiarelli, Vice chief of Staff of the Army

The Department of Defense Medical Marijuana Ethical Issue

I cannot imagine going through a posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), a life changing injury suffered in combat or while conducting training, chemotherapy, a rare disease, or some other chronic ailment and not having a pain reliever to rely on. That is because I have never personally had to go through any of those types of disorders, injuries, or ailments. However, I have seen service members, close friends and family members suffer through those types of ailments. Rest assured I believe a majority of service members or family members would just about try any medication to attempt to relieve suffering symptoms. Now bring into the equation medical marijuana, and its debated medical therapeutic powers to relieve certain ailments. Simultaneously, add into the equation those individuals who will attempt to use medical marijuana legalization to further push the issue to legalize marijuana outright and the potential outcome it could have on today's youth. The same youth that will be in future U.S. Army ranks. Furthermore, add into the mix all the legal issues, from a federal and state perspective, and the ethical implications if medical marijuana is legalized nationwide to the overall equation that the U.S. Army and Department of Defense (DoD) leaders will have to contend with. The object of this thought paper is not to compare and contrast, or even attempt to persuade the reader to one side or the other, but to highlight medical marijuana facts, researched

federal and state laws (pro and con), and possible implications Army and DoD leaders will be forced to deal with regarding medical marijuana in the very near future.

Background Facts

When researching a debatable topic as medical marijuana, this author's first goal is to outline certain facts that appear in almost all research queries in an attempt to connect a concrete timeline the author and a reading audience can start from. In doing so, Johnson (2010) indicates several facts that streamline medical marijuana history, makeup, and legalities.

This timelines begins with the plant scientific name (*cannabis sativa*) which has nearly 500 chemical compounds, more than 60 of which are called cannabinoids. The term marijuana is a Mexican term originally given to low-quality tobacco. Marijuana is also known by the general public as hemp, hashish, pot, weed, skunk and grass; it is one of the oldest psychoactive plants known to humankind and has become one of the most prevalent and diversified of plant species (Nicoll & Alger, 2004). The plant was cultivated in China for therapy (and recreation) over 4,700 years ago (Johnson, 2010). Johnson (2010) further reveals that more than 20 prescription medicines containing marijuana were sold in U.S. pharmacies at the turn of the 20th century. Pot-based medications were commonly available until 1942, when cannabis was stricken from the U.S. Pharmacopeia, the official book of drugs considered effective. Additionally, from 1937 to 1942 the federal government collected a tax of \$1 per ounce for such drugs. According to Johnson (2010) there have been more than 20,000 studies on marijuana and its components have been published, according to the National Organization for the Reform of Marijuana Laws, an advocacy group. Of these, around 100 have looked into therapeutic value on human subjects. Furthermore, the federal government does grow marijuana under a federal contract. This contract authorized the University of Mississippi in Oxford to cultivate marijuana for use by

researchers, who have to be cleared by the National Institute on Drug Abuse (NIDA). Johnson (2010) last fact concludes that federal law prohibits physicians from prescribing or otherwise actively supplying patients with the drug. However, in 2002 the U.S. Supreme Court backed an appellate court ruling that physicians who discuss it with patients, or provide oral or written recommendations are protected.

Benefactors of Therapeutic Medical Marijuana

According to Ferguson (2010), 15 U.S. states (Alaska, Arizona, California, Colorado, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Mexico, Oregon, Rhode Island, Vermont and Washington), along with the District of Columbia (D.C.), have legalized medical marijuana in the past 14 years. More than a dozen other states are considering legislation legalizing the use of marijuana for medical use (Parloff, 2009, Appendix, p 9). Of the 15 U.S. states, protected physicians can prescribe medical marijuana for numerous diseases and illnesses. They include treatment for diseases and illnesses such as: chronic pain, arthritic conditions, migraine headaches, anxiety, epileptic seizures, insomnia, loss of appetite, GERD (chronic heartburn), nausea, glaucoma, AIDS wasting syndrome, cancer, depression, bipolar disorder (particularly depression-manic-normal), multiple sclerosis, menstrual cramps, Parkinson's, high blood pressure, irritable bowel syndrome, and bladder incontinence (Nicoll & Alger, 2004).

Ethical Debate Coming

As state and federal medical marijuana laws continue to be debated on their effectiveness and discrepancies from a legal standpoint, the author is going to example a glimpse of ethical issues that will continue to manifest and possibly shape legal policy in the very near future.

Colorado, one of the four original states to legalize medical marijuana, and to have taken advantage economically of the medical marijuana industry, now finds itself in an ethical debate

in an attempt to compel the DoD to ease the restrictions on medical marijuana for veterans suffering from PTSD and TBI. As reported by Joel Warner on the Denver Westword blog site (2010), in September 2010, the Colorado health department rejected the use of medical marijuana to treat PTSD and TBI. However, Cannabis Science, a Colorado Springs marijuana pharmaceutical company, established a military advisory board featuring retired military members to take the issue essentially all the way to Capitol Hill to assist veterans on easing medical marijuana restrictions. Colorado is not the only state requesting to add TBI to the list of conditions that medical marijuana can be prescribed for treatment. New Mexico, already has PTSD on their list, however they are also attempting to add TBI to their overall medical marijuana list.

Another example of how medical marijuana is causing an ethical issue for U.S. Army leaders is the case of an Oregon National Guard Soldier. As reported by the *Oregonian* (2010), SPC Richelle Golden arrived at Madigan Army Medical Center in Washington in February in a wheelchair, expecting to stay a few weeks and be medically retired. She immediately reported that she used marijuana to combat pain and nausea and produced her Oregon medical marijuana card. However, she is still at Joint Base Lewis-McChord facing a court-martial and squeezed between her home state, which allows medical marijuana, and the Army, which forbids it. There are several ethical dilemmas concerning this case. First, because of her sickness, SPC Golden felt she needed more medical consultation because Army medicine was not treating her ailments. After being seen by a retired Army Colonel who not only prescribed medical marijuana but also helped her in obtaining her Oregon medical marijuana card. As indicated in the report, both SPC Golden and the Army Colonel assumed she would never have to return to active duty. Of course

that all changed once she arrived at Madigan Army Medical Center. Now SPC Golden is faced with a myriad of legal issues, and current Army medicine relieves none of her ailments.

These are examples of military medical marijuana stories of Soldiers requesting, and in some cases requiring medical marijuana to alleviate pain to function on a daily basis. Again, the author is not attempting to persuade the reader as to medical marijuana legitimacy or not, but to highlight until the federal law addresses all aspects of medical marijuana, ethical issues will continue to surface as veterans attempt to find a medical solution to their ailments.

Conclusion

Given the complex nature of the medical marijuana debate, both ethically and legally, as outlined in this paper at both state and federal levels, I ask the reader to look at this ethical dilemma from the standpoint of an Army and DoD force at war for over 10 years. As more and more service members return from Iraq and Afghanistan, and with the increase of PTSD and TBI cases, other life changing injuries (amputees), or a myriad of other behavioral problems, eventually all U.S. Army and DoD leaders will have to address, even if not the outcome that those who favor medical marijuana want, the issue of medical marijuana to alleviate pain or conditions suffered by veterans.

Reference

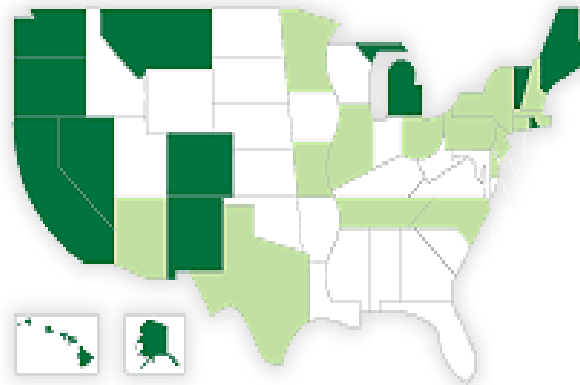
- Ferguson, Andrew. (2010, November 22). How marijuana got mainstreamed. *Time*, 30-38.
- Johnson, Megan. (2010). 8 facts you might not know about medical marijuana. *U.S. News & World Report*. Retrieved from <http://health.usnews.com/health-news/managing-your-healthcare/cancer/articles/2010/06/30/8-facts-you-might-not-know-about-medical-marijuana>
- Nicoll, Roger, E. & Alger, Bradley E. (2004). The Brain's own marijuana. *Scientific American*, 1122: 70-75.
- Parloff, Roger. (2009, September 18). How marijuana became legal. *Fortune 500*. Retrieved from http://money.cnn.com/2009/09/11/magazines/fortune/medical_marijuana_legalizing.fortune/
- Sullivan, Julie. (2010, June 10). Oregon Guard Soldier's use of medical marijuana runs into Army's drug abuse policy. *The Oregonian*. Retrieved from http://www.oregonlive.com/news/index.ssf/2010/06/oregonguardsoldieruse_of_me.html
- Warner, Joel (Reporter) (2010, December 28). *Medical marijuana to treat PTSD? Army personnel form MMJ advisory board*. Retrieved from http://www.blogs.westword.com/latestword/2010/12/medical_marijuana_ptsd_military_advisory.php

Appendix

The greening of America

More than half the states either have or are considering laws making medical marijuana legal.

- Medical marijuana use legal
- Medical marijuana legislation pending and/or voter initiative in 2009-10



SOURCE: NORML.ORG