

MEDICINAL MARIJUANA PUBLIC MEETING

MASON CITY, IOWA

TRANSCRIPT OF PROCEEDINGS

SEPTEMBER 2, 2009

Reported by: SueAnn Jones, CSR, RPR

**Johnson Reporting Services, Ltd.
Certified Shorthand Reporters
913 27th Street
West Des Moines, Iowa 50265**

(515) 224-1166

<p style="text-align: center;">1</p> <p style="text-align: center;">MEDICINAL MARIJUANA</p> <p style="text-align: center;">PUBLIC MEETING</p> <p style="text-align: center;">September 2, 2009, 10:10 a.m.</p> <p style="text-align: center;">Music Man Square, Reunion Hall</p> <p style="text-align: center;">Mason City, Iowa</p> <p style="text-align: center;">Reported by: SueAnn Jones, CSR, RPR</p>	<p style="text-align: right;">3</p> <p>1 of Iowa Code Chapter 124 and because marijuana use</p> <p>2 and the use of drugs in general is a sensitive</p> <p>3 medical, social, and political issue.</p> <p>4 Any board recommendation for changes</p> <p>5 to the controlled substance schedules will be</p> <p>6 preceded by a thoughtful review and analysis of the</p> <p>7 most helpful and current scientific information</p> <p>8 available to the board.</p> <p>9 In making a recommendation to the</p> <p>10 legislature regarding marijuana, the board will</p> <p>11 consider the following 12 factors: marijuana's</p> <p>12 actual or relative potential for abuse, marijuana's</p> <p>13 pharmacological effect, current scientific</p> <p>14 knowledge regarding marijuana, the history and</p> <p>15 current pattern of abuse of marijuana, the scope,</p> <p>16 duration, and significance of abuse of marijuana,</p> <p>17 the risk to the public health for moving marijuana</p> <p>18 from Schedule I to a different controlled substance</p> <p>19 schedule, the potential of marijuana to produce</p> <p>20 psychic or physiological dependence liability,</p> <p>21 whether marijuana is an immediate precursor of a</p> <p>22 substance on some other controlled substance</p> <p>23 schedule, whether marijuana's potential for abuse</p> <p>24 or lack thereof is not properly reflected in its</p> <p>25 inclusion in Schedule I, whether marijuana lacks a</p>
<p style="text-align: center;">2</p> <p>1 PROCEEDINGS</p> <p>2 TERRY WITKOWSKI: Good morning.</p> <p>3 Welcome to the second public hearing on medical</p> <p>4 marijuana. This hearing is being held by the Iowa</p> <p>5 Board of Pharmacy pursuant to Iowa Code</p> <p>6 Section 124.201(1). I am Terry Witkowski, the</p> <p>7 executive officer for the board, and with me today</p> <p>8 are other members of the board staff, Debbie</p> <p>9 Jorgenson, and Roger Zobel is at the table in the</p> <p>10 back.</p> <p>11 SueAnn Jones of Johnson Reporting</p> <p>12 Services, Limited is serving as the certified</p> <p>13 shorthand reporter for this hearing.</p> <p>14 The purpose of this hearing is to</p>	<p style="text-align: right;">4</p> <p>1 high potential for abuse, whether marijuana has an</p> <p>2 accepted medical use in treatment in the United</p> <p>3 States, and whether marijuana does not lack</p> <p>4 accepted safety for use in treatment under medical</p> <p>5 supervision.</p> <p>6 This hearing will be held according to</p> <p>7 the following ground rules and will proceed in the</p> <p>8 following manner: Both proponents and opponents</p> <p>9 of medical marijuana will be allowed to speak. All</p> <p>10 speakers must come to the stage and speak into the</p> <p>11 microphone at the podium here. Please, if you wish</p> <p>12 to speak, check in with Roger at the table in the</p> <p>13 back prior to coming forward.</p> <p>14 Speakers must speak slowly and clearly</p>
<p>15 receive information from the public. A transcript</p> <p>16 of all comments that are received at today's</p> <p>17 hearing will be reviewed by all seven members of</p> <p>18 the Iowa Board of Pharmacy. Those members regret</p> <p>19 that they cannot be here today to hear you in</p> <p>20 person.</p> <p>21 Iowa law imposes upon the board the</p> <p>22 duty to periodically recommend to the legislature</p> <p>23 changes in controlled substance schedules. The</p> <p>24 board views this statutory responsibility with</p> <p>25 great seriousness, both because of the specificity</p>	<p>15 so their comments can be accurately recorded.</p> <p>16 Speakers need to identify themselves on the record.</p> <p>17 They should at a minimum provide their first name.</p> <p>18 Full names and addresses would be appreciated but</p> <p>19 will not be required. If speakers are representing</p> <p>20 an organization or are speaking on behalf of an</p> <p>21 organization, they should state that before making</p> <p>22 their comments.</p> <p>23 Speakers who wish to offer exhibits or</p> <p>24 written materials to the board need to have them</p> <p>25 properly identified for the record. Testimony that</p>

1 references an exhibit should identify the exhibit
2 number.

3 Depending on the number of people who
4 wish to speak at today's hearing, time limits will
5 be imposed. Debbie will hold up cards letting you
6 know how much time is remaining in your time slot
7 to let you know whether you need to speed up your
8 presentation or start to wind down.

9 In general, each person will be
10 allowed a minimum of five minutes to speak. If
11 feasible, additional time may be allowed. However,
12 the board wants to ensure that every person who
13 wishes to speak receives an opportunity to do so.

14 Speakers will be called according to
15 the order on our sign-up sheet. Some speakers
16 reserved time prior to today's hearing, and they
17 will provide their comments as previously
18 scheduled. Some speakers have also requested
19 additional time. All requests for additional time
20 will be allowed as circumstances permit.

21 The board wishes to remind everyone
22 that this hearing is not an opportunity for debate.
23 We are here today to receive comments concerning
24 the medical use of marijuana. As part of this
25 process, I or other members of the board staff may

1 have questions for the speakers. Please be aware
2 that we are not here to receive comments regarding
3 the legalization of marijuana.

4 Speakers are also reminded to avoid
5 repetitious or irrelevant comments. Speakers
6 should be as short and concise as possible.
7 Speakers will only be allowed to speak once.
8 Additional thoughts may be submitted to the board
9 in writing following today's hearing.

10 Unruly behavior such as booing or
11 hissing or harassing remarks will not be tolerated.
12 Speakers will not be allowed to make personal
13 attacks. Please hold your applause until each
14 speaker has finished making their comments.

15 In addition to receiving oral comments
16 at today's hearing, the board welcomes and
17 encourages written comments. Any comments or other
18 information received at today's hearing will be
19 public information and may be referred to or
20 referenced in reports or recommendations issued by
21 the board to the legislature.

22 This hearing will be in session until
23 7 o'clock p.m. We will take a lunch break from
24 11:30 a.m. to 1 p.m. We will also take two
25 15-minute breaks during the afternoon. Are there

1 any questions?

2 Our next public hearing will be held
3 from 1 p.m. to 7 p.m. on Wednesday, October 7 at
4 the Bowen Science Building at the University of
5 Iowa in Iowa City.

6 Debbie will notify you as a reminder
7 when you have four minutes, two minutes, and thirty
8 seconds left to speak by holding up these warning
9 messages. Once your time is up, she will hold up
10 the following sign. Please wrap up your comments
11 when you see the 30-second warning.

12 We will now begin with our first
13 speaker.

14 DEBBIE JORGENSEN: We have close to
15 10:20 with Bob Watson.

16 TERRY WITKOWSKI: Is Bob Watson here?

17 BOB WATSON: Yes.

18 TERRY WITKOWSKI: Okay. Bob is our
19 first speaker and you'll be the next one.

20 ROB: How will we get a mic down here?

21 DEBBIE JORGENSEN: You are No. 2.

22 TERRY WITKOWSKI: You are No. 2. And
23 we will bring a mic down to you.

24 BOB WATSON: I'd actually understood
25 that I had ten minutes, and so I have two written

1 pages. Yep, yep, here you go.

2 TERRY WITKOWSKI: Okay. Thank you.

3 DEBBIE JORGENSEN: Thank you.

4 BOB WATSON: I actually understood
5 that I had ten minutes, but I probably will not go
6 that long, but that might be about what I prepared.

7 DEBBIE JORGENSEN: That's fine.

8 BOB WATSON: My name is Bob Watson. I
9 reside in rural Decorah. I am a disabled combat
10 veteran. I was a radio operator with second
11 battalion Fifth Marines, a combat unit in Vietnam
12 40 years ago.

13 My disabilities are PTSD. The
14 colloquial definition for me is too much combat
15 before the age of 21 and plenty more after. And
16 the cerebral form of P falciparum malaria. This
17 form of malaria destroys the insulation around the
18 synapsis in the brain and allows short-circuiting
19 of electrical impulses which are a form of
20 seizures. These disabilities are central to my
21 testimony.

22 Since the 1960s, the literature
23 abounds with studies about marijuana, trying to
24 prove its dangers, its helpful uses, and its
25 chemical compounds. This has led to the

<p style="text-align: right;">9</p> <p>1 understanding that many of the old, thousands of 2 years old, uses for marijuana have a firm basis in 3 science.</p> <p>4 Marijuana has been used to treat pain, 5 convulsions, nausea, glaucoma, neuralgia, asthma, 6 cramps, migraines, insomnia, and depression to name 7 a few. With the 1988 Allyn Howlett discovery of 8 specific receptors for THC in the brain, we begin 9 to understand the ability of marijuana to affect 10 humans.</p> <p>11 In 1992, Raphael Mechoulam who 12 originally discovered THC discovered the brain's 13 own cannabinoid, and he named it anandamide. The 14 cannabinoid receptors Howlett found showed up in 15 vast numbers all over the brain as well as in the 16 immune and reproductive systems, though they were 17 clustered in the regions responsible for the mental 18 processes that marijuana are known to alter, the 19 cerebral cortex, the locus of higher order 20 thoughts, the hippocampus, memory, the basal 21 ganglion movement, and the amygdala -- sorry -- 22 emotions.</p> <p>23 The one neurological address where 24 cannabinoid receptors didn't show up was in the 25 brain stem which regulates involuntary functions</p>	<p style="text-align: right;">11</p> <p>1 me back to PTSD and malaria.</p> <p>2 As I stated previously, one of the 3 effects of malaria is the creation of seizures. 4 These seizures lead to a number of problems, 5 including debilitating anxiety attacks, rages, et 6 cetera. Smoking marijuana dampens the seizures and 7 works as an anticonvulsant.</p> <p>8 Marijuana has none of the side effects 9 or, in fact, unintended actions on the brain that 10 normal pharmaceutical drugs used for this purpose 11 have.</p> <p>12 The central symptom of PTSD from the 13 jungle war in Vietnam for veterans is 14 hyperalertness. Because hyperalertness saved my 15 life throughout that whole year, my brain won't let 16 me stop being hyperalert.</p> <p>17 Hyperalertness causes the brain to 18 fill in voids with flashbacks, nightmares, and a 19 perpetual state of alertness which can take on many 20 forms of problematic behavior. One tends to forget 21 that not only did combat veterans hunt other 22 humans, they were also hunted by other humans. 23 This brings in a whole set of PTSD problems 24 normally not thought of when thinking with combat 25 veterans.</p>
<p style="text-align: right;">10</p> <p>1 such as circulation and respiration. This might 2 explain the remarkably low toxicity of cannabis and 3 the fact that no one is known to have ever died 4 from an overdose.</p> <p>5 Howlett suggests that the purpose of 6 this network might be various direct and indirect 7 effects of cannabinoids, pain relief, loss of 8 short-term memory, sedation, and mild cognitive 9 impairment. She noted that cannabinoid receptors 10 had been found in the uterus and speculated that 11 anandamide might not only dull the pain of 12 childbirth but help women forget it later.</p> <p>13 The sensation of pain is one of the 14 hardest to summon from memory. Howlett speculated 15 that the human cannabinoid system evolved to help 16 us endure and selectively forget the routine slings 17 and harrows of life so that we can get up in the 18 morning and do it all over again. It is the 19 brain's own drug for coping with the human 20 condition.</p> <p>21 After my year in the rice patties and 22 mountains of Vietnam, there is much to forget. 23 Humans have a coevolution relation with marijuana, 24 much like pollinators and flowers which has had 25 evolutionary advantages to both species which gets</p>	<p style="text-align: right;">12</p> <p>1 Mine is not an easy life. I must 2 always be aware of and manage my PTSD and malaria 3 symptoms and try to separate them from what might 4 be called normal life. Smoking marijuana can 5 reduce hyperalertness. Reducing hyperalertness can 6 reduce the symptoms that combat veterans must live 7 with.</p> <p>8 Smoking marijuana acts as an 9 anticonvulsant, thus relieving symptoms caused by 10 seizures that veterans with cerebral malaria must 11 live with. Smoking marijuana allows the veteran to 12 selectively forget many of the horrible memories of 13 combat.</p> <p>14 When we have understood for the last 15 50 years the pharmacological reasons why marijuana 16 works as it does on the human brain, when we have 17 understood the positive cultural uses this plant 18 has been used for for thousands of years by humans, 19 when we understand that other states in this United 20 States understand and legally allow those medical 21 uses that marijuana has been shown to have, as a 22 combat veteran who spent the last 40 years dealing 23 daily with the effects of fighting for this 24 country, the effects fighting for this country has 25 had on my life, I find it morally reprehensible</p>

1 that a doctor at the VA or any other doctor is not
2 allowed to write me a prescription for marijuana
3 when that doctor knows that marijuana is the best
4 medicine I could have for my combat-related
5 disabilities.

6 Do me and the thousands of other
7 veterans with PTSD and malaria disabilities a
8 favor. Understand the real history this plant has
9 had with humans. Understand the positive medical
10 outcomes this plant has shown and recommend the use
11 of medical marijuana in Iowa. Thank you.

12 TERRY WITKOWSKI: Thank you.

13 ROB: Hi. My name is Rob, and I was
14 diagnosed with MS in 1988. And ever since my
15 diagnosis, it's been a downhill run, and people
16 think I'm nuts when I say that medical marijuana
17 works, and it does. It really -- it relieves
18 symptoms and mostly the psych symptoms, which to me
19 is the worst, and I have to deal with it every day.
20 I have to deal with all this I was given, and it's
21 so much easier when I'm -- when I smoke marijuana.

22 People think I'm crazy. My doctors
23 look at me like I'm crazy. I'm tired of feeling
24 that way and being treated that way. It should be
25 legal for all the people, not just myself but

1 everybody else that has MS. I can't say they all
2 do it, but I know some that do, and it does the
3 same thing for them it does for me. Relieves
4 symptoms. Relieves the psychological side, which,
5 by the way, for me is the hardest part, but I have
6 to deal with it because I don't have a choice.
7 This is the hand I was dealt.

8 And I'm just -- I'm not asking for a
9 handout. I'm asking for a hand-up. And I just
10 hope with all my heart that they will allow this to
11 be available to us people with medical problems
12 because dealing with the disease alone is bad
13 enough. All I'm asking for is some relief, and
14 with marijuana I get that relief. And for us,

15 relief of symptoms, and life is not so bad then.

16 I don't have to sit in negativity all
17 day long like I'm guilty of. I'll admit it. I've
18 tried suicide three times to get away from it, but
19 I know now with God's help, that's not the answer.
20 We're all going to go there anyway someday. So I
21 speed it up.

22 But all I'm asking for is some relief
23 for this beast I have inside me, and give me some
24 relief, and marijuana gives me relief, and people
25 think I'm crazy. Well, then I'm crazy because it

1 does do what I say.

2 And I just -- I want some -- I need --
3 I need -- I need -- I need it for a distraction.
4 True, it's a Band-Aid, but they make marijuana. So
5 like I said, long story short, I wish the public
6 and the medical people could understand it. It
7 should be available to us with diseases, cancer,
8 AIDS, MS, the whole -- the whole deal.

9 And again, I'm going to repeat myself,
10 which I'm very good at. I just want some relief
11 physically and mentally. I take -- I take
12 antidepressants. I take all kinds of pills. I've
13 tried injectable meds. They don't work. I got
14 deathly ill off the last injectable I tried, and I
15 will not put -- have a needle put in my arm ever
16 again for that reason.

17 I just -- I want medical marijuana to
18 be legal for us people that it works for because
19 I've tried umpteen pills and this, that, and the
20 other, and I -- again, I just want it legal for --
21 if for not the world, for the medical -- the sick
22 people in the world that do -- it does help.

23 I guess that's about all I have to
24 say. Thank you all for listening.

25 DEBBIE JORGENSEN: So we have a

1 Speaker No. 2 signed up? Are you ready to go?

2 UNIDENTIFIED MALE: It's not me. He
3 went to a printing place. He'll be right back.

4 DEBBIE JORGENSEN: Okay.

5 TERRY WITKOWSKI: Do we have a Speaker
6 No. -- do we have a Speaker No. 3 signed up? Okay.
7 We'll wait for the second one then.

8 (Short recess.)

9 TERRY WITKOWSKI: I've been informed
10 we do have a Speaker No. 3. Are you ready to
11 speak? Ma'am, would you come up to the microphone,
12 please? And identify yourself at least by first
13 name, please.

14 DEBBIE JORGENSEN: Can you come up the
15 stairs, or do you want me to bring the microphone
16 down to you?

17 MAE: Yes. My one question is, what
18 is the difference between medical marijuana and
19 street marijuana?

20 TERRY WITKOWSKI: Ma'am, would you
21 please identify yourself by first name.

22 MAE: Oh, Mae.

23 TERRY WITKOWSKI: Mae?

24 RAY LAKERS: Is this a question/answer
25 session? I didn't think it was.

<p style="text-align: right;">17</p> <p>1 DEBBIE JORGENSON: No, it's not.</p> <p>2 TERRY WITKOWSKI: No, it's not a</p> <p>3 question/answer session.</p> <p>4 MAE: That isn't known? We don't know</p> <p>5 the difference between street marijuana and</p> <p>6 medical?</p> <p>7 TERRY WITKOWSKI: There is not</p> <p>8 necessarily a difference as far as the substance</p> <p>9 itself. The question here is whether or not to</p> <p>10 allow the use of marijuana when it is provided</p> <p>11 under the care of a health-care practitioner.</p> <p>12 MAE: I have a son-in-law in North</p> <p>13 Carolina who has MS, and he functions without</p> <p>14 marijuana. So it is possible. You don't have to</p> <p>15 have marijuana. He functions. He's in a mobile</p> <p>16 chair. I mean he does -- does a lot of things, but</p> <p>17 he has no cravings or asking to have marijuana</p> <p>18 legalized.</p> <p>19 Do you want me to say anything more?</p> <p>20 TERRY WITKOWSKI: That's up to you.</p> <p>21 MAE: So I -- my opinion is that this</p> <p>22 legalizing marijuana is opening a door, much as it</p> <p>23 did in the abortion arguments.</p> <p>24 TERRY WITKOWSKI: Thank you. We have</p> <p>25 a Speaker 4?</p>	<p style="text-align: right;">19</p> <p>1 It has slowly taken my vision and my ability to</p> <p>2 walk. It causes muscle spasms and pain which can</p> <p>3 be quite intense. At a friend's suggestion, I</p> <p>4 tried marijuana for relief. It worked, helping</p> <p>5 both my spasms and my pain.</p> <p>6 At the time a federal government --</p> <p>7 the federal government was accepting applications</p> <p>8 to receive marijuana for medical use through its</p> <p>9 Compassionate Investigational New Drug Program,</p> <p>10 IND.</p> <p>11 My doctor filled out the paperwork,</p> <p>12 and in 1991 and for the next 16 years, I received</p> <p>13 about 300 marijuana cigarettes per month from the</p> <p>14 federal government's farm in Mississippi. Although</p> <p>15 the program is called the Investigational New Drug</p> <p>16 Program, the government didn't do any</p> <p>17 investigating. The federal government has not</p> <p>18 spent a dime to study how marijuana has made my</p> <p>19 disease better and those other federal patients</p> <p>20 more bearable. Not one federal researcher examined</p> <p>21 me or the other patients to see what side effects</p> <p>22 we suffered. There were virtually none.</p> <p>23 The only study that has been conducted</p> <p>24 on federal patients was published in the 2002, and</p> <p>25 it did not receive government funding. It studied</p>
<p style="text-align: right;">18</p> <p>1 GEORGE MAMAHON: This may take me a</p> <p>2 few minutes. I'd like to -- the previous speaker</p> <p>3 didn't really seem to understand what we're doing</p> <p>4 here.</p> <p>5 TERRY WITKOWSKI: Identify yourself.</p> <p>6 GEORGE MAMAHON: Yeah. My name is</p> <p>7 George McMahon. I live in Iowa, Riverside, Iowa.</p> <p>8 Livermore, Iowa. Excuse me. What I brought with</p> <p>9 me was Barb Douglass's testimony. She's not quite</p> <p>10 able to make it today. She was, through no fault</p> <p>11 of her own, withheld her medical marijuana for two</p> <p>12 years.</p> <p>13 She's an MS patient. She's on the</p> <p>14 federal program. And after two years, she's no</p>	<p style="text-align: right;">20</p> <p>1 four of the seven federal patients who were alive</p> <p>2 at the time, all of whom had been using federal</p> <p>3 marijuana for at least 11 years:</p> <p>4 The study confirmed what we each knew.</p> <p>5 Marijuana helped us. It found cannabis smoking,</p> <p>6 even of a low-grade crude product, provides</p> <p>7 effective symptomatic relief of pain, muscle</p> <p>8 spasms, and intraocular pressure, glaucoma,</p> <p>9 elevations in selected patients failing other modes</p> <p>10 of treatment. These -- and their accompanying side</p> <p>11 effects. Clinical cannabis provides an improved</p> <p>12 quality of life in these patients.</p> <p>13 And then through no fault of my own, I</p> <p>14 was no longer one of the lucky few. Over two years</p>
<p>15 longer able to travel much.</p> <p>16 At the point that they -- it was cut</p> <p>17 off, it was a matter with her doctor, not with</p> <p>18 her -- she was still traveling. She was probably</p> <p>19 80 percent blind, but she was still able to walk</p> <p>20 and travel, and she's not able to walk and travel</p> <p>21 or see now. But she's back on the medical</p> <p>22 marijuana. She got that straightened out.</p> <p>23 In 1988 -- this is Barb Douglass</p> <p>24 speaking now. In 1988 I was diagnosed with a</p> <p>25 devastating medical condition, multiple sclerosis.</p>	<p>15 ago I stopped receiving my medical marijuana. The</p> <p>16 doctor who signed my paperwork was no longer</p> <p>17 licensed. I found a new doctor who would sign the</p> <p>18 paperwork. But the federal government did not</p> <p>19 resume their shipments and my medicine until after</p> <p>20 two years had passed.</p> <p>21 During that time, my multiple</p> <p>22 sclerosis worsened significantly, and I am in much</p> <p>23 poorer health than I was before I was cut off. I</p> <p>24 spent two years in the same predicament as</p> <p>25 thousands of others in states like Iowa that they</p>

1 do not allow medical marijuana.
2
3 If seriously ill patients use a
4 medicine that helps them, they can be hauled off to
5 jail, and if they don't, they will live in pain and
6 discomfort.

7 Some may think that this is a problem
8 for the federal government, but our state is
9 responsible for deciding its own criminal
10 penalties. Patients like me can and have been
11 arrested by state and local police for medical
12 marijuana.

13 State and local police are responsible
14 for 99 percent of all marijuana arrests, and the
15 DEA would have no reason to encounter a disabled
16 patient like me. They focus on major distributors.

17 In contrast, state and local police
18 arrest more than 700,000 Americans each year for
19 simple possession. I have a friend who has had his
20 life torn apart for a state-level medical marijuana
21 prosecution.

22 Iowa has the power to pass a
23 compassionate use exemption in its marijuana laws.
24 It should be swiftly exercised, the power to allow
25 patients with terminal or debilitating conditions
to relieve our suffering.

1 It's just a letter from her to explain
2 who she is and kind of give you guys the idea that
3 we do have a lot of serious medical evidence and
4 scientific evidence, and it's coming, and I'm glad
5 you guys are reading it because you're probably the
6 first ones to do it.

7 Thank you very much for having us
8 here. Let's go ahead and change this, guys. It
9 needs to be changed. Probably -- oh, by the 21st
10 of September or so. How's that? Thank you.

11 DEBBIE JORGENSON: Do we have anybody
12 else wanting to speak at this point that's ready?
13 Okay. We'll wait.

14 JIMMY MORRISON: I am.

15 DEBBIE JORGENSON: Are you ready?

16 JIMMY MORRISON: Yep.

17 DEBBIE JORGENSON: Okay.

18 JIMMY MORRISON: All right. My name
19 is Jimmy Morrison, but today I will be speaking
20 here on behalf of Lad Huffman. He's 58 years old
21 and from Calumet, Iowa, and I'm going to be also
22 reading his testimony from his perspective.

23 My name is Lad Huffman, and I'm
24 actually in support of Senate File 293, medical
25 marijuana legislation. That would vastly improve

1 my quality of life.

2 I'm 58 years old and have spent most
3 of my life in Iowa. I'm a good citizen. When my
4 country drafted me into the Vietnam War, I went,
5 sacrificing two of the 29 years that I could walk
6 to the jungles of Vietnam.

7 I was diagnosed with multiple
8 sclerosis at age 27. MS is a degenerative disease
9 that causes pain, spasms, paralysis, and weakened
10 muscles. There is no cure. In fact, there are
11 very few treatments for the symptoms, which in my
12 case are particularly devastating.

13 By the time I was 28, I had to stop
14 work, and by age 30, I was in a wheelchair. I've
15 tried several prescription medications, but they
16 have too many side effects, including weakness,
17 which I didn't need any more of.

18 In my first four years after the
19 diagnosis, I was hospitalized seven times for a
20 week to ten days each time. Eventually I tried
21 treating my symptoms with medical marijuana, and it
22 worked. It kept me out of the hospital, alleviated
23 my spasms, took the edge off the pain, and improved
24 bladder control. I also would not get depressed,
25 and it would relax me.

1 I grew my own modest garden, enough so
2 that I could harvest my medicine twice per year.
3 But our state's criminal laws have no exception for
4 people like me. In 1990 a neighbor alerted the
5 police to my plants. My one and only criminal
6 conviction is for relieving my symptoms.

7 I became a criminal for trying to live
8 with some dignity, for improving my quality of
9 life, and for treating my symptoms. I didn't end
10 up in jail. I probably would have spent at least a
11 night there, but it wasn't accessible at the time.
12 But the prosecution was devastating nonetheless.

13 The stress and expense caused by the
14 ordeal drove my wife and I close to divorce.

15 Eventually I was convicted and sentenced to a
16 one-year deferred sentence and two years of
17 probation.

18 Using marijuana was no longer an
19 option, and my quality of life quickly
20 deteriorated. I became almost completely homebound
21 as I was no longer able to drive using hand
22 controls due to my deteriorating condition.

23 During this ordeal, I even thought
24 about leaving my home in the state that I love for
25 a state that was more sympathetic to my medical

<p style="text-align: right;">25</p> <p>1 needs. However, I realized that moving was out of 2 the question because of my fragile health and my 3 strong ties to Iowa, my house and my friends and my 4 family.</p> <p>5 In the midst of the prosecution, the 6 federal government briefly gave me help, and just 7 as swiftly they took it away. Two other Iowans, 8 Barbara Douglass and George McMahon who is here 9 today and just spoke, were either already receiving 10 or in the process of applying to receive free 11 marijuana from the federal government under its IND 12 compassionate use program.</p> <p>13 My doctor filled out the paperwork, 14 and they even approved me. After I was approved 15 but before I received any medicine, the program was 16 closed to any new patients. Four federal patients 17 still receive about eight ounces of medical 18 marijuana per month, but I continue to be forbidden 19 from relieving my symptoms.</p> <p>20 There is a legal medicine that is made 21 out of one of the 60-plus therapeutic compounds in 22 marijuana. Marinol is 100 percent pure synthetic 23 THC, which is incidentally the only psychoactive 24 compound in marijuana.</p> <p>25 Other properties in marijuana moderate</p>	<p style="text-align: right;">27</p> <p>1 medical marijuana legislation sponsored by Senator 2 Joe Bolkcom. Thank you very much for your help. 3 I'll give you a copy of this letter as well.</p> <p>4 And I also have here a book called 5 Marijuana, The Forbidden Medicine. It was written 6 by Lester Grinspoon who is the associate professor 7 of psychiatry at Harvard Medical School, and it's 8 basically a review of scientific evidence, so it 9 refers to a lot of studies, and hopefully it will 10 be of benefit to you guys. Thank you very much.</p> <p>11 TERRY WITKOWSKI: Thank you.</p> <p>12 DEBBIE JORGENSEN: Do you want that 13 book back?</p> <p>14 JIMMY MORRISON: No. You guys can 15 keep it. Thank you.</p> <p>16 (Short recess.)</p> <p>17 TERRY WITKOWSKI: We're ready for 18 Speaker No. 2 if he's available. We're ready for 19 Speaker No. 2. Are you ready?</p> <p>20 UNIDENTIFIED MALE: Just need a couple 21 more minutes.</p> <p>22 TERRY WITKOWSKI: Do we have any other 23 speakers, Speaker No. 5?</p> <p>24 (Off-the-record discussion.)</p> <p>25 TERRY WITKOWSKI: Speaker No. 5,</p>
<p style="text-align: right;">26</p> <p>1 THC's effects, and Marinol was far too intoxicating 2 for me. It also took more than an hour to work and 3 provided incomplete relief.</p> <p>4 There is a conflict between my medical 5 needs and state law. And the Board of Pharmacy and 6 state legislature has the power to change that. 7 All I am asking is to be allowed to live with 8 dignity and less discomfort.</p> <p>9 I ask that the legislature and the 10 governor please allow patients like me to use 11 marijuana for medical purposes with our doctor's 12 approval. It is a medicine that has been used for 13 more than 5,000 years. It has never caused an 14 overdose death, unlike OxyContin -- excuse me -- 15 Tylenol, and even water.</p> <p>16 As the American Public Health 17 Association said, marijuana, quote, has an 18 extremely wide acute margin of safety for use under 19 medical supervision and cannot cause lethal 20 reactions, end quote.</p> <p>21 Iowa should follow the lead of 22 13 other states and enact a compassionate use 23 medical marijuana law. Please take the first step 24 with me by recognizing the medical value of 25 marijuana and by supporting Senate File 293,</p>	<p style="text-align: right;">28</p> <p>1 you're welcome.</p> <p>2 JEFF: Greetings. My name is Jeff. I 3 suffer from three different pain situations and a 4 chronic nausea condition called diabetic 5 neuropathic gastroparesis, of which marijuana or, 6 as I call it, cannabis is extremely effective and 7 safe in controlling chronic nausea, vomiting, and 8 wasting syndrome.</p> <p>9 The archaic, ignorant, and 10 unjustifiable laws of scheduling of cannabis in the 11 State of Iowa results in patients being forced to 12 lie to their personal doctors. In Iowa if you have 13 a pain issue and you use medical cannabis and your 14 doctor finds out, I go through a drug screen or 15 patient honesty. The doctor could lose his DEA 16 license if he prescribes any controlled substance; 17 for example, opiate analgesics.</p> <p>18 Even a legitimate Marinol prescription 19 will make some Iowa doctors refuse to prescribe for 20 these patients for this is exactly what happened to 21 an Iowa patient who wishes to remain anonymous for 22 obvious reasons.</p> <p>23 Simply because of the stigma and 24 attention on cannabis -- now marijuana, which is 25 slang for cannabis -- I don't understand why we</p>

1 don't use the proper word -- therefore the
 2 attention -- I'm sorry. Excuse me. The stigma
 3 and attention on marijuana, which is slang for
 4 cannabis. Therefore, if an Iowan chooses to use
 5 medical cannabis, they are putting themselves in a
 6 position of breaking the law and not being able to
 7 be treated by the so-called FDA-approved narcotic
 8 analgesics and DEA-approved doctors. Is this the
 9 way you want the -- I'm sorry. Forget that part.

10 Now, this is the Iowa Board of
 11 Pharmacy's chance to recommend for Iowans the
 12 safest, most effective medical treatment available.
 13 With cannabis in Schedule I, patients in Iowa are
 14 subject to substandard medical treatment.

15 Natural, whole plant cannabis has been
 16 proven beyond a shadow of a doubt to have safe and
 17 significant medical efficacy for a myriad of
 18 ailments like chronic nausea relief, restore
 19 appetite, better pain management.

20 The federal government's position on
 21 cannabis has been proven to be based on pure
 22 propaganda and/or biased, inaccurate science. The
 23 real science is in, and it is accurate. Medical
 24 cannabis has a place in good overall medical
 25 practice.

1 Cannabis meanwhile illogically remains
 2 in Schedule I, and patients remain at risk of not
 3 only arrest but substandard medical care forced on
 4 them by their doctors working within the guidelines
 5 so as not to lose their license and possibly serve
 6 jail time also.

7 To withhold the best medical treatment
 8 for Iowa patients is cruel and inhumane. Is this
 9 how the Iowa Board of Pharmacy wants to be known?
 10 I don't think so. Relegalize cannabis for medical
 11 purposes and remove cannabis from Schedule I,
 12 allowing doctors to give their patients the best
 13 medical treatment available.

14 Iowa has a reputation of change at a
 15 snail's pace when compared to the rest of the
 16 world. Why don't you, the Iowa Board of Pharmacy,
 17 change that to give Iowans modern state-of-the-art
 18 medical care? So far 13, 14, and counting states
 19 have seen fit to do just that. If Iowa refuses to
 20 join these states, it is clear that our politicians
 21 and policymakers are frightened people running from
 22 the cure. Thank you.

23 TERRY WITKOWSKI: Speaker 2.
 24 JASON: Hi. My name is Jason. I
 25 never smoked cannabis throughout high school until

1 I was a senior, two months before graduation. Up
 2 to this point I had accomplished a lot, including
 3 varsity band, soccer, and working from the age of
 4 14, all while maintaining a 3.5 G.P.A. I had good
 5 enough grades to land a Principal Financial
 6 scholarship to help with my Iowa State University
 7 tuition.

8 I first smoked cannabis after the
 9 urging of one of my soccer teammates to write a
 10 paper for my senior English class comparing
 11 cannabis to alcohol's effects and discovered that
 12 apparently, there were very few downsides to using
 13 marijuana as opposed to alcohol.

14 Soon after, I tried cannabis, which
 15 confirmed my suspicions that I'd been lied to about
 16 the actual effects of the drug. Six months later
 17 when I went to Iowa State University, I found
 18 myself overwhelmed by the freedom I hadn't
 19 experience in high school.

20 During the first semester I drank
 21 heavily socially, going to frat parties and house
 22 parties every weekend with my friends. After two
 23 months of this lifestyle, I decided I did not want
 24 to continue drinking so heavily. It was having a
 25 negative impact on my life and my grades, and I

1 didn't want to become addicted.

2 But as a result of my immature
 3 behavior, I did not get very good grades in my
 4 classes this first semester, so going back second
 5 semester, I vowed not to make the same mistake.

6 Second semester was very hard for me.
 7 I did nothing but work and study. I soon fell into
 8 a deep depression, and my minor anxiety that I had
 9 dealt with since childhood became full-blown panic
 10 attacks on a regular basis. On top of this, my
 11 sister fell into a mental-health crisis.

12 Due to this, my appetite was gone, and
 13 I was unable to maintain a normal sleep schedule.
 14 Because of this, I had a hard time concentrating,

15 and my grades were worse than ever despite not
 16 using any substance whatsoever and never going out
 17 and having any kind of fun.

18 So in an effort to bring back some
 19 routine and normalcy back to my life, I began
 20 smoking cannabis medically at night, falsely to
 21 stimulate my appetite. I found that my use of this
 22 cannabis on a nightly basis helped regulate my
 23 sleep schedule and enabled me to eat at the same
 24 time. My health went up, and unexpectedly, my
 25 anxiety completely vanished. My grades rose from

1 barely C's to A's and B's. I give credit to my
2 medicinal use of cannabis for saving my second
3 semester.

4 Three months later I was arrested
5 after buying four ounces to use throughout the
6 summer from my dealer. The day after buying it, he
7 was busted by the DEA and told them that I had got
8 four ounces the day before. I was soon to find out
9 that there were, in fact, negative consequences
10 from using cannabis. Everything that I
11 accomplished was about to go out the window.

12 The subsequent fines, denial of
13 student loans, jail time, revocation of my driver's
14 license, and reaction from my community was insane.
15 I am still dealing with the repercussions of my
16 personal choice to smoke cannabis and am struggling
17 to pay off the rest of my fines and get back to
18 where I was Iowa State. My life, my schooling, and
19 my financial situation were all impacted negatively
20 by the situation due to the laws.

21 Today I'm here to support medical
22 cannabis for patients and to beg the board to
23 listen and understand the evidence that is being
24 presented from here to November.

25 From my critical analysis, why is

1 cannabis illegal at all in the first place? I
2 cannot understand why there's such resistance to
3 the medicinal application of this drug despite lack
4 of evidence as to the consequences of cannabis.

5 I am dumbfounded as to why patients
6 that are living with terminal illnesses and chronic
7 pain must face the same persecution that I myself
8 have faced from using a drug that is less harmful
9 than tobacco or alcohol.

10 If a patient who has suffered from a
11 car accident says that cannabis better manages
12 their chronic pain than pharmaceutical drugs, why
13 are they denied this right to manage their pain how
14 they see fit? Why should they face the same

15 consequences that I and many others have? Don't
16 arrest them for it. They should have the freedom
17 to manage their pain with their doctor's consent as
18 they see fit. Only the patient can know whether or
19 not a treatment is going to work for their specific
20 pain management.

21 Thankfully for patients, this is
22 changing. Thirteen states have approved the
23 medicinal application of cannabis, and many more
24 are fighting to do the same.

25 Part of the reason it has taken so

1 long for us to arrive at a point where the Board of
2 Pharmacy is even open to hearing both sides of the
3 issue are the laws. Fear keeps people from coming
4 out and speaking against the wrongdoing of our
5 current policy.

6 One of my childhood friends has
7 recently found that cannabis is better at treating
8 his ADHD and anxiety than the Ritalin he's on. He
9 complains of the withdrawal symptoms of Ritalin and
10 the way it makes him feel. He wants to get
11 involved in these hearings but is afraid of
12 admitting publicly that he smokes cannabis
13 medicinally. He does not want to end up in the
14 same position where I am, and so he chooses to stay
15 hidden in his dorm where it is much safer.

16 His voice and many others are being
17 stifled by the threat of prosecution. So for
18 anyone who is willing to testify here today and at
19 the other hearings, I guarantee there's five more
20 with the same opinion and experience who would love
21 to be out here if not for prosecution.

22 Another person who has benefited from
23 cannabis is one of my parents' best friends from
24 high school. Back in the '90s while undergoing
25 chemotherapy for cancer treatment, this man was

1 wasting away, unable to hold any food down.

2 When it got so bad that his doctor was
3 considering discontinuing his chemotherapy and
4 giving up, my mom asked him about cannabis. The
5 doctor agreed, and due to the laws, all he could
6 say was "All I can tell you is that it won't
7 interfere with his current medication."

8 As my mom told me when I was a kid,
9 she bought two joints for her friend, and he was
10 able to take a couple of tokes at a time, giving
11 him the ability to hold down food and nourish
12 himself. He was soon able to continue treatment,
13 and he beat the disease and is still with us here
14 today. He would most likely not be here if not for

15 his breaking of an unjust law.

16 Now, why is there such resistance to
17 people like this being allowed to use cannabis with
18 their physician's approval? There's an obvious
19 fear that a medical cannabis bill in Iowa would
20 increase teenage usage. As someone who just
21 graduated high school recently, I can tell you that
22 is impossible.

23 Teen use is not going to be affected
24 by whether or not terminally ill patients can get
25 cannabis. Teenagers already have no problem