

<p style="text-align: right;">37</p> <p>1 getting cannabis. It's much easier to get cannabis 2 than to get a case of beer due to the strict 3 government regulations surrounding the sale of 4 alcohol. Dealers don't care who buys it, and 5 neither do drug cartels. All they care about is 6 money, and teenagers have plenty to throw around.</p> <p>7 Examples we have from current areas 8 throughout the world show that decriminalization 9 does not increase use. In 2001 Portugal 10 decriminalized all drugs in an effort to stave off 11 their rampant drug use. Following 12 decriminalization, lifetime use of cannabis in 13 those over 15 fell to 10 percent. The most 14 comparable figure in America currently is due to 15 people over 12 who in 2006 reported that 16 39.8 percent of them had used marijuana.</p> <p>17 Portugal is not the only country 18 realizing that the war on drug rhetoric is not 19 working. Last week Mexico decriminalized small 20 amounts of all drugs in an effort to focus their 21 priorities on what matters. The Argentine Supreme 22 Court voted unanimously that any jail time 23 whatsoever for possession of cannabis was 24 unconstitutional as it violated the rights of 25 individuals to govern their own lives.</p>	<p style="text-align: right;">39</p> <p>1 Aspirin causes over 5,000 people to die from an 2 overdose annually. Yet the benefits of aspirin 3 outweigh the negatives in the opinion in the FDA 4 and all doctors. This is how medicine is used. If 5 the benefits outweigh the negatives, as is the case 6 with cannabis, then the drug in question is usually 7 approved.</p> <p>8 As we present evidence today and 9 throughout the rest of this year for the positive 10 side of medicinal cannabis, who will come forth to 11 have an honest discussion using facts as to the 12 harms of cannabis rather than distortions?</p> <p>13 As part of my probation, I was made to 14 go to court-ordered rehab. I kept this pamphlet as 15 to the negative effects from marijuana. And 16 there's not one fact in here that is verifiable.</p> <p>17 The only fact that I have found is 18 that marijuana may possibly cause long cancer. 19 However, in a study back in the 1980s following 20 65,000 people in four different groups who smoked 21 tobacco, tobacco and marijuana, nothing, or just 22 marijuana, it was found that marijuana actually 23 might have had a proactive effect in protecting 24 cancer because people who only used marijuana had 25 less of a rate of lung cancer than those who didn't</p>
<p style="text-align: right;">38</p> <p>1 In February of this year, a report by 2 the Latin America Committee on Drugs and Democracy 3 called for reevaluation of the way the U.S. is 4 handling the war on drugs.</p> <p>5 As far as medical cannabis, President 6 Barack Obama has stated before that he is a 7 supporter. So has the United Methodist Church, the 8 Union for Reformed Judaism, the Progressive 9 National Baptists Convention, the Episcopal Church, 10 the Unitarian Universalist Association, the 11 Presbyterian Church, the Evangelical Lutheran 12 Church in America, and the United Church of Christ. 13 Obviously, these religious organizations are not 14 out for any kind of recreational use whatsoever.</p> <p>15 They're out for the compassionate use for patients.</p> <p>16 So why is there such a resistance to 17 letting patients and their doctor make health-care 18 decisions based on facts and not distortions? 19 Luckily, it appears that the board is seeking these 20 facts this year.</p> <p>21 I would ask that the board and anyone 22 against medical cannabis to please come forth and 23 provide us the evidence against medical cannabis so 24 we can have a rational debate about this.</p> <p>25 All drugs have negative consequences.</p>	<p style="text-align: right;">40</p> <p>1 smoke anything at all. The distortions in this 2 pamphlet are not fooling anyone. Kids today know 3 that this is not true, and this is not getting 4 anyone anywhere.</p> <p>5 Too often debate over cannabis is 6 based on ideology rather than ideas. "Keep kids 7 off drugs" cries our prospective candidates, 8 foregoing factual research and preferring scare 9 tactics instead in an effort to get elected by 10 Reefer Madness generation constituents who don't 11 know any better.</p> <p>12 This mistake of using political 13 grandstanding rather than critical analysis is 14 coming to an inevitable end as more and more 15 politicians and public figures are denouncing the 16 failed war on drugs and acknowledging the needs for 17 rational debate concerning cannabis and drugs in 18 general.</p> <p>19 I'm very thankful that the board is 20 willing to hold such a debate here today. However, 21 this is not necessarily going to end up with a 22 recommendation from the board that I and many 23 others would prefer.</p> <p>24 Gary Young at the last hearing who was 25 a representative from the Iowa Elks Association</p>

<p style="text-align: right;">41</p> <p>1 Drug Awareness Program for Youth urged the board to 2 not use anecdotal evidence in their decision, and I 3 completely agree. Many of us do know someone who 4 has struggled with substance abuse. Many 5 celebrities have stints in and out of rehab which 6 are widely publicized. However, I would urge the 7 board to not take such anecdotal situations of 8 periods of struggle in a select few who had to seek 9 help for abusing cannabis.</p> <p>10 As with anything, cannabis can be 11 abused, but the rate of addiction of cannabis users 12 is half that of alcohol according to all available 13 reports, and further still, no one has ever died 14 from using cannabis, no matter how much. And as we 15 have seen in every situation, decriminalization 16 doesn't increase cannabis use. It lowers it.</p> <p>17 Everything I've learned about cannabis 18 makes the choice the board is facing seem obvious. 19 I do believe that the board will recommend 20 reclassifying cannabis because it most definitely 21 does have medicinal value.</p> <p>22 If, however, the board disagrees and 23 chooses to keep cannabis in Schedule I, then I urge 24 you to give us an explanation to go with their 25 denial. If the men and women on the board all</p>	<p style="text-align: right;">43</p> <p>1 interested in speaking. 2 (Short recess.)</p> <p>3 TERRY WITKOWSKI: For those of you who 4 were not here this morning, I would like to welcome 5 you to the second public hearing on medical 6 marijuana. This hearing is being held by the Iowa 7 Board of Pharmacy pursuant to Iowa Code 8 Section 124.201(1).</p> <p>9 I am Terry Witkowski, the executive 10 officer for the board, and with me today are other 11 members of the board staff, Debbie Jorgenson, and 12 at the table in the rear is Roger Zobel. SueAnn 13 Jones of Johnson Reporting Services is serving as 14 the certified shorthand reporter for this hearing.</p> <p>15 The purpose of this hearing is to 16 receive information from the public. A transcript 17 of all comments that are received at today's 18 hearing will be reviewed by all seven members of 19 the Iowa Board of Pharmacy. Those members regret 20 that none of them could be here today to hear you 21 in person.</p> <p>22 Iowa law imposes upon the board the 23 duty to periodically recommend to the legislature 24 changes in controlled substance schedules. The 25 board views this statutory responsibility with</p>
<p style="text-align: right;">42</p> <p>1 disagree with the likes of 13 state bodies of 2 government who have already done such as what we're 3 asking you to do today; then I believe they owe us 4 an explanation. If there's no medical value, these 5 13 other states need to know, I need to know, and 6 patients need to know.</p> <p>7 Luckily, I know that the board is 8 concerned both about patients' well-being, and I 9 trust that after an unbiased review of the facts, 10 they will agree that medical cannabis is 11 legitimate.</p> <p>12 This year I hope you will help us to 13 participate in truth-telling and allow the patients 14 to get the medicine they need. Thank you very</p>	<p style="text-align: right;">44</p> <p>1 great seriousness, both because of the specificity 2 of Iowa Code Chapter 124 and because marijuana use 3 and the use of drugs in general is a sensitive 4 medical, social, and political issue.</p> <p>5 Any board recommendation for changes 6 to the controlled substance schedules will be 7 preceded by a thoughtful review and analysis of the 8 most helpful and current scientific information 9 available to the board.</p> <p>10 In making a recommendation to the 11 legislature regarding marijuana, the board will 12 consider the following 12 factors: marijuana's 13 actual or relative potential for abuse, marijuana's 14 pharmacological effect, current scientific</p>
<p>15 much.</p> <p>16 TERRY WITKOWSKI: If there's anyone 17 else that would like to speak, please check in with 18 Roger at the back table.</p> <p>19 We'll be taking a break for lunch in 20 about 15 minutes. If there's anyone who would like 21 to speak in the interim, please check in with 22 Roger. When we break for lunch, we will be 23 breaking for about an hour and a half.</p> <p>24 We will be back here at 1 o'clock, and 25 we'll again hear testimony from anyone who's</p>	<p>15 knowledge regarding marijuana, the history and 16 current pattern of abuse of marijuana, the scope, 17 duration, and significance of abuse of marijuana, 18 the risk to the public health for removing 19 marijuana from Schedule I to a different controlled 20 substance schedule, the potential of marijuana to 21 produce psychic or physiological dependence 22 liability, whether marijuana is an immediate 23 precursor of a substance on some other controlled 24 substance schedule, whether marijuana's potential 25 for abuse or lack thereof is not properly reflected</p>

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1 in its inclusion in Schedule I, whether marijuana
2 lacks a high potential for abuse, whether marijuana
3 has an accepted medical use in treatment in the
4 United States, and whether marijuana does not lack
5 accepted safety for use in treatment under medical
6 supervision.

7 This hearing will be held in
8 accordance with the following ground rules and will
9 proceed in the following manner: Both proponents
10 and opponents of medical marijuana will be allowed
11 to speak. All speakers must come to the stage and
12 speak into the microphone. Please check in with
13 Roger at the back table if you wish to speak so
14 that you can be placed on the speaker's cue.

15 Speakers must speak slowly and clearly
16 so their comments can be accurately recorded.
17 Speakers need to identify themselves on the record.
18 They should at a minimum provide their first name.
19 Full names and addresses would be appreciated but
20 will not be required. If speakers are representing
21 an organization or are speaking on behalf of an
22 organization, they should state that before making
23 their comments.

24 Speakers who wish to offer exhibits or
25 written materials to the board need to have them

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1 properly identified for the record. Testimony that
2 references an exhibit should identify the exhibit
3 number.

4 Depending on the number of people who
5 wish to speak at today's hearing, time limits will
6 be imposed. In general, each person will be
7 allowed a minimum of five minutes to speak. If
8 feasible, additional time may be allowed. However,
9 the board wants to ensure that every person who
10 wishes to speak receives an opportunity to do so.

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

18 The board wishes to remind everyone
19 that this hearing is not an opportunity for debate.
20 We are here today to receive comments concerning
21 the medical use of marijuana. As part of this
22 process, I and/or other members of the board staff
23 may have questions for the speakers. Please be
24 aware that we are not here to receive comments
25 regarding the legalization of marijuana.

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

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

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

19 This hearing will be in session until
20 7 o'clock tonight. We will be taking two 15-minute
21 breaks during the afternoon. Does anybody have any
22 questions regarding these procedures?

23 Our next public hearing will be held
24 from 1 to 7 p.m. on Wednesday, October 7 at the
25 Bowen Science Building at the University of Iowa in

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1 Iowa City.

2 Debbie will notify speakers when you
3 have four minutes remaining, two minutes, and
4 thirty seconds left to speak by holding up these
5 warning messages. Once your time is up, she'll
6 hold up the following sign. Please wrap up your
7 comments when you see the 30-second warning.

8 We will now begin with our first
9 speaker, and I believe that is Lloyd Bonjour. Is
10 he in attendance?

11 DEBBIE JORGENSON: Yes.

12 LLOYD BONJOUR: Yes. Hi. Good
13 afternoon. My name is Lloyd Bonjour. I live in
14 Dows, Iowa. I've doctored at the Mayo Clinic.
15 I've doctored at the Mercy Hospital out here, and
16 my main doctor right now is in Iowa City.

17 I am HIV. I have been since the first
18 week of February of 1980, and I believe I'm the
19 world's longest living HIV person. I've been on my
20 death bed twice.

21 I have used all forms of marijuana.
22 I've tested all forms of marijuana. I've did
23 trials of all forms of marijuana, and my doctors
24 and pharmacy personnel who deal with me know all
25 the results.

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1 I came to Iowa -- I used to live in
 2 South Carolina. That's where I was exposed, across
 3 from the raceway in Daytona Beach, Florida, but I
 4 was living with HIV for 15 years before I was
 5 informed or known of it. And when I was informed,
 6 my CD4 count was six. We were shocked. We did the
 7 bloodwork again, and the CD4 count was four. And
 8 it's supposed to be 1,500 or more.

9 But anyway, I came back here to Iowa,
 10 my home state where I was born, to die. That was
 11 March 6 of 1998. My viral load at that time was
 12 356,304. Today after going through many, many
 13 experimental drugs, my CD4 count now is 400. I do
 14 have an immune system going again.

15 And I'm here to talk about marijuana.
 16 I think Iowa should kind of team up with the
 17 western states of California legalizing it, and in
 18 fact, I would like to see all drugs legalized, get
 19 the money out of it, and let the people -- the
 20 butchers implode and then take the money and
 21 educate the people such as Mexico has done in the
 22 last two weeks. They have legalized all drugs but
 23 in small quantities.

24 But to bring you up to date on why
 25 we're here, we're trying to get medical marijuana

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1 legalized, and I think costwise on Marinol, which
 2 has now got a generic form of it, but Marinol back
 3 when I was using it for 90 pills was \$2,823 a
 4 month. I think that's staggering and outrageous.
 5 The new generic form cost -- for 60 pills per month
 6 is \$1,288.81. Again, I think it's outrageous, and
 7 it doesn't even come close of doing what the real
 8 drug, the real plant, does.

9 The real plant has been used
 10 throughout the world since way back in the Egyptian
 11 days. We should be using that plant today. It
 12 would save the taxpayers one hell of a pile of
 13 money. I'm only one who uses this drug, and you
 14 can see what it costs per year or per month.

15 And the Marinol is a very rough drug
 16 to take, and it will get you stupefied where you
 17 can't even know what the heck you're doing. That's
 18 what I hate about taking these drugs. You lose
 19 what you're trying to do. The generic form is a
 20 little better. It's not quite as harsh.

21 And the real marijuana, if you're
 22 going to roll it in a joint, is the best there is.
 23 There's nothing better.

24 But to make these other drugs more
 25 palatable or usable, I've used smoking one -- one

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1 hit of marijuana with Marinol, and you get a lot
 2 nicer, smoother deliverance of the drug. I've also
 3 done it with a generic form, one hit of the real
 4 thing with the pill. It is good. But it doesn't
 5 make you so stupefied.

6 Now, if you use marijuana by itself,
 7 you're okay. You can stop at one hit or two hits
 8 or three hits, but once you swallow that pill, that
 9 sucker is with you, and you're going to get the
 10 full benefit of what that pill produces, and
 11 there's no way you can cut the pill in half because
 12 it's an oil center. That's what I hate about it.

13 But as far as us trying to get it
 14 legalized, I think we should probably do like
 15 California. I don't think it would hurt any of us
 16 HIV people or people who use this drug to be able
 17 to maybe grow six plants, eight plants. One plant
 18 a month would take care of the problem, and it sure
 19 as heck would sure save the taxpayer a whole bunch
 20 of money.

21 I don't think I have anything else to
 22 say unless somebody wants to talk, ask questions.

23 TERRY WITKOWSKI: Thank you.
 24 LLOYD BONJOUR: Thank you.
 25 DEBBIE JORGENSON: Is Ann here?

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1 TERRY WITKOWSKI: Ann Du Bois?
 2 DEBBIE JORGENSON: Do we have Speaker
 3 No. 6? Would they like to --
 4 MICHELLE FREEMAN: I'm Speaker No. 6.
 5 I was going to kind of observe a little bit longer
 6 before I speak, but I suppose if you -- it's up to
 7 you guys.

8 TERRY WITKOWSKI: We can hold you off
 9 if you like.

10 MICHELLE FREEMAN: Thank you.
 11 TERRY WITKOWSKI: Speaker No. 7, are
 12 you ready to speak?
 13 JESSE: Hi. My name is Jesse. I'm
 14 deaf. I'm from Iowa. I have a behavior problem

15 with my emotions because being deaf, it's hard in
 16 my life. When I get high, I'm more flexible. I'm
 17 happy.

18 And that's about all. It just helps.
 19 Please help us all. Thank you. That's all.

20 DEBBIE JORGENSON: Do we have a
 21 Speaker No. 8? Steve, do you want to get up or --
 22 STEVE HOODJER: Yeah. I'm comfortable
 23 now, sure.

24 DEBBIE JORGENSON: Okay.
 25 STEVE HOODJER: Ready? My name is

<p style="text-align: right;">53</p> <p>1 Steve Hoodjer. I'm from Parkersburg, Iowa. First 2 of all, I'd just like to thank the board for taking 3 the time to hear this issue and thank them 4 especially for including ordinary citizens in the 5 process.</p> <p>6 I personally don't have any experience 7 using medicinal marijuana, but several of my 8 great-great uncles, great-great aunts were among 9 those asked by the government to grow marijuana 10 during the 1940s for the war effort, so I do have a 11 bit of a family history with it.</p> <p>12 When you do a little bit of research 13 on medical marijuana, you often see it being used 14 for HIV/AIDS, used to mitigate the effects of 15 chemotherapy for cancer patients, and things like 16 that, used for glaucoma, so I want to -- I would 17 bring up two points that you maybe don't hear it 18 used an awful lot, maybe some things that are in 19 the emerging science that I'd like the board to 20 take into account.</p> <p>21 So the two things I want to speak 22 about, first of all, are the federal government's 23 patent on the use of cannabanoids, and I want to 24 speak about, second of all, emerging research in 25 the treatment of the avian and H1N1 flu virus.</p>	<p style="text-align: right;">55</p> <p>1 discovered and patented even a single medicinal use 2 for marijuana, I don't believe that any state 3 agency could then claim a scientific basis to keep 4 marijuana use as a Schedule I or its equivalent 5 drug on the grounds of having no medicinal use 6 since our own federal government holds a patent on 7 the medicinal use for marijuana.</p> <p>8 The second thing I want to speak about 9 is emerging research in the treatment of avian and 10 the H1N1, previously referred to as the swine flu. 11 Some of the most exciting and timely research into 12 medical marijuana has come out of a 13 California-based company called Cannabis Science, 14 Incorporated.</p> <p>15 This is a medical research company 16 which is originally founded by a man by the name of 17 Mr. Steve Kubby who himself was diagnosed in the 18 late 1970s -- I believe the mid-1970s -- I'm 19 sorry -- with a rare form of adrenal cancer that 20 was previously 100 percent fatal in all cases, and 21 indeed Mr. Kubby's condition did not respond to 22 traditional treatments such as chemotherapy.</p> <p>23 However, with only a healthy diet and 24 the use of medical marijuana, Mr. Kubby has 25 survived for over 35 years with relapses only when</p>
<p style="text-align: right;">54</p> <p>1 My first point about the federal 2 government patent on cannabinoids. In October 2003 3 the U.S. Patent and Trademark Office issued Patent 4 No. 6,630,507 for cannabinoids as antioxidants and 5 neuroprotectants. This patent is basically the 6 research done by the National Institute of Health 7 and is a sign to the United States of America as 8 represented by the Department of Health and Human 9 Services.</p> <p>10 The principal finding, which is 11 patented in 6,630,507, was the antioxidant property 12 of cannabis which to quote in the abstract, "This 13 newfound property makes cannabinoids useful in the 14 treatment and prophylaxis of a wide variety of 15 oxidation-associated diseases."</p> <p>16 They go on to specify "There is a 17 particular application as neuroprotectants that 18 could limit damage following stroke or following 19 trauma to the head and treatment of diseases such 20 as Alzheimer's, Parkinson's disease, and 21 HIV-related dementia."</p> <p>22 So I believe that if we have an agency 23 of the federal government which itself through the 24 National Institute of Health, through the 25 Department of Health and Human Services has</p>	<p style="text-align: right;">56</p> <p>1 he was imprisoned various times in California prior 2 to the rescheduling of the drug there when he was 3 jailed for taking his medicine.</p> <p>4 Much of their work is focused on 5 phytocannabinoids, and those are the cannabinoids 6 which are unique to the marijuana plant. One of 7 their primary developments is the processing of 8 marijuana into a lozenge form which makes it easier 9 for patients to consume as opposed to the 10 traditional method of smoking the drug.</p> <p>11 The most timely aspect of their 12 research, which I mentioned, is in the area of the 13 avian flu and the H1N1 or swine flu. The direct 14 cause of death from these viruses is the onset of 15 adult respiratory distress syndrome, and that's 16 caused by inflammatory response which is generated 17 by the body's immune system in response to -- to 18 the virus.</p> <p>19 In a healthy body the endocannabinoids 20 which are those cannabinoids which are naturally 21 produced in the human body would regulate this 22 process and control it and sort of direct the 23 immune system in such a way that it would destroy 24 the virus and not harm the surrounding tissue.</p> <p>25 But for at-risk patients, patients</p>

<p style="text-align: right;">57</p> <p>1 such as the elderly and those who would be in a 2 weakened immune state, phytocannabinoids, which 3 are -- as I mentioned, are those which occur in 4 marijuana plants, are being shown to be able to 5 take the place of endocannabinoids which creates a 6 more healthy state from which the body can fight 7 off this kind of infection.</p> <p>8 In light of this new development, this 9 new research, Cannabis Science, Incorporated has 10 applied to the Food and Drug Administration for a 11 fast track approval so they can get this drug to 12 those who could use it in an expeditious manner and 13 hopefully be used with the predictions of potential 14 epidemic of H1N1, would be used as just one other 15 tool to combat that.</p> <p>16 So for these two things that I've 17 spoken about today, about how the federal 18 government itself holds the patent on cannabinoids 19 for antioxidants and neuroprotectant uses and also 20 for the emerging treatment that the emerging 21 research that suggests we might have a more 22 effective treatment to deal with the elderly and 23 those in a weakened immune system in the case of 24 avian and H1N1 flu virus, for these reasons and for 25 all the others that many people will speak to on a</p>	<p style="text-align: right;">59</p> <p>1 covered, and the last issue was Iowa should wait 2 until all of the other states get on board, and 3 then Iowa should come on board.</p> <p>4 And I find this -- I'm so thankful 5 that the pharmacological -- Iowa pharmacological is 6 looking at this because it's obviously an issue 7 that is important to people, and in the year 2009, 8 after the last speaker informed us of some 9 wonderful facts, I don't understand why we would 10 even consider withholding a natural substance that 11 has evolved with all of humanity up until our time, 12 and we know it has medicinal benefits. Why would 13 we withhold that from people? It doesn't make 14 sense.</p> <p>15 Only because we've created a criminal 16 aspect of it, and we want to -- I understand the 17 rescheduling doesn't want to get into the criminal, 18 but it's very difficult because it's actually 19 pointed out. It's political, it's social, and it's 20 medicinal.</p> <p>21 So if it were just medical, it 22 wouldn't be a problem, but because we have social 23 problems with it -- and how factual they are, I'm 24 not certain because a lot of it, I think, is 25 propaganda. I know that facts aren't always fed to</p>
<p style="text-align: right;">58</p> <p>1 much more personal level, I would urge the board to 2 consider -- to recommend that we reschedule this 3 drug, and we urge the legislature to take this up 4 and help these people get the medicine that they 5 need and help other people who could use it -- 6 potentially use it.</p> <p>7 And I know it's out of the purview to 8 speak about economics for this board but also to 9 perhaps be able to bring some of this type of 10 medical research into Iowa which can now be done 11 legally in places like California where they have 12 rescheduled the drug.</p> <p>13 So for all those reasons, I thank you 14 very much for the time and urge a recommendation to</p>	<p style="text-align: right;">60</p> <p>1 us through mainstream media, so we get propaganda. 2 And when I talk to people about this, 3 I have a 97-year-old aunt, and I ask her, I said 4 "Don't you see the importance of rescheduling this 5 to help people?"</p> <p>6 She said "No. It's bad." 7 "How can it be bad? How can you see 8 it as bad," I ask her? And she starts listing off 9 people she knows that have been arrested for it and 10 charged for paraphernalia or possession. And these 11 are cousins and relatives. I said to her, "Now, 12 does that mean marijuana is bad? Does that mean 13 those people are bad?" No. It just means that 14 perhaps what we've got written up for laws and the</p>
<p>15 reschedule medical marijuana. Thank you.</p> <p>16 TERRY WITKOWSKI: Is Ann Du Bois here? 17 Is there anyone else that would like to speak at 18 this time?</p> <p>19 MICHELLE FREEMAN: I'll speak. 20 TERRY WITKOWSKI: Okay. Speaker 6. 21 Thank you.</p> <p>22 MICHELLE FREEMAN: My name is Michelle 23 Freeman, and I too am from Iowa. I'm inspired to 24 be here because I read a local newspaper article 25 about the forum and some of the topics that were</p>	<p>15 way we are dealing with something that people use, 16 whether it's illegal or not, and what's something 17 that can help people that are in horrible 18 situations.</p> <p>19 I have a cousin that she has a 20 disease. If it were legal, she would try it 21 because she's been told it could help her with 22 pain, but she's so afraid. I think fear is the 23 biggest problem that people don't want to speak out 24 at something like this, and I think it's so 25 important that we become aware of the power that we</p>

1 have to really rise above the political and social
2 war that's been created and really look at it and
3 say "Can we help our people?" Let's help them.
4 Let's make it available medicinally for them and
5 let them use it. And if it won't benefit them,
6 move on to something else.

7 I think the biggest fear holding back
8 is the fact that there's probably a lot of, you
9 know, government regulations and things they're
10 afraid of, but I too -- my mother when I discuss my
11 viewpoint, because I'm very liberal for most people
12 in this area, she tells me "Why don't you move to
13 California? That's where all of your people are
14 at. That's where people like you would fit in."

15 And I tell her, you know, "Why should
16 I have to move to California?" I was born here.
17 Okay. I evolved right out of this planet right in
18 this state, and I have a right to good medicine as
19 well as all of the other people in our state do.

20 Now, the -- is it time? There's never
21 been a time -- now is the only time we can change.
22 I drove by casinos on my way to this forum, and not
23 that many years ago casinos weren't allowed. We
24 couldn't even buy lottery tickets in our state.
25 Guess what? We came on. So why hold back? We

1 I looked at some of those ads from the
2 '40s. When my father and I would discuss
3 marijuana -- when I was a little girl, I was
4 offered it for the first time at ten years old.
5 Now, I'm from a predominantly white rural
6 community. Okay? My friends that offered me
7 marijuana for the first time were law-enforcement
8 children's kids, doctor's kids. These were kids
9 that had access from their parents. Okay?

10 So I look at that, and I think to
11 myself -- when I first tried it, I was afraid, and
12 I said no. And I asked my parents "Why is it so
13 bad?"

14 "It will make you crazy. It will make
15 you crazy" was my dad's answer. Well, when you're
16 ten and someone says it will make you crazy, you
17 kind of get a little nervous. And I lived on a
18 farm, so I wasn't in town.

19 And then eventually I was 16 when I
20 tried it for the first time, and I remember
21 thinking I was lied to. These people, I've been
22 lied to my whole life.

23 So I just hope we'd be realistic, and
24 it's time to be now. Thank you.

25 TERRY WITKOWSKI: Is there anyone else

1 need to come on board now.

2 They need to really look at it and
3 take the power to reschedule something that has no
4 business -- no business being such a highly
5 scheduled substance. We all know that.

6 And I'm tempted to call everyone I
7 know and say "Come on down and tell them why"
8 because there's a lot of sick people out there that
9 could benefit from this change in Iowa.

10 So hopefully the board will look at it
11 and be proactive and be, you know, into the now so
12 that maybe Iowa could be on the cutting edge of
13 research for a substance to help people, and we
14 could be setting up -- we're the land of green.

15 We're one of the most fertile areas on the planet.
16 Here is a substance that has evolved with us, and
17 we could probably use it and help people
18 commercially and, you know, medically, so many
19 ways.

20 People should be able to have a
21 garden, and if they have a plant growing in it for
22 their purpose, then so be it. There's nothing to
23 fear. That's my biggest thing, is don't be afraid,
24 just because what we've been told may not have been
25 the truth.

1 that would like to speak? Have you registered? If
2 you would just get a number from Roger in the
3 corner, please. Speaker No. 8.

4 DEBBIE JORGENSON: Okay.

5 TERRY WITKOWSKI: Are you ready?

6 KATHY: Hello. My name is Kathy. I
7 wasn't going to speak today because -- for various
8 reasons, but I feel it's really important, and I'm
9 very impressed by what I've seen. Iowa, having
10 grown up here, and I've also been able to live
11 elsewhere, so I see what's going on. And I feel it
12 should be legalized for medical use.

13 I have family that live in Colorado,
14 and these kids sent me this magazine, and I'd like
15 to submit it for the people here. It talks about
16 the medical marijuana use, and these doctors are
17 very, very careful. They interview you at length.
18 They make sure that you're not using it for reasons
19 other than medicinal, and I was quite impressed
20 with the system.

21 I have a lot of problems with pain,
22 and I have problems with sleep, and I'm not able to
23 use it at this point because of my job. I'm able
24 to do certain work despite the pain, but if -- if
25 I -- if I'm tested and I test positive, then I

1 don't have the job. So that's another
2 consideration that people might have if they have
3 certain situations going on with pain.

4 And I feel -- I feel that the
5 alternatives that people are offered in the area of
6 pain control are pretty rough. It's very strong
7 and very addictive, and I'm living proof that
8 smoking a little bit at night for sleep isn't
9 addictive because I'm not able to use it at this
10 point.

11 So I was real impressed that Iowa is
12 taking a look at this. I feel that it should be
13 pushed through quickly. The other states that are
14 using medical marijuana are having great success
15 with it, and alternative medicine is growing, and
16 this would fit in beautifully.

17 It's also an area that's being used
18 for mental-health issues, and from observation, I
19 know that it's a lot safer if it's properly used
20 for certain conditions that involve the brain. And
21 I'm sure that there's been a lot of research done.
22 I don't have those statistics, but I have observed,
23 and I can tell that it's something that helps
24 people.

25 Anyway, I'd like to submit this. It's

1 it was terrible, simply terrible, so I refused to
2 take the opiates.

3 I know it's illegal to smoke
4 marijuana. But it works for me. It gives me a
5 chance to do things that I otherwise wouldn't be
6 able to do.

7 You know, people think that -- a lot
8 of people think that if you smoke marijuana, you --
9 you know, you get all weird and break laws, and --
10 and I don't find this to be true. You know, it
11 mellows me out, don't have a problem with anybody.
12 It's good for me mentally.

13 And I think that medical marijuana
14 is -- at least should be tried. For people like
15 myself, I don't want to do this illegally. But if
16 this is the only way that I can curb my pain
17 without doing the opiates, I'll be illegal.

18 And I hope you all feel the same way
19 because there's a lot of sick people out there that
20 could use this as an alternative to the opiates
21 because the opiates do -- you can get hooked on
22 them. And I mean hooked hard. And if anybody has
23 been in withdrawals before, I tell you what, it's a
24 terrible, terrible thing.

25 That's all I've got to say, you know.

1 a magazine from Colorado that talks about the
2 clinics, talks about the use, and these are very
3 intelligent, medically minded people who put this
4 magazine out. Thank you.

5 TERRY WITKOWSKI: Is Ann Du Bois here?
6 Do we have a Speaker 9?

7 MIKE: Hi.

8 TERRY WITKOWSKI: Hi.

9 MIKE: Hello, everybody. My name is
10 Mike. I don't even know where to begin. I -- in
11 the last four years, I've had a liver transplant.
12 I've got degenerative spinal disease. I've got
13 Hepatitis C. I've got a disease called

14 toxoplasmosis, which I inherited from my new liver.

15 And I tried all the opiates for the
16 pain. The pain in my back restricts me so much
17 that I was getting to where I couldn't do anything.
18 I started smoking marijuana for the pain because
19 the opiates did nothing but make me a zombie. I
20 walked around in a daze. I lost three years. I
21 don't even remember three years.

22 And they had me so hooked on the
23 opiates that when I -- they gave me eight weeks to
24 clean up for my liver transplant, and I went cold
25 turkey, and I was in the hardest withdrawals, and

1 I'm glad to see so many people here because
2 apparently somebody cares. Thank you.

3 TERRY WITKOWSKI: Is there anyone else
4 who would like to speak that has not signed up? Is
5 Carl Meyers here, and is he ready to speak at this
6 time?

7 CARL OLSON: Nope, I don't see him.

8 TERRY WITKOWSKI: We will wait. Thank
9 you. This is Speaker 9?

10 DEBBIE JORGENSEN: Ten.

11 TERRY WITKOWSKI: Okay. Ten. Thank
12 you. I lose track.

13 ROBERT BLUE: Hi. My name is Robert
14 Blue. And ever since I was a kid, I've always had

15 headaches, really, really bad headaches. You can
16 call them migraines. And I've tried Tylenol. I've
17 tried all that stuff that the doctors recommend.
18 I've tried the harder drugs.

19 And marijuana, it's -- it's so
20 horrible that it's illegal because when I smoke
21 marijuana, not just for my headaches but for
22 social -- for social order also, it's illegal, and
23 most of my family doesn't believe in illegal
24 things, you know. So that puts me at odds with
25 myself. If it was legal, I wouldn't have any moral

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1 issues about it.

2 Not only -- I just wanted to touch on

3 a point that Iowa, Iowa State is one of the leading

4 schools of agriculture in the nation. And if we

5 legalized it for medical marijuana use, that would

6 bring so much business to all the cities around

7 Iowa. It would bring -- it would bring the

8 forefront of science to this state.

9 I had so many other things going

10 through my head before I came up here, but I'm just

11 really glad that there's something out there that

12 God put on this earth for us to cure us, not just

13 to cure us but for us to at least deal with the

14 hardships of life, to deal with the pain in life,

15 and I just -- I just hope and pray that we can --

16 we can see past all the faults of the past and look

17 towards the future for -- for progress and for

18 change.

19 I wish there was -- I wish there was a

20 million people out there that thought like us right

21 now, you know, and I'm sure there is. Just all of

22 them can't be here today, you know. So that's all

23 I have. Thank you.

24 TERRY WITKOWSKI: Speaker 11, are you

25 ready to speak now?

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1 CRAIG HOWARD: I guess.

2 TERRY WITKOWSKI: Don't mean to rush

3 you. Sorry.

4 CRAIG HOWARD: Where do I speak at?

5 Right here or --

6 TERRY WITKOWSKI: Right up here, and

7 we ask you to identify yourself at least by first

8 name.

9 CRAIG HOWARD: Okay. Hi. I'm Craig

10 Howard, and this has been going on for a long time.

11 Here's -- I'd like to give you some information.

12 This is a document called Cannabis 1977, just to

13 give you an idea how long we've been fighting this.

14 DEBBIE JORGENSON: Thank you.

15 CRAIG HOWARD: And how much good

16 available information was available then and wasn't

17 even being used.

18 I also have another one from -- it's

19 called Young's ruling. It's the chief

20 administrative law judge of the DEA and his

21 ruling -- favorable ruling on medical marijuana.

22 DEBBIE JORGENSON: I'm going to ask if

23 you want to have conversations if you could go on

24 out in the lobby so we don't disrupt our speaker

25 here.

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1 TERRY WITKOWSKI: Please.

2 DEBBIE JORGENSON: Thank you.

3 CRAIG HOWARD: And I've got another

4 one here which was -- let's see. That's Young, so

5 this would be Young's ruling which is from the Drug

6 Enforcement Administration, Docket No. 86-22. And

7 this was in response to that last one I gave you

8 and all the favorable information they have in that

9 last one just to kind of go through Young's ruling

10 a little bit.

11 They're pointing out that there isn't

12 enough research being done. It's important to note

13 that if this is such a valuable substance, why

14 isn't the research being done? I think there's

15 only one reason for that. It's because it's not

16 profitable. Any drug that's on the market now has

17 to have \$200 million worth of research, and I think

18 we all know that that doesn't guarantee that drug's

19 safety at all.

20 There's a lot of dangerous drugs on

21 the market. In fact, aspirin kills hundreds of

22 people every year. And the research didn't make

23 that safe. All it did was made it profitable. So

24 the reason that there's a little bit lack of

25 research on this is because it's not a profitable

1 substance.

2 In the end, in his conclusion, other

3 than the fact that he couldn't get enough -- that

4 he didn't look hard enough, I don't think, for

5 established medical use, is he brought up a little

6 administrator's standard for accepted safety for

7 use under medical supervision. It was also stated

8 in the second MDA final rule published on

9 February 22, 1988, FR 5156.

10 And the first requirement for

11 determining safety of the substance is that the

12 chemistry of the substance must be known and

13 reproducible. That right there eliminates all

14 natural things from competing for medical use. You

15 cannot find a natural substance that can be

16 reproduced in a lab. That's chemistry. There's

17 just no way that you can reproduce a medical

18 marijuana plant.

19 The next step is to conduct animal

20 toxicity studies to show that the substance will

21 not produce irreversible harm to organs in proposed

22 human doses. Young's ruling there basically points

23 out that in order to kill someone with marijuana,

24 it has no LD50. You can't kill them with marijuana

25 unless you drop a bale on their head.

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1 There's -- that's the only way you're
2 going to kill these people with marijuana, so the
3 safety isn't an issue. Long-term safety, they've
4 done studies -- there's a book you might want to
5 check out. I did. It's called Ganja in Jamaica, a
6 serious study on some of the heaviest-smoking
7 cultures in the world, and they found that the
8 people, the heaviest-smoking people compared to the
9 controls in this study, lived an average of one
10 year longer than people who did no drugs at all.
11 You can't say that with alcohol. You
12 can't say that with any other drug that is chronic
13 use, with chronic use, that it doesn't shorten
14 their life. It actually extends their life. Well,
15 I'm not even going to say extends their life
16 because a year is just -- it's negligible. I'm not
17 going to say extends life, but -- so there are
18 long-term studies on some of the heaviest-smoking
19 cultures in the world. They found it didn't
20 shorten their lives at all.
21 Let's see. What else we got here?
22 Yeah. So I guess basically that's -- that's all
23 I've got to say. If all you're going to consider
24 is the fact that it can't be reproduced to the
25 standards that it can be chemically synthesized,

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1 then you'll find that no medicine is offered by
2 nature. No medicines that are inexpensive and
3 affordable will ever be allowed, so if you're going
4 to use that criteria for that, you've just --
5 you're doing nothing but forcing the suffering on
6 the sick and dying.
7 TERRY WITKOWSKI: Thank you.
8 DEBBIE JORGENSON: Thank you.
9 CHARLIE NEARING: Thank you for having
10 this meeting, and my name is Charlie Nearing. And
11 like this lady up front here, I was raised in a
12 rural white community, and I was raised to think
13 marijuana was bad. And my father was an alcoholic,
14 but if he would have caught me smoking marijuana,

15 he'd have kicked my butt.
16 And I never tried marijuana until my
17 father committed suicide, and I was the unlucky one
18 to find his body, and I was diagnosed with
19 post-traumatic stress syndrome, and I shut down for
20 two years. I couldn't work. My mother supported
21 me.
22 I was -- I was 19 when my father died,
23 and a friend of mine turned me onto marijuana, and
24 I tried it for the first time, and it was like I
25 found the Holy Grail. I could finally function

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1 again. I went out and got a job. I've been
2 working ever since. I'm very social.
3 This is really hard for me, but I'm up
4 here doing it because I truly believe marijuana
5 needs to be legalized for medical reasons. Thank
6 you very much for your time.
7 DEBBIE JORGENSON: Is Carl Meyers
8 here?
9 CARL OLSON: Yep.
10 DEBBIE JORGENSON: Okay.
11 UNIDENTIFIED MALE: Yeah. He's in the
12 men's room right now.
13 DEBBIE JORGENSON: Oh, okay. That's
14 fine. While we're waiting, I'll mention again if
15 somebody wants to speak, just go over to Roger at
16 the corner back here, and he'll get you a number.
17 UNIDENTIFIED MALE: Carl Meyers.
18 DEBBIE JORGENSON: Okay.
19 TERRY WITKOWSKI: Carl, we're ready
20 for you.
21 DEBBIE JORGENSON: Carl --
22 TERRY WITKOWSKI: Carl, would you
23 prefer that we take the microphone down for you, or
24 can you climb the stairs okay? Would you like the
25 microphone down there or do you want --

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1 CARL MEYERS: Yeah. I need to sit
2 down if that's okay.
3 TERRY WITKOWSKI: Sure.
4 DEBBIE JORGENSON: Carl, you want to
5 bring him a chair over here?
6 CARL MEYERS: I'm Carl Meyers. I'm 55
7 years old. I -- in the last year and a half, I
8 quit smoking marijuana, and that's when my health
9 became an issue. I got Hepatitis C, and the
10 marijuana seemed to keep my blood in order, and
11 since I quit taking it and using it, my platinums
12 in my blood has dropped down to where I can't even
13 get a surgeon to work on my back.

14 And with the marijuana before, I could
15 walk about a half mile. I barely made it into the
16 building today. I also got asthma. Never had any
17 problem with it until a year and a half ago. Now
18 I'm taking my inhaler four or five times a week.
19 I've woke up twice where my throat had
20 shut completely up, and I don't -- and I can't
21 prove it's the marijuana, but I know that it is the
22 dilator of your vocal cords and that. It is a
23 natural medicine for asthma. And all of this has
24 kind of come into play since I quit smoking.
25 It's a shame to take something that is