

1 the years that if I tried to smoke some
 2 cannabidiol, the hemp form, if I then tried to
 3 smoke some marijuana -- this was from Illinois,
 4 mind you, not Iowa -- I would find that I could not
 5 get high from the THC, and I believe that this has
 6 valuable drug addiction modality treatment because
 7 you could take somebody that has an addiction to
 8 any substance, give them the CBD, and find that
 9 you're able to intercept or interdict the
 10 absorption or the utilization of THC.

11 And further, the meat that I
 12 developed, I found that when I would eat my buzz
 13 meat and tried to smoke marijuana, I would not get
 14 high, meaning that it's probably the same receptor
 15 site activity.

16 Now, this is all salient and relevant
 17 because when I was thrown into the looney bin, the
 18 Cherokee Mental Health Institute, and forced to
 19 take a high, high transfatty acid diet, I noticed
 20 that when they would -- that when they released me,
 21 it took six weeks for the blood brain barrier to
 22 clean out.

23 Now, I had tests done on my meat by
 24 the University of Iowa, and they confirmed that I
 25 had integrated high levels of Omega 3, 6, and 9,

1 uptake in the birth rate, meaning that anandamide,
 2 which is important for the implantation of the
 3 fetus, is starting to be produced again or absorbed
 4 or utilized.

5 And I also include in Group Exhibit D
 6 a press release from 12-6-06 about my invention,
 7 about the need for research. Now, in '07 I went to
 8 a church-sponsored summer camp at a Presbyterian
 9 Church USA, and I gave out some cards indicating
 10 that I am -- I'm a cannabis researcher trying to
 11 use currently valid forms of it.

12 And by the way, I'd like to ask the
 13 board if I could use my mother's ten minutes. She
 14 can't walk up the steps because there's no way I
 15 can give her this anti-inflammatory medicine, and
 16 she has said no, she's not going to walk up the
 17 steps to testify. May I use her ten minutes?

18 TERRY WITKOWSKI: It's up to your mom.

19 BOARD MEMBER FREY: It's up to your
 20 mother.

21 PAUL PETERSON: Can I use your time,
 22 Mom? Well, I think she's gesturing. She is hard
 23 of hearing. I think she's gesturing that she
 24 doesn't want to come up here.

25 TERRY WITKOWSKI: Well, she doesn't

1 and I believe that this probably indicates the
 2 operant endocannabinoids would be a mix,
 3 corresponding to the various levels.

4 And Group Exhibit D is the results of
 5 that study. I had spoken with the researcher at
 6 Iowa State University, and he told me -- I asked
 7 him the question, could transfatty acids block the
 8 blood brain barrier? And he said in response,
 9 "Triglycerides do. By gosh, you're right,
 10 Peterson. Transfatty acids probably block the
 11 blood brain barrier."

12 And I submit to you that the
 13 endocannabinoids are a weak form of this substance

14 that is blocked whereas marijuana is a strong form
 15 that's very similar, which is why marijuana has
 16 been seen as a strong drug abuse problem in our
 17 nation because everybody's walking around without a
 18 full deck of cards, if you know what I mean.

19 In other words, the best thing that
 20 could have happened would be for the FDA to have
 21 banned transfatty acids from the food stream and
 22 required labeling because once this happens,
 23 nations across the world that have done this, I
 24 believe including the Netherlands, have found since
 25 they did this in '04 that -- that they've seen an

1 have to. We can take the microphone down to her.

2 BOARD MEMBER FREY: Yes.

3 PAUL PETERSON: Okay. May I take the
 4 microphone to her and ask her this? Mother, would
 5 you like to testify, or would you like to give me
 6 your time?

7 ANNE PYLE: What?

8 PAUL PETERSON: Would you like to give
 9 me your time, or do you have something to say?

10 ANNE PYLE: No. I'm not going up
 11 there.

12 PAUL PETERSON: You can say it from
 13 right there.

14 ANNE PYLE: Well, what am I supposed
 15 to say?

16 PAUL PETERSON: Do you want to talk,
 17 or do you want me to talk for you?

18 ANNE PYLE: You talked long enough.
 19 You talked long enough.

20 PAUL PETERSON: Can I use your time?
 21 I'm taking that as a yes.

22 Now, the fact is my mother told me in
 23 2002 that she had a fog and a cloud, and she just
 24 couldn't complete thoughts, and she's worried all
 25 the time, and I told her go to her doctor, and she

1 did, and she called me back in Chicago and said
2 "The doctor says I have Alzheimer's, but he's not
3 going to write it in the chart because I'd lose my
4 driver's license. What do you want to do?"

5 I gave her marijuana tea, and in
6 20 minutes she said "The fog and the cloud is gone.
7 How long has this been keeping -- been kept
8 secret?"

9 I said "Since the Old Testament."
10 Well, I'm not going back to the Old Testament. I'm
11 just telling you that she had very stunning effects
12 that lasted for 11 months. And then she called me
13 back and said "The fog came back. I'll bet you're
14 going to tell me I need more tea," and I did, and I
15 did, and it took care of it again and again.

16 Now she takes fish oil. I don't give
17 her that controversial substance because I'm afraid
18 of getting gooned by the local police again, if you
19 know what I mean. But the fish oil appears to be
20 maintaining her cognitive abilities to the point
21 where she said "You've talked enough." Well, then
22 I had to get her to say -- chuckle, and I'm taking
23 her time. Thank you.

24 But the fact is that there are
25 evidence -- there are articles about how an

1 endocannabinoid deficiency syndrome might be
2 responsible for migraine headaches, and she had
3 migraine headaches for her entire adult life, and I
4 believe that somehow I've triggered some kind of a
5 reclaiming of this, and in fact, Scripps Medical
6 Center in California has found that THC totally
7 blocks the aggregation of amyloid-beta particles in
8 the plaque.

9 And I believe that there are
10 45,000 people in Iowa that could use this modality
11 to arrest their progression of Alzheimer's disease,
12 and I believe it's a travesty that we haven't done
13 more, but I do appreciate very mightily the board
14 taking this unusual step of taking public comment
15 and public hearings.

16 And in fact, I talked with Lloyd
17 Jessen in 2006 courteously, and he was courteous
18 with me, and I talked with him a couple months ago,
19 and he said "Now is the time. We want to do this
20 the right way," and I appreciate that -- the
21 latitude and the levity of the board in doing this
22 because this is controversial. We all know that.

23 So we have -- I have a number of
24 articles talking about the -- the arresting the
25 aggregation of these chemicals. The other two

1 drugs that are used -- I forgot the names. I got
2 them here somewhere. Aricept and Cognex, and they
3 only slow it down by 22 percent and 7 percent. One
4 of them is done -- donepezil and tacrine. These
5 are the generic names.

6 And I've got notes on here, my own
7 inimitable handwriting. This is Group Exhibit C.
8 Group Exhibit -- I already did D. That was about
9 the meat.

10 Group Exhibit E is a couple press
11 releases because I'm really frustrated that you
12 see, in 2004 I got Dick Durbin to place the
13 Institute of Medicine report from 1999 into the
14 senate record during confirmation hearings for
15 Karen Tandy of the DEA. And I saw him waive that
16 into the senate record in March of 2004, and I saw
17 him then take on the federal medical marijuana
18 advocacy in the Senate, and I would like to thank
19 Dick Durbin for taking on that challenge.

20 Well, you see, the thing is I've been
21 asking Senator Charles Grassley's office to
22 investigate falsified police evidence on the part
23 of the Storm Lake Police. I've been bugging the
24 FBI incessantly. I asked them to give my mom and
25 me a safe house so I could make sure and get here

1 today. They hung up on me yesterday.

2 The Department of Justice has refused
3 to have any assistance to me, give any assistance
4 in stopping this police evidence fraud. Grassley's
5 office has refused. And I am upset that he came
6 out stating very boldly that marijuana is a gateway
7 drug even though the Institute of Medicine said no,
8 it's not. Cigarettes and booze are.

9 And you see, this means that I believe
10 he's lied to the American people because he is
11 bound by what is in the Institute of Medicine
12 report, the highest medical body in the land. And
13 so these are a number of press releases. And I
14 appreciate your time. Thank you to the board.

15 This is Group Exhibit E.

16 I'll take any questions you might
17 offer. Oh, that wasn't you?

18 BOARD MEMBER FREY: That wasn't us.

19 PAUL PETERSON: Okay. Now, by the
20 way, I have a chuck roast here that I believe is
21 chuck full of these grass chemicals, the
22 endocannabinoids, and I am looking for research
23 partners. I would like to find out if there are
24 high levels of the so-called endocannabinoids in
25 this, but you see, when I went to Buena Vista

1 University in Storm Lake, Iowa, and asked them to
 2 help me research this potentially multibillion
 3 dollar industry of doing a holistic, legal, totally
 4 ethical change in our livestock production methods
 5 so that we could holistically heal some of these
 6 disease processes, I was arrested for going to a
 7 church service on campus because they did not want
 8 me giving out my cards that indicated that I'm --
 9 I'm a cannabinoid researcher.

10 And so if anybody would like -- if the
 11 board would like to test this to endeavor to find
 12 out what this magical property is, I would tender
 13 this to any party. I'm looking for research
 14 partners.

15 And you see, the Department of
 16 Agriculture, they don't care what you feed
 17 livestock. All they want to know is that it can
 18 walk into the slaughterhouse. The Department of --
 19 the DEA doesn't want to have anything to do with
 20 this. The FDA, all they do is connect me with the
 21 Department of Agriculture. And apparently every
 22 federal agency is firewalled in.

23 No. It's certainly like that Jose
 24 Amannas' says, "That's not my job." And this is a
 25 real travesty by itself because the mere fact that

1 DEA grant renewed.

2 Mike Block of the University of Iowa
 3 has been doing PET scan studies on potheads for a
 4 dozen years, and I asked him in 2002 what he's
 5 found. And he said that marijuana has no permanent
 6 brain changes, especially not in the stimulant
 7 reward center, so it's not addictive, per se, and
 8 it increases blood flow in the ventral areas. And
 9 I said "What happens in the ventral areas?"

10 He said "That's where emotional
 11 thoughts reside and begin."

12 And I said "Oh, boy, that makes sense"
 13 because I've heard from young ladies that have
 14 boyfriends that don't want to talk about love. If
 15 they put a joint in their mouth, the boy is putty
 16 in her hands. So -- and this is also the area that
 17 Alzheimer's develops.

18 And so you see, increasing blood flow
 19 in the ventral areas helps to keep the hippocampus
 20 working and operant, and that's where new brain
 21 cells are produced, and I know from a University of
 22 Saskatoon study on mice, they were using HU-210
 23 which is 200 times as powerful as THC. Boy, they
 24 were looking for dirt there.

25 And they sliced and diced the mice's

1 this is related to our on-board internal God-given
 2 architecture to recognize these chemical
 3 constituents, nobody wants to have anything to do
 4 with it because they're afraid that I'm the snake
 5 in the Garden of Eden or something like that
 6 because I speak out about these things.

7 And so I'm open to any research
 8 partners on this. Thank you very much.

9 BOARD MEMBER FREY: Thank you.

10 PAUL PETERSON: And I also give a copy
 11 of this card with my press releases. This is the
 12 card that I got arrested for giving out talking
 13 about using currently legal forms of this, Marinol.

14 Because I believe most of these studies have been
 15 used using the Marinol pill which is FDA Class III
 16 since 1999, and you see, that's the whole salient
 17 problem here.

18 Until something happens to where this
 19 is downgraded and looked at more amenably, doctors
 20 and researchers don't want to have anything to do
 21 with it. I've talked with Harriet DeWitt, a
 22 University of Chicago researcher that ruled that
 23 marijuana is safe in the hands of an unregulated
 24 public. That was in 2001. And she doesn't -- has
 25 not published anything because she couldn't get her

1 hippocampus to look for the dead brain cells, but
 2 there weren't any dead ones. They had produced new
 3 brain cells instead. This is called neurogenesis.
 4 And there are a number of companies that are
 5 working on neurogenesis compounds, including one
 6 that goes on that website as neuronova.com,
 7 n-e-u-r-o-n-o-v-a dot.com, and they have a
 8 clandestine chemical that can cure a rat model of
 9 Parkinson's disease in six weeks, which is about
 10 the same time it takes for new brain cells to be
 11 produced.

12 And so this is -- it is indeed a good
 13 time. I agree with Lloyd Jensen that we need to do
 14 something with careful controls, better than the
 15 loosy-goosy in California.

16 And so I believe that there are a lot
 17 of good potentials here, and I'm very interested in
 18 working with local and state and federal law
 19 enforcement to try to breathe some life and some
 20 meaning into this and to help deal with some of
 21 these addictive problems. Thanks again.

22 (Off-the-record discussion.)

23 TERRY WITKOWSKI: Carl Olsen.

24 CARL OLSEN: My name is Carl Olsen,
 25 and I'm from Des Moines, Iowa. And I have a CD

1 here with some pulmonary studies that I would like
2 to submit, and I have no comments on them.

3 BOARD MEMBER FREY: Okay.

4 CARL OLSEN: I'm not a medical expert.

5 I assume that some of the other experts will
6 probably talk about some of those studies and that
7 you'll hear what they think they mean.

8 I am the person that's -- that filed
9 the petition with the Board of Pharmacy to have it
10 removed from Schedule I, and the last two items on
11 the board's list of bulleted points was the
12 second-to-the-last item was whether marijuana has
13 accepted medical use in treatment in the United
14 States, and the last one was whether -- you guys
15 have it worded really funny, but it's lacks
16 accepted safety for use under medical supervision,
17 whether it does or does not.

18 I don't believe anyone has introduced
19 the actual 13 state statutes in this proceeding.
20 So I am going to mail -- e-mail that before the end
21 of the day.

22 Thirteen state statutes that say
23 medical use of marijuana. In the Iowa law it says
24 accepted medical use in treatment in the United
25 States. It doesn't say in Iowa. So those

1 And the reason why that is so critical
2 is because the language in the federal statute is
3 identical. In the federal statute it says
4 marijuana is assumed to have no accepted medical
5 use in treatment in the United States, and the
6 federal law, just like the Iowa law, contains a
7 procedure, an administrative procedure, for anyone
8 to come and challenge that and ask that it be
9 removed from that schedule. And none of the states
10 have done that.

11 Thirteen states have legalized
12 marijuana, but they have not gone to the federal
13 government and said "You have marijuana
14 misclassified. You have to remove it."

15 And the reason this is so important is
16 because in Oregon they passed an assisted suicide
17 law, and the DEA said that's an illegal use of
18 drugs. The state attorney general sued the DEA and
19 won, and the Supreme Court said that accepted
20 medical use is whatever the State says it is.
21 There is no federal definition for it. The federal
22 government doesn't take that power from the State.
23 The State has the power to define accepted medical
24 use.

25 And so I would say that if you find

1 13 states are in the United States. They all have
2 laws on the books that define medical use of
3 marijuana. That is accepted medical use in the
4 United States.

5 And accepted safety for use under
6 medical supervision would be defined by the same
7 13 states. They all allowed patients to cultivate
8 marijuana and distribute marijuana without profit.
9 I can't think of anything else in the Controlled
10 Substances Act that you can make at home and give
11 to other people without any professional training,
12 so the safety factor of marijuana has been proven
13 over and over again to be so safe that you can

14 manufacture this at home and give it to other
15 people without any professional training. That is
16 safe. So those two issues are addressed by those
17 13 state statutes.

18 And Mr. Maier, you made a comment on
19 somebody, about scheduling, that none of the
20 13 states had addressed their scheduling. And of
21 course, my request was that you address scheduling,
22 so my request is different than anything that's
23 been heard before because no one has asked to have
24 the scheduling changed before. I'm the first
25 person to do that.

1 marijuana has accepted medical use in Iowa, that
2 would be the same thing as saying it has accepted
3 medical use in the United States, and even if you
4 don't, it still has accepted medical use in the
5 United States and doesn't fit in the definition.

6 But that's why I'm so critical,
7 because none of those states have figured out how
8 to protect their patients from federal government
9 interfering with the law because the federal
10 government isn't just going to jump in and say "Oh,
11 well, you might want to classify this having no
12 accepted medical use, but we're just going to say
13 it does." They want a clear statement from at
14 least one state telling them "Hey, it does have

15 accepted medical use, and you have to acknowledge
16 it."

17 And so that was the basis of my whole
18 case. It was -- the judge dismissed my case this
19 week. And the way I understand the ruling is that
20 the question that I'm posing is a legal question,
21 and the board doesn't have the authority to answer
22 a legal question, that you're scientific and
23 medical professionals, and so I'm going to refile
24 that case as a civil injunction, not against the
25 board but against the State of Iowa for having

1 marijuana misclassified.

2 And if you have any questions, I'd be
3 glad to answer them. Oh, and before the day is
4 over, I'm going to submit the 13 state statutes so
5 they're part of the record. All right. Thank you.

6 Oh, and I really appreciate what the
7 board has been doing. You guys have been putting a
8 tremendous amount of work into this, and it's just
9 awesome. So thank you.

10 PAUL PETERSON: Mr. Olsen. Mr. Olsen?

11 I have a question.

12 CARL OLSEN: Yeah.

13 PAUL PETERSON: Or a comment.

14 BOARD MEMBER FREY: Gentlemen, I would
15 ask that personal conversation be kept between the
16 two of you.

17 PAUL PETERSON: I just wish to give
18 the board the citation of the Illinois current
19 Research on Cannabis Act which allows doctors to
20 certify medical necessity. It wasn't renamed as a
21 treatment statute, so most experts believe that
22 it's merely a TRP, a treatment research provision,
23 but I believe that this is relevant to the issue of
24 what other states have done on this -- in this
25 regard.

1 speak?

2 JOHN LONGSTREET: Sure.

3 TERRY WITKOWSKI: Okay.

4 JOHN LONGSTREET: Isn't exactly the
5 way I thought it would be set up, but you never
6 know. Well, I'm here to talk to you folks. All
7 right? These are probably other folks that are --

8 BOARD MEMBER FREY: We need to have
9 you speak into the microphone, please.

10 JOHN LONGSTREET: Okay. I'm here to
11 talk to you folks. I'm here to tell you a story.
12 I'm just going to use a promise that a lady asked
13 me to provide, and so I did. This is what I'm
14 doing, and I want to thank you, No. 1, for taking
15 the time and actually considering, you know, a
16 progressive move here that I think is needed.

17 But I had a backyard neighbor. Her
18 name was Peg. And in early '05, about end of
19 January, she was diagnosed with pancreatic cancer.
20 She was a 72-year-old woman at the time, but she
21 was a -- the way I got to know her pretty much, she
22 was a veteran. She was a nurse in southeast Asia
23 in the Air Force, and I had had some experience
24 myself with the health field in southeast Asia.

25 But Peg and I got pretty close, and I

1 TERRY WITKOWSKI: Mr. Peterson, you
2 can submit that in writing.

3 CARL OLSEN: Well, 14 other states
4 have legislation. There's a lot of state law that
5 you should look at probably.

6 TERRY WITKOWSKI: I understand that.

7 BOARD MEMBER FREY: Yes.

8 TERRY WITKOWSKI: But Mr. Peterson, if
9 you want to submit that to us, we will include that
10 in the information to the board.

11 PAUL PETERSON: Could I just give you
12 the citation right now?

13 TERRY WITKOWSKI: You can hand it to

14 us, yes.

15 PAUL PETERSON: Thank you. I approach
16 the bench.

17 BOARD MEMBER FREY: Thank you.

18 TERRY WITKOWSKI: Bryan Scott. Is
19 Bryan Scott here? Jennifer, has Bryan Scott
20 checked in?

21 JENNIFER O'TOOLE: No.

22 TERRY WITKOWSKI: Next is John
23 Longstreet.

24 JOHN LONGSTREET: Yes, I'm here.

25 TERRY WITKOWSKI: Are you ready to

1 kept going over there because she lived by herself
2 with a son, but the son was grown, and he worked,
3 so she was pretty lonely during the day, and I'd go
4 over, and I'd talk to her.

5 And they started chemotherapy on her,
6 and the first two episodes didn't really bother
7 her. The third episode just knocked her right to
8 her knees. For about four days afterwards, she
9 couldn't -- she could hardly get out of bed and go
10 to the bathroom by herself. She just was so weak
11 and so sick, she could not eat. And of course, her
12 hair started falling out.

13 But anyway, she kept going to the
14 doctors, of course. I think she had two. You

15 know, I live down in southwest Iowa, a little bit
16 south of here, and she was working with the
17 doctors, and they were trying to keep track of her
18 pain, and she got better after the chemo, and then
19 she took another dose of chemo the next month, and
20 again, it just knocked her right to the floor this
21 time. I mean it just sapped her.

22 And you could see it in her. I mean
23 she just lost all of her energy. She couldn't eat
24 at all. She had no interest in food. She was
25 just -- just laying there kind of like a person is

1 waiting, you know, because there was nothing else
2 she could do except just lay there and be sick like
3 you had the flu all the time.

4 And this lasted about five days to a
5 week, and she was like this, and she was losing
6 weight terribly, and it was taking her longer to
7 regain her strength after she got done with this
8 chemo.

9 So the doctor gave her some Marinol
10 pills to get her -- to help her out with her eating
11 and her strength, I believe, and it didn't -- it
12 didn't do anything for her at all. She says she
13 might as well have been taking a couple of aspirin.

14 And so about this time, I don't know.
15 I think maybe a niece entered into the picture here
16 who happened to be a flight attendant, but anyway,
17 she came into the area, and Peg had just got done
18 having another chemo treatment, and she -- I had
19 gone over to see her, and she was laying in bed,
20 and she had told me that her niece had been by, and
21 anyway, she started talking. She said "John, how
22 do you smoke marijuana?"

23 And I just got a giggle. And I said
24 "What are you talking about?"

25 She said "Well, I've got some

1 her. It enabled her to eat, to get up, to halfway
2 enjoy what she had going, and it gave her three
3 years. She died October of last year. It gave her
4 three good years from the night I saw her that I
5 didn't really think that she was going to make it
6 through the night. She was that bad.

7 And she was just as frail as could be,
8 and she was just waiting to die, and then she got
9 ahold of this marijuana, and the change in her was
10 so dramatic that she talked to her doctor, and of
11 course, you know, he says "There's nothing I can
12 do. It's illegal," et cetera. "You might check
13 with hospice, you know, see if they -- if they
14 could help you out in any way" because she kept
15 telling the doctor, she says "It just takes me
16 three or four puffs, and I'm able to eat. I'm able
17 to get up and take care of myself," et cetera, you
18 know, live, basic living that she was doing.

19 And it was just incredible the change
20 that I saw. The cancer eventually got her, you
21 know. That one is really hard to beat 100 percent,
22 but you know, the quality of life that she had
23 afterwards is what impressed me, and she wanted
24 me -- she told me, she said "John, you have to get
25 the word out."

1 marijuana, and I think it's supposed to work, but
2 I'm not set up right now, and I just need to
3 sleep."

4 So when I went home that night, I told
5 my wife, I says "I really don't think she's going
6 to make it through the night." She was that bad.
7 She was laying there. She just couldn't move. She
8 couldn't turn over anymore. She was so weak, she
9 couldn't eat. She had no interest at all, and she
10 was just waiting there to die, and she knew it.

11 And I was very -- as I said, I told my
12 wife that it was -- I didn't think she was going to
13 make it. 10 o'clock the next morning she called

14 me, and she was giggling, and she says "You won't
15 believe what I just did."

16 And I says "What, Peg?"

17 And she says "I'm eating a steak and a
18 baked potato."

19 And I said "Wow, that's great." And I
20 could just tell in her voice. I mean I didn't even
21 have to see her that in the voice there was
22 strength. There was hope and something had
23 happened.

24 And so long story short, she had
25 smoked the marijuana, and this is what it did for

1 And so this is why I'm here. I came
2 here for her because she would want me to be here,
3 and -- and what really baffled the woman who was
4 really a top-notch lady in her day, she was very
5 strong in the American Legion, but she -- she would
6 smoke that, and she says "This is illegal?" She
7 just couldn't believe that what this was helping
8 her to do was illegal. She could not believe it.

9 And so the common sense end of it is
10 if it does that much good, why would we spend --
11 and I don't know how much money was ever spent to
12 develop Marinol, but I'm sure it was considerable,
13 but when it's a natural substance that grows, and
14 it was given here by God.

15 And as I said, I was in southeast
16 Asia, and I will say that when my two kids were
17 growing up and they started driving, I told them
18 that I would much rather have them in a car smoking
19 a joint with a bunch of kids than in the same car
20 with a bunch of kids drinking beer. And I still
21 hold that to this day.

22 From what I've seen and what I've
23 read, alcohol is the -- compare the two. It's
24 just -- I mean it is amazing, and I don't know if
25 you've been following that argument in Germany --

1 or not Germany but in the United Kingdom. They had
 2 a special board set up to investigate marijuana,
 3 and they were also talking ecstasy but marijuana
 4 and what it was like and how it would affect, and
 5 he came out with his report, and he said, you know,
 6 it is so much safer than alcohol that it isn't
 7 even -- it's just off the charts compared to social
 8 and economic and mainly -- yeah, the social end
 9 because alcohol makes everybody violent, and
 10 marijuana doesn't. You know, you don't drive
 11 80 miles an hour on marijuana, and you don't get
 12 macho, you know. You don't get your genes working.
 13 It just very much slows you down, and it really
 14 helps these people. I mean the change in her was
 15 incredible.

16 But anyway, this guy got fired
 17 after -- they fired him right off the board, and
 18 now all the board is quitting that was behind him,
 19 the research board. So that's going on in Britain.
 20 I thought it was just -- because they said he got
 21 political about it.

22 But anyway, thank you for your time.
 23 BOARD MEMBER FREY: Thank you.
 24 JOHN LONGSTREET: And I appreciate it,
 25 and I really hope you consider it to the -- to the

1 is him coming. Are you Bryan Scott?
 2 BRYAN SCOTT: Yes, ma'am.
 3 BOARD MEMBER FREY: Okay.
 4 BRYAN SCOTT: I'm a little nervous
 5 so -- but --
 6 BOARD MEMBER FREY: Excuse me. Bryan,
 7 could you please -- we'd ask that you at least give
 8 your name and first name or last -- and last name
 9 and if you wish to where you're from.

10 BRYAN SCOTT: My name is Bryan, and I
 11 live in a little town called Kent, Iowa. It's
 12 probably about 90 miles east of here. I'm an
 13 individual living with HIV, AIDS, that has left me
 14 crippled. I haven't had normal bone marrow which
 15 is causing fluid to grow in my spine instead of --
 16 I mean it's causing mass to grow in my spine
 17 instead of fluid.

18 Every morning I wake up nauseated.
 19 The only thing that's taken that away is marijuana.
 20 My doctors have prescribed me on Marinol, the
 21 highest dose they could get, which has ultimate
 22 side effects, diarrhea. It just plain doesn't
 23 work. It has too many side effects, so then again,
 24 you got to turn to marijuana because there is no
 25 side effects because being hungry, which I have a

1 good side because it's -- it's meant to be. It's a
 2 natural thing. I don't understand it. I don't
 3 understand how it got where -- it's misclassified.

4 BOARD MEMBER FREY: Do be careful.
 5 You're almost to the edge.

6 JOHN LONGSTREET: Should not go in
 7 there with heroin and cocaine. Those are manmade
 8 things, but anything natural ought to be legalized
 9 as long as -- peyote, mescaline, mushrooms, and
 10 marijuana. They're all natural, and I don't see
 11 anybody ODing and having a problem with it.

12 BOARD MEMBER FREY: I would ask the
 13 audience to please hold their applause until the
 14 speaker is done. You're taking his time away from
 15 him by applauding. Thank you.

16 JOHN LONGSTREET: That's all right.
 17 You know what I have to say. You know how I feel
 18 about it. The change in this woman, I mean, I just
 19 could not believe what it had done for her, and it
 20 really made me upset that she had to go -- what she
 21 had to go through just to find it. Thanks a lot.

22 BOARD MEMBER FREY: You bet.
 23 TERRY WITKOWSKI: Is Bryan Scott
 24 available? If not --
 25 BOARD MEMBER FREY: Oh, I think this

1 very hard problem eating, and if it wasn't for
 2 marijuana, I wouldn't eat, and I probably would be
 3 dead because of just what the HIV has done to me.

4 As you can tell, there's 14 states
 5 that have legalized it, turning on maybe to 15,
 6 it's going to be our neighbor, Illinois. The
 7 federal government has recognized that Obama
 8 himself is not going to persecute anybody that's --
 9 you know, is medically using it, which is a good
 10 thing, and it should be classified differently
 11 instead of with the hard drugs which kill people.
 12 There hasn't been no deaths related to marijuana.
 13 You can't die from it. You can't -- you just
 14 get -- there is no side effects to it.

15 The hard thing is -- to swallow,
 16 though, is that these 14 states that allow
 17 medicinal marijuana, Iowa is not letting us have
 18 our civil rights like the other 14 states is, which
 19 is a violation to personally a lot of, you know,
 20 ill patients, which is being denied access of
 21 medicine that works.

22 Like the individual said earlier,
 23 alcohol and marijuana is two totally different
 24 things. And like he said, would you rather have a
 25 kid getting high or getting drunk? Neither one

1 because they're both bad. But if you was to
2 recognize it as a medicine, the kids would
3 understand what it's all about instead of being
4 classified and carrying the stigma of being a bad
5 drug and which it's not.

6 Kids are being lied to in schools and
7 by their parents because their parents are
8 belligerent and naive against it too, although
9 back -- personally, you know, a lot of people have
10 done it, and I bet you everybody sitting on this
11 board right here has probably done it themselves
12 too, probably in college, in high school.
13 Everybody has tested it. And nobody can deny that.

14 I just feel that if we was to have
15 access to be able to grow and to be able to smoke
16 medicinal marijuana for personal uses that I could
17 save the State of Iowa -- they spend a thousand
18 dollars a month on me for Marinol, which they
19 expect me to take, which I reject to take, but they
20 keep feeding it down my throat. Not only that, you
21 know, I can eliminate the Marinol. I can eliminate
22 the Baclofen. I can eliminate the Neurontin pain
23 for neuropathy, which I have tons of pain in my
24 feet, which marijuana takes it away, you know, in a
25 snap.

1 As time goes on when I don't smoke, I
2 get to the point to where my knees are buckling.
3 My back is bent over. My knuckles are almost
4 rubbing the ground. I've got degenerative disk
5 disease in my back which causes this.

6 When I smoke a little cannabis, when I
7 have enough cannabis to where that I can smoke two,
8 three times a day, two, three tokes at a time, just
9 like a doctor prescribed to you a certain amount of
10 pills so many times a day, it's like a balloon.
11 That's the only way I can describe it. It's like a
12 balloon in my back that if I keep it inflated, I
13 can almost stand upright. I can throw this to the
14 side, and I can actually walk a couple blocks
15 without having to sit down and take a break.

16 I'd like to go back to work. I'd like
17 to have a reason to shave this off and cut my hair
18 and actually go back to work, but trying to survive
19 on 650 a month, haircuts just ain't in the -- ain't
20 in the budget.

21 I'd like to be able to go back to
22 work, and I could if I didn't have to worry about
23 having to go in somebody's cup. If a person will
24 take me on who I am and what I can do on the
25 medication that God put here for me to use, then

1 And why I have to swallow a bunch of
2 pills which damage my liver, that damages more of
3 my insides than what marijuana does, I just feel I
4 should be obligated to have the same civil rights
5 as the other 14 states is, and please have Iowa
6 recognize that it's not a lethal drug, and it is a
7 medicine. That's it.

8 BOARD MEMBER FREY: Thank you.

9 TERRY WITKOWSKI: Thank you. Terry

10 Mitchell.

11 TERRY MITCHELL: My name is Terry
12 Mitchell. You'll notice the name on the shirt is
13 Reverend Reezer. I got that because I preach the

14 hemp plant. It's good for so many different
15 things. But one of the main ones has got to be the
16 medicine.

17 I'd like to throw this cane away.

18 I've got it in my medical record that they've tried
19 all kinds of pharmaceutical drugs, and for any
20 number of reasons -- either I'm a walking zombie or
21 I sleep 24 hours a day or I just don't feel safe
22 behind a wheel. It's been about a week and a half
23 since I smoked any marijuana, and if confessing
24 gets me shot, well, that's fine. That's okay
25 because I felt pretty good at the time.

1 I'd be, oh, so grateful.

2 There's so many different things and
3 so many different toes that we'd step on. The
4 pharmaceutical industry, oil, paper, clothing, the
5 timber industry, we'd step on all their toes if
6 they legalized cannabis and let us use it like God
7 put it here to be used. But I do believe that
8 denying people access to it for the medicine that
9 they need is just plain and simple torture. It's
10 almost inhuman. And that's the way I look at it.

11 If it don't get me no brownie points,
12 I'm sorry, but you wanted opinions, you're getting
13 mine. I love you all for taking the time to even
14 think about it, and there's so many people that I

15 know today that fight aches and pains from working
16 every day with a little cannabis. They just ain't
17 got caught. And that's what kind of spooked me,
18 three years with no license and thirty days in jail
19 and \$3,500 on 650 a month disability. It took me
20 about three years to get my license back.

21 But that's why I don't mess, you
22 know -- I don't -- The last message I got is just
23 like I did in Iowa City. You'll have to read it on
24 my way out the door.

25 BOARD MEMBER FREY: Thank you.

1 TERRY MITCHELL: Thank you very much.
 2 TERRY WITKOWSKI: Thank you. Tim
 3 Owen.
 4 TIM OWEN: Hi. My name is Tim Owen.
 5 And I thank you for letting me come to speak here.
 6 I just want to share a personal testimony and first
 7 give you a little background on what I'm going to
 8 talk about.
 9 In September '05 my mom woke up --
 10 just woke up dizzy and stumbling around and just
 11 uncontrollable, just couldn't keep her balance. So
 12 we went to the hospital and did a CAT scan, and the
 13 diagnosis was that she had an earache.
 14 Well, about three weeks went by, and I
 15 talked to her, and I said "You're not going to have
 16 an earache for three or four weeks. It's going to
 17 go away." So I talked to my personal doctor, and
 18 they ordered up an MRI, and when they ordered the
 19 MRI, they found a glioblastoma multiform Grade 4
 20 brain tumor. These are also known as GBMs.
 21 They're very, very aggressive. They're not like a
 22 solid lump. They're made of cells, and they just
 23 keep growing real aggressive.
 24 Doctors performed surgery and several
 25 months of chemo and radiation. I looked into

1 alternative treatments on the Internet, and I
 2 discovered that the THC in marijuana promoted the
 3 death of the brain cancer cells by essentially
 4 helping them feed upon themselves, and they
 5 self-digest. Patients also had no toxic effects
 6 from the treatment. The THC also enhanced the
 7 effectiveness of standard treatment.
 8 I could share for hours results from
 9 the various studies done in the United States,
 10 Spain, and Italy. All recommend and their findings
 11 lead to new strategies for preventing tumor growth
 12 and spreading of cells. There are now more than
 13 17,000 published papers in the scientific
 14 literature analyzing marijuana's remarkable
 15 capability to combat diseases.
 16 I discussed with the two doctors that
 17 were treating my mom -- one was the lead doctor of
 18 the June (phonetical) Island Cancer Treatment
 19 Center. The other was the family practice doctor
 20 at Mercy Hospital, that he had recommended the MRI
 21 versus the CAT scan, and he treated my mom and
 22 consulted with my wife and I.
 23 Both of them agreed it would slow the
 24 growth of the GBM and alleviate the side effects of
 25 the conventional treatment. Both in their

1 professional opinion were favorable for this
 2 treatment but reluctant as it isn't on -- isn't an
 3 option in Iowa as in other states, so it couldn't
 4 be offered.
 5 Along in February '06, my mom had a
 6 severe seizure and was pronounced legally brain
 7 dead at the hospital. They gave her about four
 8 hours to wind down. However, three days later we
 9 left the hospital, and she lived with my wife and
 10 me as caregivers. She's seen me often researching
 11 her condition and often commented she would be --
 12 she would try anything if it would have helped.
 13 Even if it would have helped just a little bit, she
 14 would have tried anything.
 15 The steroids and the chemo had
 16 numerous side effects on her body and mind, many
 17 that the THC from the marijuana would have
 18 eliminated. She lived a pretty good quality of
 19 life for a year and a week from the date of the
 20 severe seizure.
 21 In closing, I'm sure with four
 22 hearings that you've held, you've heard a lot of
 23 testimony for and against. I just challenge you to
 24 eat the meat and throw out the bones. I ask you
 25 how, you know, as a parent you want to do anything

1 you can for your kids. I keep referring to
 2 anything because she said she would have done
 3 anything to help with her condition.
 4 How could we not offer anything that
 5 will help a loved one with whatever condition that
 6 they're battling? It could be a daily need or a
 7 temporary need or a hospice need, whether it be
 8 with gliomas, Alzheimer's, hepatitis, diabetes,
 9 osteoporosis, multiple sclerosis, ALS, chronic
 10 pain, Tourette's, HIV, hypertension, sleep apnea,
 11 incontinence, rheumatoid arthritis. I could go on
 12 and on. It's really -- this is kind of really
 13 about the options, and the choices should be
 14 available to people with these conditions. We're
 15 all different. It should be something for the
 16 doctors and the patients to decide.
 17 I just encourage that you would lead
 18 the way for Iowa to take the blinders off their
 19 eyes. I'd share with you a couple things. One of
 20 them is a Web page, probably many of you are
 21 familiar with this, Web M.D. You go on Web M.D.,
 22 and you can learn quite a bit about brain tumors.
 23 And then also the www.norml.org has several
 24 articles on -- on the subject as well. I'm just
 25 going to leave those and submit those as something.

1 Just take this time to thank you for
2 having us all down here. Thanks.

3 BOARD MEMBER FREY: Thank you.

4 TERRY WITKOWSKI: We have a couple of
5 phone calls that should be coming in within the
6 next couple of minutes. I think we'll just wait on
7 those. There's not much time between now and then.

8 BOARD MEMBER FREY: I would just like
9 to make a comment that if you wish to have side
10 conversations, as a courtesy to the speaker, please
11 take those outside the room. I would appreciate
12 that. Thank you.

13 (Off-the-record discussion.)

14 BOARD MEMBER FREY: Hello.

15 MARY LYNNE MATHRE: Hello. This is
16 Mary Lynne Mathre.

17 BOARD MEMBER FREY: Hi, Mary. This is
18 Susan Frey, vice chairman of the Board of Pharmacy,
19 and we have you on speakerphone. So you can start
20 with your comments at any time.

21 MARY LYNNE MATHRE: Okay. Thank you
22 very much. And could I ask if Ralph Smith already
23 handed in the submission from Patients Out of Time?

24 BOARD MEMBER FREY: He has not yet
25 spoken.

1 husband, which is consider the source. And I think
2 that's -- that's really important in what you're
3 doing now in looking at all of this material.

4 You're hearing from patients, and I
5 know a lot of their testimony because I've heard --
6 heard so many stories, and what you're hearing is
7 how it's helping us, how they've gotten off other
8 medications which have caused harm to them in one
9 way or another from the side effects or just
10 unwanted adverse effects from the drugs, and yet
11 they've taken this medication, and the quality of
12 life has improved, and oftentimes they've gotten
13 rid of their other medications.

14 Now, for whatever reason, you know, we
15 cannot ever make decisions about medicine based on
16 the testimony here or there. Yet at the same time,
17 in the medicines that nurses dispense day in and
18 day out, physicians prescribe day in and day out,
19 pharmacists prepare day in and day out, medications
20 come with various risks, and they don't always work
21 for patients, and so we have to see -- get the
22 feedback from the patients, and so in that respect,
23 the patient's feedback is vital.

24 And in this case stories we hear from
25 patients are always positive, but because it's an

1 MARY LYNNE MATHRE: Okay. Okay.

2 BOARD MEMBER FREY: His time is not
3 until 2:40.

4 MARY LYNNE MATHRE: No problem. Okay.
5 Well, I just did want to certainly thank the board
6 for having these hearings. I think they're very,
7 very important, clearly for Iowa, but I think also
8 being in the heartland of America, you send a
9 message to the rest of the states, and this is
10 something that needs to be looked at.

11 You will have written testimony from
12 me that I wrote on September 28. It's included
13 with the package of materials that Ralph Smith will
14 be submitting to you on behalf of Patients Out of

15 Time, so I don't want to really spend time
16 repeating myself in what I've written down.

17 Rather, I'd just -- I did look on the
18 board's -- on your website to find out that it
19 looks like you've got seven members on the board,
20 five of which are licensed pharmacists and two
21 members of public, and I thought great. This is
22 just exactly who we need to talk to.

23 When speaking about hot topics, and
24 certainly medical marijuana has been one for many
25 many years, I use a line that I've borrowed from my

1 illegal drug, health-care professionals tend to
2 dismiss it; you know, and of course, the government
3 has put out comments such as that the patients are
4 being duped by legalizers, and that's -- it's such
5 a stretch, and it's such a stretch when you're
6 seeing some of these patients suffering so much.
7 They don't buy it, and they know when they try
8 something if it's helpful or not.

9 So again, I want to just make that
10 point. Considering -- continuing on with the
11 consider the source, I just want to kind of let you
12 also know where I'm coming from. I got my nursing
13 degree back in 1975, and most of my work at that
14 time had been in hospitals as a Navy nurse

15 initially and then since then in hospitals on
16 medical surgical units, so I have given out
17 countless medications to patients.

18 In 1985 I got my master's degree from
19 Case Western Reserve University, and at that time I
20 did my thesis on disclosure of marijuana use to
21 health-care professionals. At that time I was
22 looking at it as a recreational drug and just
23 wondering if these patients would tell health-care
24 professionals, thinking that we should know about
25 this so that we could advise them appropriately.