

1 cultivate up to 15 cannabis plants and possess up
 2 to 24 ounces of usable marijuana. The new limits
 3 took place November 2, 2008. Patients who possess
 4 larger quantities of cannabis other than those
 5 approved will continue to receive legal protection
 6 under the law if they present evidence indicating
 7 they require such amounts to adequately treat their
 8 qualifying medical condition.

9 And a row has broken out in Britain
 10 this week when the chief drug advisor to the
 11 government was -- was fired when he said that
 12 alcohol and cigarettes were more dangerous than
 13 cannabis. Other scientists on the drug advisory
 14 counsel in Britain have resigned in protest
 15 complaining the government is ignoring science in
 16 favor of popular myths, and that's the exact same
 17 thing that Chuck Grassley is trying to do here in
 18 Iowa or the congressional government. He said the
 19 drug needs to be reclassified from C to a more
 20 dangerous Category B against scientifically, simply
 21 on the whim of Prime Minister Gordon Brown.

22 Now, also we had a response from Cerro
 23 Gordo, Iowa County Sheriff Kevin Pals who doesn't
 24 think people should be allowed to smoke marijuana
 25 for medical conditions. You know, you're going to

1 opponents who just read facts from some outdated
 2 Reefer Sadness they find on the Internet making
 3 them blind to the most recent facts determined by
 4 science. Opponents will not only stand here and
 5 lie and tell you that smoked marijuana causes
 6 cancer and all kinds of crazy lies when, in fact,
 7 cannabis has many cancer-fighting properties.
 8 Science has proven that. And there's no link to
 9 lung cancer or any cancer from marijuana smoke.

10 If you're a young politician and part
 11 of your campaign -- if you're a young politician
 12 and part of your campaign platform is Reefer
 13 Madness, you may want to do your homework on
 14 cannabis since our history books didn't give you
 15 the straight dope and left that to your DARE
 16 classes.

17 Politicians are finally falling in
 18 line with science that has been saying since '74
 19 when the first reports were published that cannabis
 20 reduced cancer without damage to living cells. The
 21 living -- excuse me. The legal use of medical
 22 marijuana by those with proven medical conditions
 23 that benefit from its use should not even be an
 24 issue.

25 Why am I even standing here?

1 see people out in public smoking a joint, and I'm
 2 not sure we're ready for that or if it's needed.

3 Well, Pals, medical marijuana patients
 4 want to feel safe at home. We're not looking to
 5 use our medicine in public and offend. At the same
 6 time the State of Iowa put all our health at risk
 7 by holding a hearing in a casino where tobacco
 8 smoke is allowed. I ask -- and alcohol.

9 I ask any opponents of medical
 10 marijuana and those left on the winning side,
 11 please do not refer to cannabis or marijuana as a
 12 drug. It is a plant. It always has been and
 13 always will be. Cannabis use in various forms, be

14 it medical, sacramental, or to make clothes with,
 15 is an 86-million-year tradition that ended in 1937.

16 Since the history of marijuana
 17 prohibition, it is not taught in American history.
 18 Many of you know only about marijuana from what
 19 somebody told you. I leave it up to you to learn
 20 about Jack Herer and his book. It's called The
 21 Emperor Wears No Clothes. I suggest anybody that's
 22 misinformed about marijuana read it.

23 Now, I'm going to say proven facts
 24 previously submitted that all have scientific proof
 25 to validate anything I may say, unlike our

1 Anti-marijuana ads -- anti-marijuana ads have
 2 backfired, and they were buried by the White House
 3 August 31 of 2006. On the heels of the U.S.
 4 Government Accountability Office, the National
 5 Institute of Drug Abuse released an evaluation that
 6 the campaign ads actually encourage marijuana use.
 7 The report finds that anti-marijuana campaigns not
 8 only failed to reduce teen marijuana use but
 9 actually increased marijuana use among certain
 10 adolescents. More of your tax dollars being
 11 wasted.

12 The reason the medical profession
 13 cannot agree on it, it's not due to science. It's
 14 strictly political. Politicians sacrifice human
 15 lives as a result to furthering their ideology
 16 about the evils of cannabis. In the United States
 17 5 percent of all cannabis users are medical
 18 marijuana patients improving our quality of life
 19 without FDA poisons. 95 percent of all cannabis
 20 consumers are recreational users, and these are
 21 healthy people living with no long-term health
 22 problems associated with use.

23 Medical marijuana patients are the new
 24 minority in our -- in America. Only all diversity,
 25 it crosses all races, color, creed, and 20-plus

1 treatable conditions. If this were a hearing on
2 full-blown legalization, you'd have a hundred
3 percent of the people showing up who are healthy.

4 If you want to talk about health
5 concerns, be concerned about pharmaceuticals. Have
6 you heard the stories about Vicodin, Vioxx, or
7 Valium? Even Tylenol kills people. Pharmaceutical
8 products and profits are problems that need control
9 and regulation. Marijuana is not part of that
10 picture. Marijuana does not kill -- marijuana does
11 not kill people, never has, never will. Jail and
12 prisons do.

13 Studies show that there is no lethal
14 dose, all political fear-mongering at the expense
15 of public health. Medical and pharmaceutical
16 interests do not want to lose. Does anyone notice
17 the absurd cost of pharmaceuticals? Marijuana
18 should be a personal health-care choice easily
19 accessible, low cost, even tax free. Marijuana is
20 not to be prescribed. The patient is referred to
21 be included in a state-mandated list.

22 We are willing to pay the registration
23 fees. Most states it's \$200 with waivers for
24 veterans and those on fixed incomes. There is no
25 prescription as marijuana is a drug no different

1 than ginkoba and herbal supplement. Hence, no
2 pharmacy required. Ginkoba is not controlled by
3 the FDA. Cannabis can replace 47 to
4 52 prescriptions and over-the-counter medicines
5 that you're taking today.

6 A medical marijuana patient can be
7 anyone already taking prescribed or
8 over-the-counter that can replace the current
9 medicine with a natural. 85 percent of all
10 marijuana arrests for marijuana possession. From
11 this statistic, age 40 plus is on the increase.
12 This means many of them made medical marijuana
13 patients with no state protection for use of
14 possession of medical marijuana

15 As I said before, medical marijuana
16 patients do not need a joint or a bong. We can
17 cook with it or vaporize with it. It is not a
18 drug. It is an herb. It is a plant put here on
19 earth by our creator. Making cannabis illegal in
20 1937, they put it on the street. They spent
21 millions trying to prove its danger only to
22 determine it was beneficial. All the while it was
23 sold to you for 70-plus years by dealers on the
24 black market who deal in death. Those dealers also
25 deal in death. Those are your drugs.

1 What is -- what was evil about
2 cannabis that some American purists had to end an
3 86-million-year tradition of healing man? It was
4 racism. It was racism. Now the last vestige of
5 racism exists under medical marijuana and marijuana
6 prohibition.

7 I found out it is not really worth it
8 to vaporize Marinol. It has THC, but the FDA
9 stripped away all the 60 cannabinoids that I need.
10 THC isn't for pain. THC is a psychoactive
11 ingredient in the cannabis plant. This is the part
12 that makes you feel good, makes us laugh.

13 BOARD MEMBER FREY: Mr. Lakers, your
14 time is up.

15 RAY LAKERS: Okay. I'd like to thank
16 you, and I would just like to say something about
17 Marinol and all the people that --

18 BOARD MEMBER FREY: Sir, your time is
19 up.

20 RAY LAKERS: All right. Thank you.

21 BOARD MEMBER FREY: Thank you.

22 TERRY WITKOWSKI: Susie Dugan?

23 SUSIE DUGAN: Good morning, pharmacy
24 board. My name is Susie Dugan. I am the director
25 of communications for DrugWatch International,

1 which is an all-volunteer network of doctors,
2 lawyers, journalists, addiction specialists,
3 teachers, drug prevention advocates, policymakers,
4 concerned parents, and parents of those who have
5 lost children because of the problems they had with
6 marijuana.

7 DrugWatch International supports the
8 creation of healthy drug-free cultures throughout
9 the world and opposes the legalization of any drug.
10 I've been fighting for drug-free youth in the Omaha
11 and Council Bluffs area for over 30 years. I am
12 the former executive director of PRIDE Omaha, and
13 I'm semiretired now, but DrugWatch International is
14 housed at PRIDE Omaha, and I appeared today

15 representing DrugWatch International to strongly
16 oppose the rescheduling of marijuana as, quote,
17 medicine.

18 I have monitored the pro-marijuana
19 lobby for all of my career in drug prevention.
20 Back in 1980 the Families in Action Newsletter out
21 of Atlanta reported that in 1979 Keith Stroup who
22 was then the director of the National Organization
23 for the Reform of Marijuana Laws or NORML told
24 Emory University students that NORML was going to
25 reclassify marijuana as medicine as a red herring

1 to give marijuana a good name. That hasn't changed
2 in all these 30 years. The goal of NORML has
3 always been the complete legalization and
4 normalization of marijuana use.

5 Iowa -- the so-called medical
6 marijuana movement has indeed grown since that
7 time. With millions of dollars from billionaire
8 George Soros and several other wealthy
9 pro-marijuana advocates, we know now that too many
10 states have fallen prey to the junk science lobby
11 that is promoting marijuana as medicine.

12 Iowa would be very wise to examine
13 what actually has happened in those states that
14 have already voted to declare crude marijuana to be
15 medicine. Despite national news reports and
16 stories that imply that U.S. Attorney General Eric
17 Holder is opening the door to medical marijuana or
18 to the legalization of marijuana, please note that
19 in the packet I have placed here for you, the
20 present administration is nonetheless making it
21 clear that the new marijuana -- that the raw
22 marijuana plant is not medicine, and to quote Gil
23 Kerlikowske, the director --

24 BOARD MEMBER FREY: Excuse me. Can I
25 ask you --

1 SUSIE DUGAN: Oh, absolutely.
2 BOARD MEMBER FREY: Hello.
3 NOAH MAMBER: Hi. This is Noah

4 Mamber.

5 BOARD MEMBER FREY: Noah, we have a
6 speaker going at the moment. Can you hold for a
7 few moments?

8 NOAH MAMBER: Absolutely.

9 BOARD MEMBER FREY: We have about
10 seven minutes left in her presentation.

11 NOAH MAMBER: Okay. Sounds great.
12 Thank you so much.

13 BOARD MEMBER FREY: All right. Thank
14 you. Okay.

15 SUSIE DUGAN: I'll hurry. Anyway, Gil
16 Kerlikowske who is the director of the Office of
17 National Drug Control Policy has stated "Any state
18 considering medical marijuana should look very
19 carefully at what has happened in California."

20 In the packet also there are many
21 papers and many reports on what has actually
22 happened in California and other medical marijuana
23 states. The picture is much grimmer than the
24 individual stories you might probably hear today.

25 In -- in a 2009 white paper on

1 marijuana dispensaries issued by the California
2 Police Chiefs Association, their task force pointed
3 out that California dispensaries are -- and this is
4 a quote -- are commonly large money-making
5 enterprises that will sell marijuana to most
6 anybody, close quote.

7 The report further states that
8 drug-dealing sales to minors, loitering, heavy
9 vehicle and foot traffic around those dispensaries
10 are also common ancillary by-products of their
11 operations. The executive summary of that report
12 ends with the statement "Too often medical
13 marijuana has been used as a smokescreen for those
14 who want to legalize it and profit off it and
15 storefront dispensaries established as cover for
16 selling an illegal substance for a lucrative
17 return."

18 In your packet also is an October 28,
19 2009, story from the Los Angeles Times that
20 documents how easy it was for a healthy reporter to
21 obtain a doctor's recommendation for medical
22 marijuana, and there were the inferences that there
23 would be no more further supervision.

24 I have also included a report on the
25 many, many California cities and counties that have

1 had to resort to banning medical dispensaries
2 because of all of the problems associated with
3 them. Indeed, Charles Lane in a Washington Post
4 editorial on October 22 this year objected to and
5 condemned medical marijuana stating, among other
6 things, that "It always bugs me when some group of
7 true believers tries to foist its views on the
8 public in the guise of science. This is especially
9 pernicious when it involves selling phony remedies
10 for real disease, unquote." He went on to state,
11 "Of course, laws like California's which in
12 practice permit people to get pot for practically
13 any purported malady under the sun show that the
14 medical rationale is a cover for recreational use."

15 In a September 26, 2009, story in the
16 Michigan Daily Press newspaper, a copy which of is
17 included in your packet, Jeff Racine who is the
18 commander of the Upper Peninsula Substance
19 Enforcement Team, called UPSET, reports that in
20 Michigan, another medical marijuana state, quote,
21 Some patients as well as some caregivers who are
22 allowed to grow pot are abusing the law and
23 obtaining permits through fraud. This deception is
24 creating more problems for law enforcement in
25 Michigan and other states which have enacted

1 medical marijuana laws.

2 Marijuana is a dangerous drug that has
3 numerous side effects, one of which is the possible
4 suppression of the immune system, so in actuality,
5 marijuana can make sick people sicker. No national
6 or international medical association has approved
7 smoked marijuana as medicine. Just the opposite.
8 They all agree that smoking is not the appropriate
9 delivery system for any medication. To safely
10 prescribe any medicine, the strength, purity,
11 effectiveness, proper dose for a specific medical
12 condition and its interaction with other
13 medications must be known. Crude marijuana's
14 chemistry can be changed by exposure to light and
15 to air. It is unstable and unpredictable.

16 Medicine must not be based on
17 anecdotal accounts of benefits but on peer-reviewed
18 scientific research. We've heard the Institute of
19 Medicine quoted here, and it stated marijuana's
20 future as medicine does not involve smoking. That
21 study only supported research into the development
22 of new, safe delivery systems of drugs related to
23 the compounds found in and then isolated from the
24 marijuana plant.

25 Indeed, many plants, animals, and

1 minerals have medical properties, but that alone
2 does not translate them into safe or effective for
3 medical use in that crude form. We don't chew the
4 foxglove plant to get digitalis, a drug that treats
5 heart disease. We don't drink the urine of
6 pregnant horses to get estrogen replacement. We
7 don't eat moldy bread to get Penicillin.

8 And sick people should not smoke a
9 crude weed and call it medical marijuana. I thank
10 you.

11 BOARD MEMBER FREY: Thank you.

12 TERRY WITKOWSKI: Mr. Mamber.

13 BOARD MEMBER FREY: Are you ready?

14 TERRY WITKOWSKI: Whenever you're

15 ready.

16 NOAH MAMBER: Hello?

17 TERRY WITKOWSKI: Hello.

18 BOARD MEMBER FREY: Hi, Mr. Mamber.

19 You may begin at any time.

20 NOAH MAMBER: Thank you so much. Good
21 morning, Iowa Board of Pharmacy members. Thank you
22 so much for allowing me to testify by phone. We
23 really appreciate it.

24 My name is Noah Mamber, and I'm an
25 attorney who's been admitted in practice in New

1 Jersey and a legislative analyst at the Marijuana
2 Policy Project, the largest marijuana policy reform
3 organization in America which has been instrumental
4 in the drafting and passage of medical marijuana
5 laws, including in Hawaii, Rhode Island, Michigan,
6 Montana, and Vermont as well as the new law just
7 passed yesterday to improve access in Maine.

8 Previously, I worked as the legal
9 services coordinator for Americans for Safe Access
10 in Oakland, California, where I responded to
11 thousands of legal inquiries from medical marijuana
12 patients and educated them about how to assert
13 their rights in court. Thus, I am very familiar
14 with the medical value of marijuana and how
15 important it has been for hundreds of thousands of
16 seriously ill patients across the country.

17 I'm testifying today to urge you, the
18 Iowa Board of Pharmacy, to officially recognize the
19 medical value of marijuana at the close of these
20 hearings. I would also ask you to urge the
21 legislature to pass a comprehensive and effective
22 medical marijuana law that allows doctors to
23 recommend medical marijuana to seriously ill
24 patients and allow such patients to legally under
25 Iowa state law possess, cultivate, and obtain

1 medical marijuana from state-regulated compassion
2 centers.

3 I have no doubt that in hearing from
4 many doctors and other scientific and medical
5 experts throughout this process, you have
6 sufficient medical evidence to conclude that
7 marijuana has medical value. We know doctors
8 submitted convincing studies on medical marijuana's
9 effects on the debilitating medical conditions.

10 Aside from all of that hard scientific
11 evidence, many prominent medical organizations have
12 already demonstrated their support and recognition
13 for the medicinal value of marijuana. The
14 Institute of Medicine, American Academy of HIV

15 Medicine, American Nurses Association, American
16 Public Health Association, and the Leukemia &
17 Lymphoma Society all support allowing
18 doctor-supervised access as well as the Rhode
19 Island and New York Medical Society and two former
20 U.S. surgeon generals, Joycelyn Elders and Jesse
21 Steinfeld.

22 Once you have decided to recommend to
23 the legislature that marijuana has medical value,
24 then the question is, what is the best way? Some
25 people have said that the board should recommend

1 that the legislature require a doctor to prescribe
2 medical marijuana. Unfortunately, because of
3 current federal law, a prescription requirement in
4 Iowa's medical marijuana law would create an
5 unworkable system, and patients wouldn't be able to
6 access it as opposed to a doctor -- allowing a
7 doctor to write a recommendation.

8 Iowa can still maintain a doctor's
9 place as the gatekeeper who controls who is allowed
10 to possess the medicine, also creating an effective
11 medical marijuana law.

12 From 1978 to 1995, 34 states and the
13 District of Columbia passed laws that reflected
14 positively on medical marijuana, but they were all
15 symbolic and not implemented. Specifically, the
16 laws of Arizona, Connecticut, Louisiana, Virginia,
17 and Wisconsin required a patient to get a doctor's
18 prescription before state law would recognize the
19 legality of a patient's possession of medical
20 marijuana.

21 A prescription is a legal document
22 from a licensed physician ordering a pharmacy to
23 release a certain amount of controlled substance to
24 a patient. A doctor is granted a prescription
25 license by the federal government, and it remains

1 benefits of medical marijuana with a patient and
2 writing a recommendation.

3 Thus, the court allows a doctor not to
4 write a prescription for a specific amount of
5 marijuana but to provide a recommendation that
6 concludes that the benefits of marijuana outweigh
7 the risks for a specific patient.

8 And while technically Conant vs.
9 Walters is only a Circuit Court of Appeal decision,
10 it is highly persuasive. It was a unanimous and
11 soundly reasoned decision, and the U.S. Supreme
12 Court has denied review, so there's no -- there's
13 also no reason to assume that any of the Circuit
14 Court of Appeals will ever come to a different
15 result in a similar case.

16 And in order for this case to stop
17 being the law of the land, the process must begin
18 with the U.S. District Court ruling against the
19 doctor, and there are no cases currently of that
20 sort in litigation.

21 Furthermore, the federal government
22 has, you know, realized since this ruling and has
23 not targeted or harassed any doctors, and so a
24 doctor and the legislature anywhere in this country
25 can be confident on the rules allowing doctors to

1 in violation of federal law to prescribe marijuana
2 regardless of state law because marijuana is a
3 federal Schedule I substance and is therefore not
4 on the list of prescribable substances.

5 On the contrary, a recommendation is a
6 professional opinion provided by a qualified
7 physician in the context of a bona fide
8 doctor-patient relationship. The term
9 recommendation circumvents the clear federal
10 prohibition on marijuana prescriptions, and the
11 U.S. Court of Appeals for the Ninth Circuit has
12 affirmed a physician's right to discuss medical
13 marijuana with patients as well as to recommend it

14 as a form of protected First Amendment speech.

15 In Conant vs. Walters, the Ninth
16 Circuit held that the federal government may not
17 investigate or revoke the prescription licenses of
18 physicians who voice their professional opinions
19 and recommend the medical use of marijuana to their
20 patients. In this case the court draws a clear
21 line between illegal activity and the federal law
22 such as writing a prescription or aiding and
23 abetting a patient in obtaining medical marijuana
24 and constitutionally protected activity under
25 federal law such as discussion of the risks and

1 make recommendations.

2 It's also important to note that all
3 13 states with effective medical marijuana laws --
4 and there are 13, not just California, which the
5 last speaker was trying to make -- where patients
6 can actually possess marijuana for personal medical
7 use without fear of criminal sanction, and all of
8 them use some form of the recommendations, and none
9 require a prescription. In these states patients
10 receive recommendations and a state ID card to
11 possess their medicine, and the laws work well and
12 enjoy popular support.

13 Aside from the success of the
14 recommendations, these 13 state laws are also
15 successful in other ways. For instance, data have
16 shown that any concerns about these laws increasing
17 youth marijuana use are unfounded. All 11 of the
18 medical marijuana states that have produced before
19 and after data have reported overall decreases in
20 teen marijuana use, including 50 percent in some
21 age groups.

22 After a clearly written medical
23 marijuana law passes, law enforcement is still able
24 to do its job as well as it could before the law
25 passed, if not better. Patients can get ID cards

1 in 12 of the 13 states, and then law enforcement
2 can easily differentiate between law-abiding
3 medical marijuana patients and recreational
4 marijuana users.

5 Law enforcement will still be able to
6 conduct searches and seizures based on probable
7 cause with the only difference being that after
8 verifying an Iowa patient's status and that they
9 possess the appropriate amount of medical
10 marijuana, law enforcement will not need to
11 continue a needless encounter.

12 Colonel James Baker of the Vermont
13 State Police told WCAX-TV on October 18, 2007, "At
14 this point four years into this, we're comfortable
15 with what's happening, and we believe that the
16 people who are getting it are getting it under the
17 true color of what the law is." So there's even
18 law enforcement support.

19 Additionally, others have suggested
20 that Iowa require its seriously ill patients to
21 acquire their medical marijuana only from a
22 pharmacy. Because distribution of medical
23 marijuana remains illegal under federal law, as
24 does furnishing an official prescription, mandated
25 pharmacy distribution doesn't make sense because

1 most national pharmacy chains are very risk averse
2 and will almost surely forbid any individual
3 pharmacy from breaking federal law, let alone state
4 law, in distributing what remains a Schedule I
5 substance under federal law.

6 However, if the board believes it is
7 important to include pharmacies, it can definitely
8 recommend to the legislature that it affirmatively
9 allow pharmacies to apply to become registered
10 compassion centers as long as they are not the only
11 entities allowed to provide qualified patients with
12 medical marijuana.

13 The model that has worked well in
14 ~~other states is to create state-regulated~~
15 compassion centers, started by compassionate people
16 who are willing to break federal law while obeying
17 state law in order to provide patients with the
18 medicine they need. The not-for-profit model is
19 working as has been seen in New Mexico which
20 licensed its first producer in March.

21 It should also work well in Rhode
22 Island, which expanded its law in June by an
23 overwhelming margin to include state-regulated
24 compassion centers and will be finalizing its
25 regulations and beginning to accept applications.

1 And finally, just yesterday great
2 news. 59 percent of Maine voters approved a
3 similar law which will allow regulated nonprofits
4 to dispense medical marijuana to registered
5 patients. And it is also likely that New Jersey
6 will also pass the medical marijuana law as well
7 with similar regulated compassion center
8 provisions.

9 Now, in California medical marijuana
10 dispensaries have had mixed success. While their
11 sheer abundance has provided safe access to any
12 patients who needs medicine in most major cities in
13 the state, there is no state regulation. There is
14 no state registration, unlike the proposed bill in
15 Iowa, unlike in New Mexico, Rhode Island, and
16 Maine.

17 As a result, some unscrupulous
18 operators will unfortunately abuse the ambiguous
19 law and the lack of regulation. This has not been
20 a problem in New Mexico nor will it be in Rhode
21 Island or Maine where very tight regulations will
22 provide people with access and community safety.

23 Thus, the best way to ensure that
24 seriously ill patients have access to medical
25 marijuana is for the legislature to establish a

1 compassion center system that is licensed and
2 tightly regulated by the state.

3 Last point finally is that it's
4 important to remember that the federal government
5 has just recently given Iowa and other states like
6 it the legal and legislative space to protect
7 medical marijuana patients and their caregivers
8 from criminal sanctions. President Obama pledged
9 to end raids on medical marijuana patients during
10 his campaign, and this pledge was supported and
11 fleshed out now just recently by a policy
12 memorandum from the Department of Justice directing
13 U.S. attorneys not to prosecute legitimate medical
14 marijuana patients and caregivers who are obeying
15 state law.

16 Specifically, the October 19, 2009,
17 memorandum says "Prosecution of individuals with
18 cancer or other serious illnesses who use marijuana
19 as a part of a recommended treatment regimen
20 consistent with applicable state law or those
21 caregivers in clear and unambiguous compliance with
22 existing state law who provide such individuals
23 with marijuana is unlikely to be an efficient use
24 of limited federal resources."

25 In releasing this memorandum, the

1 Obama administration is directing its prosecutors
 2 to let states set their own marijuana policy. With
 3 a clear, unambiguous law that specifically
 4 regulates the distribution of medical marijuana to
 5 seriously ill patients and allows doctors to write
 6 recommendations, which is a concept that effective
 7 state laws have used since 1996, and which includes
 8 other specific rules for patients and caregivers,
 9 it will be obvious who is in unambiguous compliance
 10 with the law and who is not.

11 This type of law will avoid any issues
 12 that have been present in California and will
 13 significantly reduce any chance of possible federal
 14 interference while robustly protecting all Iowa
 15 patients and caregivers.

16 In conclusion, given the overwhelming
 17 evidence, I ask the Board of Pharmacy to officially
 18 recognize the medical value of marijuana and to
 19 urge the legislature to pass a comprehensive and
 20 effective medical marijuana law that allows doctors
 21 to write recommendations and also allows patients
 22 to legally possess, cultivate, and obtain medical
 23 marijuana from state-regulated compassion centers.

24 Thank you very, very much from all of
 25 us for holding these hearings and for including all

1 BOARD MEMBER MAIER: Mr. Mamber, I
 2 have just a question.

3 NOAH MAMBER: Absolutely.

4 BOARD MEMBER MAIER: Our job here is
 5 to determine whether we should -- whether we should
 6 reschedule this drug from Schedule I to
 7 Schedule II. Can you tell me without me
 8 researching the other 13 states that -- where their
 9 medical marijuana has become available, have those
 10 states rescheduled to Schedule II, or is it the
 11 compassion -- compassion center approach?

12 NOAH MAMBER: Again, without
 13 researching, the 13 other states as far as I know
 14 have not taken the rescheduling route, but that
 15 would be more just a matter of -- it was an
 16 oversight. I mean they decided to pass these laws
 17 to make sure that marijuana was available to folks,
 18 but in the ideal, you know, if everyone was to go
 19 back and do it again, it would be great if the
 20 state also, you know -- you know, both symbolically
 21 and in making a statement that marijuana is not
 22 appropriate to be in Schedule I. We are going to
 23 change it as well as making sure that it is
 24 available to patients.

25 So it's -- it's -- the most important

1 of us. Have a nice morning.

2 BOARD MEMBER FREY: Thank you.

3 CARL OLSEN: Could you ask him to
 4 submit that in writing so it gets in the record
 5 correctly?

6 BOARD MEMBER FREY: Mr. Mamber?

7 NOAH MAMBER: Yeah.

8 BOARD MEMBER FREY: Have you submitted
 9 these -- your comments in writing to the board?

10 NOAH MAMBER: I'm going to submit them
 11 in writing today. I'm just putting very, very
 12 small corrections, and I'll make sure they're there
 13 before the end of the day Iowa time.

14 BOARD MEMBER FREY: Okay. Thank you.

15 NOAH MAMBER: And it has all the
 16 necessary citations for the facts that I quote.

17 BOARD MEMBER FREY: We would
 18 appreciate that greatly.

19 NOAH MAMBER: Wonderful. Thank you,
 20 guys. Thank you so much for making the phone
 21 testimony happen. I hope that the earlier
 22 testimony by the researcher was also helpful, and I
 23 wish you luck. Thank you.

24 BOARD MEMBER FREY: Thank you.

25 Mr. Mamber, we have one question for you.

1 thing is that Iowa medical -- Iowa seriously ill
 2 patients will be able to have access to the
 3 medicine they need.

4 But definitely rescheduling marijuana
 5 is a great first step and recognizing its medical
 6 value. We would just ask that in doing so that you
 7 also ask the legislature to formulate a plan in
 8 which doctors who write recommendations for
 9 patients to legally possess, cultivate, and obtain
 10 marijuana from state-licensed compassion centers.

11 BOARD MEMBER MAIER: Thank you.

12 NOAH MAMBER: Thank you.

13 TERRY WITKOWSKI: We will be taking a
 14 lunch break now. We will be back to hear

15 additional testimony and comments at 1 o'clock.
 16 And we have asked that the room be locked during
 17 this period, so if anybody wants to leave any of
 18 their equipment here, you're welcome because it
 19 will be secured. Thank you.

20 (Lunch recess.)

21 TERRY WITKOWSKI: Okay. We'll get
 22 started again. I'm going to go a little bit of the
 23 introduction, purposes for the meeting again for
 24 those who were not here this morning.

25 This is a final public hearing on

1 medical marijuana. It is being held by the Iowa
2 Board of Pharmacy pursuant to Iowa Code
3 Section 124.201(1). I'm Terry Witkowski, executive
4 officer for the board.

5 With me today are two board members.
6 Susan Frey is a pharmacist and vice chairperson of
7 the board from Villisca, Iowa. Ed Maier is a
8 pharmacist board member from Mapleton, Iowa. Also
9 with us today is Jennifer O'Toole. She's at the
10 back table. And SueAnn Jones of Johnson Reporting
11 Services serving as the certified -- excuse me --
12 certified shorthand reporter for this hearing.

13 The purpose of the hearing is to
14 receive information from the public. A transcript
15 of all comments received at today's hearing will be
16 reviewed by all seven members of the board.

17 This hearing will be held according to
18 the following ground rules and will proceed in the
19 following manner: Both proponents and opponents
20 of medical marijuana will be allowed to speak. All
21 speakers are to come to the stage and speak into
22 the microphone. Speakers are to speak slowly and
23 clearly so their comments can be accurately
24 recorded.

25 Speakers need to identify themselves

1 permit.

2 We will notify each speaker as you
3 approach the end of your allotted time by holding
4 up signs indicating four minutes, two minutes,
5 thirty seconds remaining, and finally thank you
6 when your time is up.

7 The board wishes to remind everyone
8 that this hearing is not an opportunity for debate.
9 We are here today to receive comments concerning
10 the medical use of marijuana. As part of this
11 process, I, the board members, or the board staff
12 may have questions for speakers. Please be aware
13 we are not here to receive comments regarding the
14 legalization of marijuana.

15 Speakers are also reminded to avoid
16 repetitious or irrelevant comments, and speakers
17 should be as short and concise as possible.
18 Speakers will only be allowed to speak once.
19 Additional thoughts may be submitted to the board
20 in writing following today's hearing.

21 Unruly behavior such as booing or
22 hissing or harassing remarks will not be tolerated.
23 Speakers will not be allowed to make personal
24 attacks. Please hold your applause until each
25 speaker has finished making their comments.

1 on the record using at a minimum their first name.
2 Full names and addresses would be appreciated but
3 will not be required. If you're representing an
4 organization or are speaking on behalf of an
5 organization, speakers should state that before
6 making comments.

7 Speakers who wish to offer exhibits or
8 written materials to the board need to have them
9 properly identified for the record. Testimony that
10 references an exhibit should identify the exhibit
11 number.

12 Depending on the number of people who
13 wish to speak at today's hearing, time limits will
14 be imposed. In general, each person will be

15 allowed a minimum of ten minutes to speak. If
16 feasible, additional time may be allowed. However,
17 the board wants to ensure that every person who
18 wishes to speak receives an opportunity to do so.

19 Speakers will be called according to
20 the order on our sign-up sheet. Some speakers
21 reserved time prior to today's hearing, and they
22 will provide their comments as previously
23 scheduled. We have a few speakers that have also
24 requested additional time. All requests for
25 additional time will be allowed as circumstances

1 In addition to receiving oral comments
2 at today's hearing, the board welcomes and
3 encourages written comments. Any comments or other
4 information received at today's hearing will be
5 public information and may be referred to or
6 referenced in reports or recommendations issued by
7 the board to the legislature.

8 We will be in session until 7 p.m. We
9 will be taking two 15-minute breaks during the
10 afternoon. Are there any questions?

11 JACQUELINE PATTERSON: When do the
12 written responses need to be submitted by?

13 TERRY WITKOWSKI: As soon as possible,
14 but I would suggest you have them into our office
15 by the end of this week so that we make sure that
16 we compile them into the full material.

17 JACQUELINE PATTERSON: And when will
18 you be submitting your opinion to the legislators?

19 TERRY WITKOWSKI: We are hoping to
20 have an opinion to the legislature -- legislators
21 by the time that they open session in January.

22 CARL OLSEN: It's my understanding
23 that anything had to be submitted by midnight
24 tonight.

25 TERRY WITKOWSKI: You probably know

1 more than I do.

2 CARL OLSEN: I just want to make sure
3 that everybody --

4 TERRY WITKOWSKI: Okay.

5 CARL OLSEN: It's my understanding
6 that today is the deadline for anything.

7 TERRY WITKOWSKI: Okay.

8 BOARD MEMBER FREY: The original --
9 the original e-mail did say midnight tonight.

10 TERRY WITKOWSKI: Okay. We have that
11 confirmed. It is by midnight tonight that comments
12 need to be submitted. You can fax those. You can
13 mail them. You can e-mail them, whatever your
14 preference. And if you need contact information,
15 see me at a break. Okay? Yes.

16 KAITLYN DONOVAN: What about is there
17 any way that you could request that it be, like, a
18 Schedule IV or, like, something different than a
19 Schedule II?

20 TERRY WITKOWSKI: You can always make
21 your recommendation or make your argument for
22 placing the marijuana for medical use into a
23 different schedule. That's -- that's what the
24 board is looking at.

25 KAITLYN DONOVAN: Okay.

1 of the then-current Illinois Medical Marijuana
2 Enabling Statute. Perjured testimony was used
3 against me, and I'm a little bit frustrated for the
4 last eight years, so please forgive me if I sound
5 anxious.

6 I have attention deficit disorder, and
7 that has a strong anxiety component, and I was told
8 by a therapist that marijuana might help me with
9 the debilitating side effects of the prescription
10 Ritalin that I took then and I take now per valid
11 prescription.

12 After reviewing the Illinois statute
13 and advocating for a program, I had to leave the
14 practice of law because I could no longer do that,
15 and I had a health food store, and I researched for
16 dietary supplements and alternatives that might do
17 the same things as the THC molecule that I'd found
18 had great efficacy for me.

19 Based on that, I developed a livestock
20 feeding program with high-grade essential fatty
21 acids, the lack of transfatty acids, and some other
22 changes, and I came up with a meat product that had
23 a unique brain attribute. Call it a buzz factor.
24 I know that that sounds strange.

25 But I had gained the cooperation of

1 TERRY WITKOWSKI: Yes.

2 ROBERT MANKE: I have a legal document
3 here, and I don't really want to let go of it
4 because it's something that I keep in my
5 possession. And I would like to make sure that you
6 get this as evidence.

7 How can I do this and receive it back?
8 Do you have a way to copy this or something or --

9 TERRY WITKOWSKI: Yes. If you want to
10 give that to me, I would be happy to take it back
11 and copy it. I can mail it back to you.

12 ROBERT MANKE: Either one is fine.

13 TERRY WITKOWSKI: Yeah. If you want

14 to provide that directly to me, I'll make sure that
15 you do get it back.

16 ROBERT MANKE: Well, after my speech?

17 TERRY WITKOWSKI: Anytime.

18 ROBERT MANKE: All right.

19 TERRY WITKOWSKI: Any other questions?
20 Okay. Now we will proceed with the next scheduled
21 speaker, and that is Paul Peterson.

22 PAUL PETERSON: My name is Paul
23 Peterson. I'm formerly a practicing attorney from
24 Chicago. I was suspended from the practice of law
25 in 2001 based upon my advocacy for the utilization

1 the Wilmette chief of police in Wilmette, and they
2 decriminalized marijuana possession. Now that has
3 leaked out all over Illinois to where there are
4 perhaps 100 Illinois towns and cities that have
5 done this with great success, I might add,
6 including Springfield, the capital, and Cook
7 County. And there's probably an entire ring of
8 so-called rebelhead zone all the way around
9 Chicago.

10 In 2006, forced to lose my store
11 because of business reverses, I moved back to Iowa,
12 and I started to advocate for change on the
13 local -- the zone in Buena Vista County.

14 I have a number of exhibits that I'd
15 like to bring into evidence starting with a group
16 of anti-cancer articles showing that marijuana
17 constituents have strong therapeutic potential to
18 stop a number of different cancer processes,
19 including brain cancer, pancreatic cancer, colon
20 cancer, breast, lung, skin, blood-borne cancers,
21 lymphomas, and it's really frustrating to me that I
22 have not received any possibility to get this word
23 out.

24 For instance, in 2007 when I saw a
25 brain cancer patient dying at the hospital, I

1 decided to try to bring meaning to his passing by
2 delivering some of these articles to the Storm Lake
3 city council, and I was immediately criminally
4 arrested and assaulted by the chief of police, and
5 evidence has been tampered as a result to hide the
6 fact that he grabbed me by both arms
7 inappropriately.

8 These are part of this Group
9 Exhibit A, anti-cancer articles including Madison,
10 Wisconsin, "U.S. Investigators Praise Cannabinoids
11 as Chemo Treatment." This was from January '08.
12 Brain cancer from Manuel Guzman of Spain, July of
13 2006. "Apoptosis of Pancreatic Tumors." Apoptosis
14 is called program cell death, and this could have
15 possibly saved a remarkably talented actor that
16 played the part of an unconventional FBI agent
17 recently. I'm very frustrated that this has not
18 come to the fore. This was one of the articles I
19 gave to the chief of police and was criminally
20 assaulted as a result of that.

21 Another article from a number of
22 foreign researchers in 2006 about human breast
23 cancer cells that are inhibited by Cdc2 regulation.
24 Another article from Forbes magazine dated 3-31-09
25 about how experts say -- say their findings are

1 worth further study about cancer, brain cancer. I
2 offer this as a Group Exhibit A.

3 Group Exhibit 2 is an article that I
4 found regarding the therapeutic uses of medical
5 marijuana in the treatment of attention deficit
6 disorder. Now, I understand that Iowa probably
7 will not go to the extent of allowing this for such
8 a -- such a purpose because that is still
9 controversial. But I submit to the board that if I
10 lived in any one of the 13 states where it's
11 allowed, I could get a green card for that in about
12 a New York minute.

13 I've been repeatedly confirmed to have
14 ~~ADHD and not that other thing called bipolar~~
15 disorder. And in fact, when I saw a civil rights
16 violation in Storm Lake January 21, '06, I was
17 falsely arrested and maliciously prosecuted.
18 criminally assaulted, and evidence was tampered
19 with, falsified police report, and because I asked
20 for an internal affairs investigation of false
21 police action, I was committed to Cherokee Mental
22 Health Institute for six weeks and forced to take
23 brain-numbing neuroleptic drugs because of the
24 falsified innuendos, because I have had an article
25 in the paper about marijuana decriminalization, and

1 I'll have you know that my urine was negative for
2 marijuana at that time. Otherwise I'd probably
3 permanently be attached to a urine collection pump
4 to this very day. You could applause if you want.
5 That's okay.

6 There's also an article at the end of
7 this about how the brain may produce its own
8 antipsychotic drug, and that would be anandamide.
9 You might have heard testimony already about this.
10 It was discovered in the '80s or '90s by a DEA or
11 an Institute of -- I don't know. NIDA, National
12 Institute of Drug Abuse.

13 Now, I know that there are three
14 classes of the so-called endocannabinoids. One is
15 the anandamide that comes from the Omega 6 class.
16 Another is a thing called steramide (phonetical)
17 that comes from Omega 3. Another one is called
18 oleamide, o-l-e-a-m-i-d-e, which is known as the
19 sleep-inducing cannabinoid.

20 Now, this is pivotal and salient here
21 because the buzz factor that I developed in this
22 unique livestock product would cause me to have to
23 go to sleep, and I believe from my further research
24 that by removing the transfatty acids from the
25 dietary stream, I had caused the livestock to start

1 to produce all three of these classes of
2 endocannabinoids. I offer this exhibit as Group
3 Exhibit No. B.

4 Group Exhibit No. C is about
5 Alzheimer's and migraine headaches. Now, when I
6 had my health food store in Illinois, I had
7 harvested some wild-growing hemp from Illinois, so
8 I did not transport that across state lines, if you
9 know what I mean.

10 And because my chief of police was so
11 supportive, I would keep that frozen in my
12 refrigerator, and if somebody came into my store
13 with a migraine headache, I could make a fresh
14 green marijuana tea, hemp tea, and they would take
15 two sips, look at me, and say "It's going, going,
16 gone." In ten seconds I could cure a migraine
17 headache with hemp.

18 Now, the hemp has the precursor
19 chemical called cannabidiol which is turned into
20 THC in a live marijuana, but I believe that the CBD
21 is a neuroprotective without causing psychoactive
22 changes, and I believe that this hemp, medical
23 hemp, would be a valuable and valid course of study
24 for the board and for the State of Iowa.

25 In addition to that, I've noticed over