

SB 2141

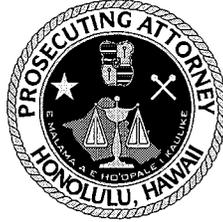
Measure Title:
RELATING TO MEDICAL CANNABIS

Report Title:
Medical Cannabis

DEPARTMENT OF THE PROSECUTING ATTORNEY
CITY AND COUNTY OF HONOLULU

ALII PLACE
1060 RICHARDS STREET, HONOLULU, HAWAII 96813
AREA CODE 808 • 527-6494

PETER B. CARLISLE
PROSECUTING ATTORNEY



DOUGLAS S. CHIN
FIRST DEPUTY
PROSECUTING ATTORNEY

**THE HONORABLE WILL ESPERO, CHAIR
SENATE PUBLIC SAFETY AND MILITARY AFFAIRS COMMITTEE
THE HONORABLE DAVID IGE, CHAIR
SENATE HEALTH COMMITTEE
Twenty-fifth State Legislature
Regular Session of 2010
State of Hawai`i**

February 4, 2010

RE: S.B. 2141; RELATING TO THE MEDICAL USE OF MARIJUANA.

Chair Taniguchi and members of the Senate Committee on Judiciary and Government Operations, the Department of the Prosecuting Attorney submits the following testimony in opposition to S.B. 2141.

The purpose of this bill is to increase the amount of marijuana which may jointly be possessed between the patient and caregiver from seven plants to ten plants and from one ounce of marijuana to five ounces. In addition, the bill prohibits the Department of Public Safety from requiring that the physician signing the written certification be the patient's primary care physician and from listing the location where the marijuana is grown on the registry cards. S.B. 2141 also eliminates the restriction that a caregiver may be responsible for only one patient at a time and permits a caregiver to have up to four qualifying patients at any given time. Finally, the bill prohibits physicians from issuing written certifications naming the specific debilitating medical condition for which the marijuana is being recommended.

We oppose this bill as it eliminates many of the safeguards placed in the state's medical marijuana program. The current number of plants and amounts of usable marijuana was included

to reduce the likelihood that the medical marijuana would be grown in commercial quantities that could be diverted to illicit sale; we believe the five ounces suggested by the bill is well above what should be needed for personal use.

We also oppose the deletion of the requirement that the physician signing the written certification be the patient's primary care physician. One basic safeguard of the medical marijuana program is that the certifying doctor and the qualifying patient have a bona fide medical relationship and the certification is based upon a thorough examination and treatment of the patient's debilitating condition. We do not think it is wise to delete this requirement and loosen the requirements such that physicians who do not examine the patient or who are not involved in the ongoing treatment of the debilitating condition, can issue certifications for marijuana.

As to the ban on listing the location where the marijuana is grown on the registry cards, we strongly suggest this be retained. The information helps both law enforcement and the patient and caregiver in the sense that law enforcement can quickly ascertain the medical marijuana status of the cannabis grown at that address and eliminate any risk of seizure of the plants or arrest of the patient or caregiver.

We also have serious concerns about increasing the patient to caregiver ratio from one to one to a ratio of four to one. Under the four to one ratio and the other provisions of this bill, a caregiver would be permitted to grow forty plants instead of seven and possess up to twenty ounces of marijuana instead of three ounces. Such a large number of marijuana plants and large amounts of processed marijuana raises concerns about possibility that the marijuana will be diverted to non-medical uses,

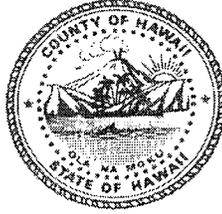
Finally, we also oppose the ban on naming the specific debilitating condition on the certification. It is currently required so the Department can verify legitimate use of the medical marijuana program and reduce the possibility of fraudulent certifications being issued.

For these reasons, we oppose the passage of S.B. 2141 and respectfully ask that you hold this bill. Thank you for this opportunity to testify.

Thank you for this opportunity to testify.

JAY T. KIMURA
PROSECUTING ATTORNEY

CHARLENE Y. IBOSHI
FIRST DEPUTY
PROSECUTING ATTORNEY



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OFFICE OF THE PROSECUTING ATTORNEY
TESTIMONY IN OPPOSITION TO SENATE BILL 2141
A BILL FOR AN ACT RELATING TO MEDICAL CANNABIS

Committee on Public Safety and Military Affairs
Senator Will Espiro, Chair
Senator Robert Bunda, Vice Chair

Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Thursday, February 4, 2010, 1:15 PM
State Capitol, Room 229

Senators Espiro, Ige and Members of the Committees:

The Hawaii County Office of the Prosecuting Attorney does not support Senate Bill 2141 which increases the allowable amounts of marijuana to be possessed by medical marijuana patients and caregivers. Currently, Hawaii law allows a qualifying patient and the patient's primary caregiver to possess 3 mature plants and 4 immature plants and one ounce of usable marijuana per mature plant, which would bring the total amount of usable marijuana to 3 ounces. The Hawaii County Office of the Prosecuting Attorney believes that the possession of 10 plants and 5 ounces of usable marijuana is too much for medical use and would further increase the amount of marijuana on our streets and in our schools.

The Hawaii County Office of the Prosecuting Attorney further believes that the amendments being proposed by Senate Bill 2141 to not require the signing physician on the certificate to be the patient's primary care physician would invite further abuse of the program by physicians that just sign certificates and never examine or establish a medical relationship with the patient. Currently, there are a couple of doctors in the State of Hawaii that have issued more than half of the State's marijuana permits.

Furthermore, these doctors have issued a majority of permits for pain management unrelated to the intended conditions that the law was meant to address, such as cancer, AIDS, multiple sclerosis and glaucoma.

As you are aware, marijuana usage by high school students is high in the state of Hawaii. This bill implies that marijuana use provides only health benefits to those who use it, when in fact, marijuana use leads to harmful effects on health and behavior, particularly among our Island youth.

- According to the National Survey on Drug Use and Health, the percentages of youth engaging in delinquent behaviors was higher among past year marijuana users than among those who had not used marijuana.¹
- Also, for all delinquent behaviors examined by this survey, the percent of youth engaging in the delinquent behavior rose with increasing frequency of past year marijuana use.
- Marijuana and underage drinking are linked to higher dropout rates. Students who drink or use drugs frequently are up to five times more likely than their peers to drop out of high school²
- Marijuana use is three times more likely to lead to dependence among adolescents than among adults. Research also indicates that the earlier kids start using marijuana, the more likely they are to become dependent on this or other illicit drugs later in life³

As marijuana laws have relaxed in the United States, marijuana related visits to emergency rooms have gone up. According to the United States Department of Health and Human Services DAWN report, in 2008 there was an estimated 374,435 marijuana related visits to emergency rooms in the United States. During that same period there was an estimated 656,892 visits that were alcohol related, of which only 132,842 were for alcohol alone. In 2002 the estimated number of emergency room visits related to marijuana was 129,546. Thus, as the marijuana laws in our nation have relaxed so have the harmful effect of marijuana.

For these reasons the Hawaii County Office of the Prosecuting Attorney does not support Senate Bill 2213 and asks that the Bill be held.

Thank you for the opportunity to testify on this matter.

¹ The National Survey on Drug Use and Health: The NSDUH Report, January 9, 2004.

² The National Center on Addiction and Substance Abuse at Columbia University (CASA). Malignant neglect: Substance abuse and America's schools. New York: Columbia University, 2001.

³ Youth Marijuana Prevention Initiative: The NCADI Report. U.S. Department of Health and Human Services, October 2002.

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai`i

POLICE DEPARTMENT

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February 3, 2010

Senator David Y. Ige
Chair and Members
Committee on Health
State Capitol
415 South Beretania Street, Room 229
Honolulu, Hawai`i 96813

Re: Senate Bill 2141 Relating To Medical Cannabis

Dear Senator Ige and Members:

The Hawai`i Police Department strongly opposes the passage of the following Senate Bill:

- **SB 2141, Relating to Medical Cannabis:** Increases the amount of cannabis that constitutes an adequate amount by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. Makes identification of where cannabis is grown confidential. Prohibits the department of public safety from requiring that a certifying physician be the patient's primary care physician. Prohibits certifying physicians from naming or describing a patient's particular debilitating condition. Increases the permissible ratio of patients to caregivers by allowing a caregiver to grow cannabis for no more than 4 patients.

Under federal law, marijuana is treated like every other controlled substance, such as cocaine and heroin. The federal government places every controlled substance in a schedule, in principle according to its relative potential for abuse and medicinal value. Under the Controlled Substance Act, marijuana is classified as a Schedule I drug, which means that the federal government views marijuana as highly addictive and having no medical value.

In *Gonzales v. Raich* (2005), the United States Supreme Court held that the federal government has the constitutional authority to prohibit marijuana for all purposes. Thus, federal law enforcement officials may prosecute medical marijuana patients and/or their caregivers, even if they grow their own medicine and even if they reside in a state where medical marijuana use is protected under state law.

Senator David Y. Ige
Chair and Members
Committee on Health
Page 2

Re: Senate Bill 2141 Relating To Medical Cannabis

Just one mature marijuana plant can produce several ounces of processed marijuana, so what is the justification for increasing the permissible number of marijuana plants to ten and processed cannabis to 5 ounces? If this bill was to be adopted, what would become of the excess processed marijuana? Is the State of Hawai'i sending a message that we condone the distribution of a controlled substance? Law enforcement actively participates in proactive "sting" operations that seek to enforce the numerous state and federal laws that prohibit the sale and distribution of tobacco and alcohol to minors. However, by increasing the number of marijuana plants allowed by this measure, is the state of Hawai'i potentially creating a surplus of processed marijuana, which could be distributed to minors, with no possibility of proactive enforcement activity?

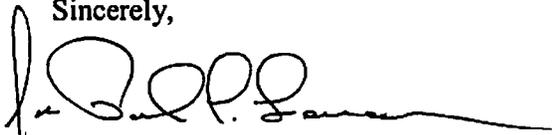
Marijuana is still a controlled substance under both Federal and Hawai'i state law. Therefore, it would be hypocritical for law enforcement to support the passage of a law seeking to circumvent federal and state laws. The message could be interpreted as the State of Hawai'i Legislature legalizing drug trafficking within the state.

To expand the medical marijuana laws and amend our current statutes from their current restrictions would only assist those individuals now growing marijuana illegally and generating huge profits by allowing them to use the medical marijuana law to aid in avoiding detection. Passage of this bill would further hamper law enforcement organizations in their efforts to control this drug and the related crimes that come with it.

For the reasons above, we urge this committee to reject this piece of legislation.

Thank you for allowing the Hawai'i Police Department to testify on this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Harry S. Kubojiri", written over a horizontal line.

HARRY S. KUBOJIRI
POLICE CHIEF



CHARMAINE TAVARES
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT

COUNTY OF MAUI

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GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

February 2, 2010

The Honorable Will Espero, Chair
And Members of the Committee on Public Safety and Military Affairs
The Senate
State Capitol
Honolulu, HI 96813

The Honorable David Y. Ige, Chair
And the Members of the Committee on Health
The Senate
State Capitol
Honolulu, Hawaii 96813

Re: S.B. No. 2141, Relating to Medical Cannabis

Dear Chair Espero, Chair Ige, and Members of the Committees:

The Maui Police Department does not support S.B. No. 2141. This bill proposes to increase the amount of cannabis that constitutes an "adequate amount" by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. In addition, this bill proposes to make confidential, the site where cannabis is grown. It further prohibits the Department of Public Safety from requiring that a certifying physician be the patient's primary care physician and increases the permissible ratio of patient to caregivers by allowing a caregiver to grow cannabis for no more than 4 patients. It also prohibits certifying physicians from naming or describing a patient's particular debilitating condition.

Presently, Hawaii laws allow a qualifying patient and patient's care giver to possess 3 mature plants and 4 immature plants and one ounce of usable marijuana per mature plant, the sum of which is 3 ounces of usable marijuana.

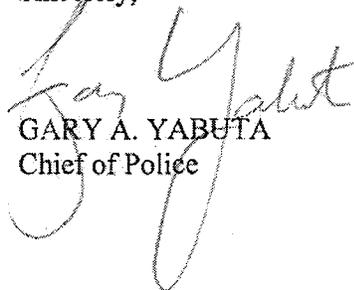
We believe that an increase in allowable possession of marijuana at any time from 1 to 5 ounces of marijuana, is far beyond an "adequate amount" for a qualifying patient. An increase in the allowable amount of possession will likely increase the drug being diverted for illegal street sales and invite abuse of the proposed system by unethical physicians.

The Honorable Will Espero, Chair
And Members of the Committee on Public Safety and Military Affairs
The Honorable David Y. Ige, Chair
And Members of the Committee on Health
February 2, 2010
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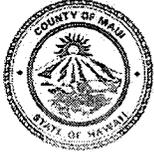
The Maui Police Department asks for your support in opposing S.B. No. 2141.

Thank you for the opportunity to testify.

Sincerely,



GARY A. YABUTA
Chief of Police



CHARMAINE TAVARES
MAYOR

OUR REFERENCE
YOUR REFERENCE

POLICE DEPARTMENT
COUNTY OF MAUI

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GARY A. YABUTA
CHIEF OF POLICE

CLAYTON N.Y.W. TOM
DEPUTY CHIEF OF POLICE

February 3, 2010

The Honorable Will Espero, Chair
And Members of the Committee on Public Safety and Military Affairs
The Senate
State Capitol
Honolulu, HI 96813

The Honorable David Y. Ige, Chair
And Members of the Committee on Health
The Senate
State Capitol
Honolulu, HI 96813

Re: S.B. No. 2141, Relating to Medical Cannabis

Dear Chair Espero, Chair Ige, and Members of the Committees:

My name is Gerald M. Matsunaga, Captain of the Maui County Police Department's Vice Division. I am taking this opportunity to submit written testimony expressing my profound opposition to the passage of S.B. No. 2141, Relating to Medical Cannabis. I believe that other law enforcement entities throughout the State of Hawaii will also oppose this bill. If this bill is passed, it has the propensity for total abuse of medical marijuana as we know.

The amendment requiring the marijuana grow site to remain confidential invites the potential for abuse of the amount of plants that can legally be grown at the site. If this information were kept confidential from law enforcement, there would be no avenue for law enforcement to conduct checks in regards to the issue of whether or not the site is an illegal or legal grow. There would be nothing to prevent the cultivating of marijuana at multiple sites, and to possess grows that were over the limit that is established by state law. What is to prevent children from taking some of the marijuana from the grow sites and ingesting the illicit drug? This may also promote violence when people try and steal the marijuana, and or impose strong arm tactics such as taxing the growers for protection of the marijuana from other thugs. Over the years, there have been several medical marijuana patients who were arrested on Maui that have violated the limit set forth by state law, and were selling the marijuana for a profit.

The Honorable Will Espero, Chair
And Members of the Committee on Public Safety and Military Affairs
The Honorable David Y. Ige, Chair
And Members of the Committee on Health
February 3, 2010
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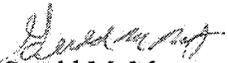
If this amendment were passed, law enforcement would then have no choice but to investigate grow sites as being illegal, a search warrant being executed on the property, people on the property being arrested, and the marijuana and paraphernalia being confiscated.

We also oppose the amendment that prohibits the Department of Public Safety from requiring that a certifying physician be the patient's primary care physician, and prohibits certifying physicians from naming or describing a patient's debilitating condition. If this were allowed, it would invite abuse by unethical and unconscionable physicians. These physicians would be able to "doctor up" any reason to issue a medical marijuana recommendation for a fee. The information and statement of debilitating condition for which the medical marijuana recommendation was issued are key components to investigating fraudulent recommendations and permits. If these amendments are passed, there will be no checks and balances to prevent abuse and fraudulent occurrences.

I humbly ask for your favorable support of opposing S.B. No. 2141. Passage of this bill will considerably enhance the potential for marijuana abuse, and violence relating to marijuana. Hawaii does not need the negativity that is associated with a safe haven for medical marijuana users. Open marijuana use has always been a concern of our tourists and residents alike, and we need not project a drug haven atmosphere that could have a negative impact on tourism, and our communities. We need to protect our communities from these detrimental entities and build a prosperous and safe community for our future generations.

Thank you for the opportunity to submit testimony on this bill.

Sincerely,


Gerald M. Matsunaga
Vice Captain

A the Drug Policy
Action Group

A sister organization of the Drug Policy Forum of Hawai'i
PO Box 61233, Honolulu, HI 96839 ~ (808) 988-4386

Dedicated to safe, responsible, and effective drug policies since 1993

TO: Senate Committee on Public Safety and Military Affairs
Senate Committee on Health

FROM: Pamela Lichty, MPH
President

RE: SB 2141 RELATING TO MEDICAL CANNABIS – **IN STRONG SUPPORT**

DATE: Feb. 4, 2010, 1:15 p.m., room 229

Aloha Senators Espero and Ige and members of the Committees. My name is Pam Lichty and I'm testifying on behalf of the Drug Policy Action Group and as Co-Chair of the Medical Cannabis Working Group. The latter group has been meeting since October to examine the state's Medical Marijuana Program and make recommendations for ways to improve it. Attached to my testimony is the Executive Summary of our forthcoming report which has some of our most important recommendations in it.

We strongly support this bill and see it as perhaps the best opportunity this session to address several critically important issues.

I believe that you're all aware that the state's medical marijuana program, which is celebrating its tenth anniversary this year, has some major problems. And despite our best efforts year after year, the state's law has never been amended. This in spite of a continuing litany of valid complaints and incidents such as NED's unauthorized release of the entire patient database to the Hilo Tribune-Herald.

All of the amendments in this measure were addressed by our Working Group. In general we support all of the provisions – with room for debate about specifics.

For example, patients tell us in no uncertain terms that the current number of plants and dried cannabis is inadequate to most people's medical needs. But I know you will find strong arguments for increasing the limits further than provided for here. There are many other examples to look to now that there are 13 other medical marijuana states. And in many of the states, unlike in ours, the amounts have been increased substantially over the years. In our report,

which will be available in full next week, you will see comparisons of how our state's law compares with others. The LRB Report which was produced last year in response to ACT 29 (the Medical Cannabis Task Force bill that was vetoed) also has much useful information.

The provision for keeping the site of the growing of cannabis confidential is important since we have heard from more than one patient of having their wallet stolen with their "blue card" complete with address of their growing site. We also appreciate that the bill appears to ask the Narcotics Enforcement Division to adhere to its own administrative rules without creating new ones at a moment's notice. Many examples of this abound and you may hear about some of them today.

A very important provision is to increase the number of patients that a caregiver can care for and grow plants for. This is a huge problem since there is a shortage of knowledgeable and trustworthy caregivers, and many patients are simply too ill or inexperienced to grow their own supply. There are many examples of roommates or spouses who are both on the program yet must now get separate caregivers. We believe, however, that six per caregiver is a more reasonable figure. (A court in Colorado actually ruled recently that their limit of 1:5 was unconstitutional; so a legal challenge here may be in the future – especially if we retain the 1:1 ratio.)

In short, there are many improvements contained in this measure. Some of the important issues identified by the Working Group are not addressed here (such as setting up a legal distribution system and moving the entire program to the Department of Health), but enacting any of the changes in this draft would be a giant step forward.

Again, we strongly support this measure. We welcome the opportunity to work with you to develop the proposed amendments in this measure to address some critical needs.

Thank you for introducing this measure, Senators Espero and Bunda, and thank you for the opportunity to testify today.

MEDICAL CANNABIS WORKING GROUP REPORT
FEBRUARY 2010 ~ HONOLULU, HAWAII
EXECUTIVE SUMMARY

The Medical Cannabis Working Group (“MCWG”) convened in October 2009 to conduct a study and make recommendations to the 2010 Hawai‘i State Legislature to improve the state’s ten-year-old medical marijuana program.

The MCWG, tasked with completing the mission of ACT 29 which was enacted over a veto by Governor Lingle but never convened, examined current state statutes, state administrative rules, and all county policies and procedures relating to the medical marijuana program. Further it examined issues and obstacles that qualifying patients, physicians, caregivers, and law enforcement officials have encountered with the medical marijuana program. MCWG also compared and contrasted Hawaii’s medical marijuana program with all other states’ medical marijuana programs.

Based on the results of its study and a public survey, MCWG recommends that the following immediate actions be taken by the Legislature to improve Hawaii’s medical cannabis program:

1. Create a distribution system so that patients do not need to resort to the black market to obtain their medicine;
2. Increase the allowable number of plants and the amount of usable cannabis to ensure that patients have an adequate supply of their medicine;
3. Allow caregivers to care for at least five patients to ensure that patients are assured of an adequate supply and a competent caregiver; and
4. Transfer medical marijuana program oversight from the Department of Public Safety – a law enforcement agency -- to the Department of Health.

Further, MCWG recommends that the Legislature take action to ensure that the program addresses patient needs such as enhanced confidentiality, presumptive eligibility, faster certification, and forms accessible on the program website.

MCWG also urges the Legislature to facilitate the development and implementation of policies and procedures to facilitate inter-island transport of medical cannabis, and direct the counties and relevant administrative agencies to educate law enforcement and public safety officers on the medical cannabis law as a whole.

Other recommendations address healthcare matters such as creating a protocol for adding new covered medical conditions; expediting coverage for hospice patients; and extending the validity of program certification for more than one year for patients with chronic conditions.

Finally, since not all of the problems with the program need to be addressed by legislative action, MCWG recommends that the Medical Cannabis Working Group be permanently convened to identify and help implement strategies, both legislative and administrative, to improve Hawaii’s program.



Advocates For Consumer Rights

Working for Hawaii's consumers since 1994

George Fox, President

808- 447-9424 afcr@hawaii.rr.com

February 4, 2010

COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

SENATOR Will Espero, Chair

Senator Robert Bunda, Vice Chair

TESTIMONY ON SB2141 RELATING TO THE USE OF MEDICAL CANNABIS

DATE: THURSDAY, FEBRUARY 4, 2010

TIME: 1:15 P.M.

PLACE: Conference room 229

State Capitol

415 South Beretania Street

Senator Will Espero, Chair; Senator Robert Bunda, Vice Chair, and honorable members of the Committee; **Advocates of Consumer Rights strongly supports SB 2141**, Relating to Medical Marijuana. As the first state to legalize the use of medical cannabis, experience has shown that we could have done some things better to protect the patients and their caregivers:

1. Re-define an "Adequate Amount" to allow a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time.
2. Make identification of the medical cannabis growing site confidential.
3. Prohibit the Department of Public safety from requiring that a certifying physician be the patient's primary care physician.
4. Prohibit certifying physicians from naming or describing a patient's particular debilitating condition.
5. Increase the permissible ratio of patients to caregivers by allowing a caregiver to grow cannabis for more than 4 patients.

These five important items will protect the patient's medical privacy and increase security by protecting the security of the grow site and insure that the patient will not have to take the risky option of buying medical cannabis on the criminal market.

Moreover, prohibiting the Dept. of Public Safety from requiring a patient's certifying physician to be the patient's primary caregiver means that veterans will now be able to take advantage of using medical cannabis just as non-military persons do.

Please pass SB2141

I will be happy to answer any questions.

Sincerely,

(signed)

George Fox,
President



Advocates For Consumer Rights

Working for Hawaii's consumers since 1994

George Fox, President

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RICHARD S. MILLER
Professor of Law, Emeritus
February 3, 2010

To: Committee on Public Safety and Military Affairs

Senator Will Espero, Chair
 Senator Robert Bunda Vice Chair
 and

Committee on Health

Senator David Ige, Chair
 Senator Josh Green, Vice Chair

Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229
 Support to (SB2141 or SB2212)

I STRONGLY SUPPORT SB2141 Relating to Medical Cannabis for the following reasons:

First, Committee members should understand that there is significant credible scientific research that supports the relative safety and effectiveness of medical marijuana:

65 Peer-Reviewed Studies on Marijuana^[1]

Medical Studies Involving Cannabis and Cannabis Extracts (1990 - 2009)

Studies are listed as **Pro**, **Con**, or **Not Clearly Pro or Con**, based on their conclusions regarding cannabis' potential medical benefit. . . .

Type of Study	Pro		Not Clearly Pro or Con		Con		Totals	
	# of studies	% of total	# of studies	% of total	# of studies	% of total	# of studies	% of total
<u>I. Double-Blind Human Studies</u>	8	47.06%	7	41.18%	2	11.76%	17	100%
<u>II. Human Studies</u>	17	38.64%	15	34.09%	12	27.27%	44	100%
<u>II. Animal Studies</u>	4	100%	0	0%	0	0%	4	100%
TOTALS	29	44.61%	22	33.85%	14	21.54%	65	100%

^[1] Report from the bipartisan group, ProCon.org.

Second, the changes to the medical marijuana program in this bill were requested by patients, to make the program more patient-friendly, to protect patients' privacy, and to protect their safety. Members of the Legislature will recall that NED wrongly released the names of patients who lawfully held physician-approved medical marijuana certificates

Third, SB2141 increases the patient-to-caregiver ratio. The current provisions allow a caregiver to care for only one patient. Patients have reported having difficulty finding caregivers; some of them share housing and could more efficiently be assisted by the same caregiver. Others report needing a caregiver who already has the expertise required to successfully grow their medicine. Other states allow caregivers to assist up to five patients. Increasing the caregiver ratio is a good short-term alternative until an effective distribution system is adopted.

Adequate numbers of caregivers are needed to prevent illegal sales: Many patients are unable to grow their own medicine, some live in apartments or condominiums; others live in areas where their plants are not secure and are subject to vandalism or theft. Others are just too sick to provide the upkeep necessary for their plants to grow to maturity.

Fourth: SB2141 will improve patient confidentiality and security by requiring that the address where the marijuana is grown be kept confidential and not appear on the registry card issued by the department. A patient whose wallet is stolen is vulnerable because the registry card identifies the location of their marijuana.

It will also enhance patient confidentiality, consistently with strict privacy requirements, by not requiring the physician to name the patient's particular condition. The physician will need only to attest that the patient has one of the debilitating medical conditions defined in the medical marijuana section. It is important to maintain patient privacy (which was seriously breached by NED.)

Fifth, by removing the confusing distinction between mature and immature plants ***SB2141 aids the enforcement of the program*** because it is often difficult for law enforcement personnel to distinguish between mature and immature plants

Sixth, SB2141 increases the amount of marijuana patients are allowed to possess from 7 plants to 10 plants and dried marijuana from 3 ounces to 5 ounces. Patients say that current law does not provide them with enough marijuana and they do not want to resort to the criminal market to obtain their medicine. Patients who use vaporizers, which are safer than smoking, report that vaporizers require more marijuana. *(At least four other states allow more than 7 plants to be possessed by qualifying patients. Oregon allows up to 24 ounces and many localities in California and Washington allow much more than 3 ounces to be possessed.)*

Seventh, SB2141 clarifies that the department of public safety may not require more information than is required by the medical marijuana statute and that the department may not require that the qualifying patient's physician be the primary-care physician. Over the years, the Narcotics Enforcement Division, which administers the program, has changed the registration form, and made other informal rules over-reaching its authority.

Thank you for considering my views (which are my personal views and do not necessarily reflect the views of the University of Hawaii.)

With much Aloha,



Dick Miller

Professor of Law, Emeritus, The William S. Richardson School of Law, University of Hawaii at Manoa; Member, American Law Institute; Board Member: Kokua Council, Drug Policy Forum of Hawaii, and Media Council Hawai'i; Legal Consultant to the Hawaii Coalition for Health

E-mail: rmiller@aya.yale.edu

Phone: 808-254-1796

From: peter rosen
Sent: Tuesday, February 02, 2010 12:01 PM
To: PSM Testimony
Subject: SB2141 Relating to Medical Cannabis SUPPORT

02/02/10

To Whom it May Concern,

Regarding Bill SB2141

I have chronic pain, spinal stenosis. I have been plagued with this debilitating disease since 1969 and currently have both Tylenol with codeine and Methadone prescribed for pain relief. But even with these drugs, I still feel the effects of my pinched nerves. The effects being a constant pressure in my brain and "laziness" in my body. I find that by smoking Medical Marijuana (I am registered in both Hawaii and California) I can mitigate these negative effects.

When I take medical marijuana, I am released from the bondage of my body; that prefers to be horizontal rather than "combat" the gravity which for me, is my enemy. The marijuana stimulates both my mind and my body and gives me energy and the desire to DO. To get up off my couch and be of service to the community where otherwise I would be unable.

Thanks to my use of medical marijuana I have been a contributing member of society rather than just a leech on Welfare. Though I am on disability, I am still able to produce edutainment events and programs for community learning and entertainment such as KidCast for Peace: Solutions for a Better World.

Though my labors of love remain unfunded, I am still able to overcome the challenges of my condition and participate in life; rather than watch it go by while from the "side-lines" having to depend on Welfare and the kindness/compassion of strangers and family members alike.

Medical Marijuana has liberated me from a life of "slavery." I urge you to PASS THIS BILL as I find it increasingly difficult to find sources of Medical Grade Marijuana or someone to be a caregiver and grow it for me. Its sad that here on Maui, the only "legal" place to supply my needed medicine has been raided by police and closed down. I now have to rely on "illegal" sources to procure my medicine.

I have tried to grow in my apartment, but without direct sunlight, the right equipment and knowledge, time and energy to dedicate to growing, it becomes impossible to secure this most wonderful plant, so needed for my physical and emotional well being.

PLEASE PASS THIS BILL!!!

Mahalo,
Peter Rosen
Maui Hawaii

PS: I moved to Hawaii to be able to swim all year round; because besides the pain killers and medical marijuana (I use as a motivational drug and to gain spiritual insights), the nurturing waters of Maui provide the gravity-less environment I need to exercise and keep physically fit.

From: Shawn James Leavey [mailto:shawnjamesleavey@gmail.com]
Sent: Monday, February 01, 2010 8:59 PM
To: PSM Testimony
Subject: Thursday 4 2010 1:15 and 1:30 agenda room 229

Committee on Public Safety and Military Affairs
Senator Will Espero, Chair
Senator Robert Bunda Vice Chair
&

Committee on Health
Senator David Ige, Chair
Senator Josh Green, Vice Chair
Thursday, February 4, 2010, 1:15 p.m., Room 229

<<**STRONG SUPPORT FOR SB2141 Relating to Medical Cannabis**>>

Personally, I like the dispensary proposal more, because it's a revenue generator, but this one will do if the other doesn't fly!

As for the confidentiality proviso, I know patients here on the Big Island were ALL huhu because of the accidental leak of the patient registry database by DPS NED the other year. They were huffing all about a class action lawsuit for HIPA violations. Best we passed this bill to prevent future accidents like that.

mahalo!
Shawn James Leavey
PO Box 642
Honokaa, HI 96727

Committee on Public Safety and Military Affairs
Senator Will Espero, Chair
Senator Robert Bunda, Vice Chair
&

Committee on Transportation, International and Intergovernmental Affairs
Senator J. Kalani English, Chair
Senator Mike Gabbard, Vice Chair
Hearing: Thursday, February 4, 2010, 1:30 p.m., Room 229

<<**SUPER DUPER STRONG SUPPORT for SB2213 Relating to Counties**>>

Dear Senators, this bill is a **revenue generator!**

James Anthony, a stakeholder attorney specializing in medical cannabis dispensary land-use law, zoning applications and permitting in the San Francisco Bay Area said tax revenues to the State of California from dispensaries in 2008 amounted to **\$200 MILLION!!!!!!**

True, Los Angeles has over 1000 of these joints alone and California's population is 20 times Hawai'i, but let's do some math:

Projections for 4.5% GET on one ounce per week for each "potential" patient (.045 x \$300 x 52 weeks x 50,000) = **\$35.1 million per year!!!!**

Just improve the compassionate care law and we can hit those kind of numbers!!!

Also, reciprocal recognition of patients from the other medical marijuana states would **boost some tourism action, too!!!**

Cha-ching!!

And "let homerule reign" by punting the decision to the counties -- brilliant!

Thank you! thank you!
Shawn James Leavey
PO Box 642
Honokaa, HI 96727

COMMITTEE ON PUBLIC SAFETY & MILITARY AFFAIRS

Sen. Will Espero, Chair
Sen. Robert Bunda, Vice Chair

COMMITTEE ON HEALTH

Sen. David Ige, Chair
Sen. Josh Green, Vice Chair

Thursday, February 4, 2010

1:15 PM

Room 229

SUPPORT SB 2141 – Medical Marijuana/Cannabis Program

PSMtestimony@capitol.hawaii.gov

Aloha Chair Espero, Chair Ige and Members of the Committees!

My name is Kat Brady and I have been a caregiver to several terminally ill patients over the years. I have seen the effect of medical marijuana/cannabis has on patients and am, therefore, a strong supporter of Hawai'i's Medical Marijuana Program.

SB 2141 responds to the cry of patients by

1. Increasing the number of patients to caregivers
2. Increasing the number of plants and the amount of cannabis allowed
3. Making the grow site confidential
4. Prohibiting PSD from requiring that the recommending physician be the patient's primary care physician
5. Prohibiting certifying physicians from naming or describing the patient's condition

I am in full support of this measure since these are the concerns expressed to me by many patients over the years. This is the 10th anniversary of this compassionate law and we have yet to respond to the concerns expressed by patients. It is about time that we listen to what is needed from the people who need it!

1.PATIENT – CAREGIVER RATIO

This is important because many people suffering from debilitating illnesses are in no shape to start growing medical marijuana. It is not as easy as it appears to be. Not everyone was born with a green thumb! Allowing a caregiver to tend to up to four patients would be helpful to those who don't know how to grow or who don't know anyone who can grow cannabis or how to even obtain it on the street.

2.ADEQUATE SUPPLY

Like all medications, there is no one-size fits all. Medical conditions and their severity differ from patient to patient. Getting the dosage right is one of the challenges when caring for someone who is ill. The best thing about cannabis is that sometimes a few puffs are all that is needed to help stimulate someone's appetite.

3.CONFIDENTIALITY OF GROW SITES

There have been incidents of people's plants being stolen or where homes where medical cannabis is grown were robbed. This information must be kept confidential. The cat was already let out of the bag when PSD released the names, addresses and confidential information to the press – albeit by accident. Sorry doesn't cut it when a patient's comfort is compromised. This must be included in the law to protect patients and recommending physicians.

4.PREVENTS PSD FROM MAKING MEDICAL DECISIONS

PSD has been working, since the program's inception, to add provisions that are NOT within the law. Please clarify that the recommending physician does not have to be the primary care physician. Anyone who has ever gone through a medical nightmare, as some of these patients experience every day, knows that one has many doctors to treat a serious illness. Imposing ridiculous rules only hurts individuals while they are undergoing the worst time in their lives.

5.PATIENT CONFIDENTIALITY

The medical privacy act is strong about keeping a patient's medical information confidential. This must be part of Hawai'i's Medical Marijuana Program. It is sad that PSD 'inadvertently' released so much confidential information to the press. In my humble opinion, this was a serious violation of HIPA laws protecting patients. A patient's medical condition is private information between the patient and physician.

Committee members, these manini changes have been recommended by patients. Hawai'i's Medical Marijuana Program was enacted out of concern for the members of our community who are suffering from chronic or debilitating conditions.

Please hear their pleas for relief. Please protect their privacy. Please pass this measure.

Mahalo for this opportunity to testify.

From: D M

Sent: Tuesday, February 02, 2010 9:18 AM

To: PSM Testimony

Subject: MM bills SB2141 and all others related

Hello,

My name is Dale and I have been a quadriplegic since Sept. 11 1988 and I use marijuana for my spasms, burning sensations and appetite, plus my mental well being.

The laws in place now have to be changed to accommodate MM patients like me who are not physically able to grow their own. We need a place where we can obtain it safely and cheap, like dispensaries.

I have to buy it illegally and that bothers me that it can lead to a multitude of problems ae; the law, criminal elements, expensive and hard to find.

Please take these factors into consideration when passing these bills.

Mahalo, Dale Marcazk.

TESTIMONY FOR HTH/PSM 2/4/2010 1:15:00 PM SB2141

CONFERENCE ROOM: 229

TESTIFIER POSITION: COMMENTS ONLY

TESTIFIER WILL BE PRESENT: NO

SUBMITTED BY: K MOSELEY

ORGANIZATION: INDIVIDUAL

ADDRESS: 92-9288 KING KAMEHAMEHA BLVD HI

PHONE: 808 324 0222

E-MAIL: ~~DEW@MOSELEY@GMAIL.COM~~

SUBMITTED ON: 2/27/2010

COMMENTS:

UNTIL THERE IS AN INVESTIGATION OF ALL SSI/SSD AND WELFARE FRAUDS USING MEDICAL MARIJUANA RECIPIENTS FOR ILLEGAL SALES YOU WILL ONLY PREJUDICE THE HONEST WORKER WHILE FRAUDS PROSPER.

I HAVE NEVER SEEN SO MUCH THUGGERY THAN SINCE MEDICAL MARIJUANA I PAY MY TAXES AND DO NOT LIKE SUPPORTING THE CRIMINAL ELEMENT THAT HAS RISEN, HAD A FREE MONTHLY STIPEND AND MEDICAL AND FOODSTAMPS AND PROFITTED AND OPPRESSED THE LAW ABIDING!!

THE DISHONEST HAVE THE NEW HARLEYS AND CARS AND YOU WANT TO LEGALIZE IT SO THEY CAN BECOME RICH. SHAME ON YOU ALL!!

TESTIMONY FOR HTH/PSM 2/4/2010 1:15:00 PM SB2141

CONFERENCE ROOM: 229
TESTIFIER POSITION: SUPPORT
TESTIFIER WILL BE PRESENT: NO
SUBMITTED BY: JAMES ROBERT BORAWSKI
ORGANIZATION: INDIVIDUAL
ADDRESS: 75-4567 ALII DR, KAILUA KONA, HI.
PHONE: 808-895-6579
E-MAIL: [REDACTED]
SUBMITTED ON: 2/2/2010

COMMENTS:

HELLO, PLEASE PROVIDE YOUR FULL SUPPORT OF SB2141 AND SB 2213. BY DOING SO, YOU WILL PROVIDE POSITIVE EFFECTS TO OUR COMMUNITIES, BY REDUCING BLACKMARKET TRADE AND ALLOWING OUR LAW ENFORCEMENT TO BE MORE EFFECTIVE.

TODAY, THE MEDICAL MARIJUANA COMMUNITY URGENTLY NEEDS LEGAL APPROPRIATE SAFE ACCESS & LOCATIONS, TO OBTAIN MEDICAL MARIJUANA, WHILE INCREASING PROTECTIONS TO THE VENERABLE MEDICAL PATIENT.

THESE PEOPLE ARE THE 5,200 + HAWAIIAN CITIZENS/PATIENTS: GRANDMAS, GRAMPAS, FATHERS, MOTHERS, SONS, DAUGHTERS, THE HANDICAPPED, THE CANCER PATIENTS, NORMAL RESPONSIBLE CITIZENS, AND ALL DESPERATELY NEED YOUR PROTECTION.

A SENSIBLE REVIEW & APPROVAL OF HAWAII'S CAREGIVER TO PATIENT RATIO & AMOUNTS WILL PROVIDE A SAFER, APPROPRIATE LOCATION AND MEANS, FOR MEDICAL PATIENTS TO OBTAIN ADEQUATE AMOUNTS OF MEDICATION.

WE NEED TO PROTECT OUR PEOPLE IN THIS COMMUNITY, WHO ALREADY HAVE SERIOUS MEDICAL CONDITIONS TO DEAL WITH. THIS BILL WILL FACILITATE, REGULATE, CONTROL, TAX, MEDICAL MARIJUANA AND PROMOTE RESPONSIBLE, ADULT MEDICAL MARIJUANA USE.

PLEASE SUPPORT SOUND SENSIBLE APPLICATION OF THIS BILL SB2141 & SB2213.

IS A COMPASSIONATE CAREGIVER, THE PATIENTS I COULD SEE THIS BILL MOST BENEFITING ARE NORMAL CITIZENS.

CITIZENS LIKE DAVE, A RETIRED FIREMAN, NOW QUADRPLEGIC, WHO MOST EFFECTIVELY CONTROLS HIS MUSCULAR SPASMS WITH MEDICAL MARIJUANA. WITHOUT A CAREGIVER, & A DIFFICULT TIME GROWING, OUR FIREMAN DAVE, IS PREY TO BACKALLEY DEALS (EVEN WITH A MEDICAL CARD.)

OR CITIZENS SUCH AS PROFESSIONAL, RESPONSIBLE PARENTS, BART & LOIS. LOIS SUFFERS FROM SEVERE EPILEPTIC ATTACKS. SHE HAS BEEN EFFECTIVELY REDUCING THE FREQUENCY AND SEVERITY OF HER SEIZURES, BY CONSISTANT BUT MODERATE MEDICAL MARIJUANA USE. EVEN WITH A MEDICAL CARD, SHE HAS NO ACCESS TO THIS RECOMMENDED MEDICATION. AS PARENTS, THEIR HOME IS NOT APPROPRIATE PLACE TO GROW MEDICAL MARIJUANA, SO THEY ARE SEARCHING FOR A LEGAL CAREGIVER, TO GROW FOR THEM, IN A MORE SUITABLE APPROPRIATE LOCATION. THIS BILL WILL PROVIDE THIS.

OR MARK, A CANCER PATIENT, STRUGGLING TO EAT AFTER RECEIVING CHEMOTHERAPY TREATMENT. HE FOUND MARIJUANA MILK WAS PALATEABLE, PROVIDED RELIEF FROM THE EXTREME NAUSEA, AND "IS EATING EVERY 2 DAYS INSTEAD OF EVERY 5."

THESE ARE JUST A FEW TESTIMONIES OF THE 5,200 PEOPLE IN OUR MEDICAL MARIJUANA COMMUNITY THAT WE NEED TO SERVE AND PROTECT. PLEASE APPROVE SB2141 & SB 2213. THANK YOU FOR YOUR CONSIDERATION, JIM BORAWSKI-

SUBJECT: TESTIMONY FOR SB2141 ON 2/4/2010 1:15:00 PM

TESTIMONY FOR HTH/PSM 2/4/2010 1:15:00 PM SB2141

CONFERENCE ROOM: 229

TESTIFIER POSITION: SUPPORT

TESTIFIER WILL BE PRESENT: NO

SUBMITTED BY: LUNA A. CARLISLE

ORGANIZATION: INDIVIDUAL

ADDRESS: 279 LAKAU PLACE KIHEI, HI

PHONE: 808-283-7325

E-MAIL: MANIFESTYOURREALITY@YAHOO.COM

SUBMITTED ON: 2/3/2010

COMMENTS:

I AM IN AGREEMENT WITH ANY LEGISLATION THAT ENABLES THE LEGAL USE OF THE MOST THERAPUETIC SUBSTANCE KNOWN TO MAN, MARIJUANA. I AM A REGISTERED MEDICAL MARIJUANA PATIENT, AND IT HELPS ME FUNCTION AND ENJOY LIFE WITHOUT THE HARMFUL SIDE EFFECTS OF PILLS.

DECRIMINALIZATION, LEGALIZATION, AND REASONABLE REGULATION WILL SAVE THE ECONOMY, SAVE THE FORESTS, SAVE THE FARMERS AND THUS THE PEOPLE AS A WHOLE.

I COULD GO ON AND ON, AND ON ABOUT THE REASONS MARIUANA SHOULD BE LEGAL, AT THE VERY LEAST FOR MEDICAL USE, AND I COULD EXPOUND ON THE HIPPOCRISY OF ALCOHOL AND PRESCRIPTION DRUG LAWS AS COMPARED TO MARIJUANA LAWS... BUT SURELY YOU HAVE HEARD IT ALL BEFORE.

PLEASE DO THE RIGHT THING AND GO GREEN.

VOTE FOR FAIR MARIJUANA REFORM TODAY.

MAHALO!

FROM: MAILINGLIST@CAPITOL.HAWAII.GOV
[MAILTO:MAILINGLIST@CAPITOL.HAWAII.GOV]
SENT: WEDNESDAY, FEBRUARY 03, 2010 8:49 AM
TO: HTHTESTIMONY
CC: [REDACTED]@HOTMAIL.COM
SUBJECT: TESTIMONY FOR SB2141 ON 2/4/2010 1:15:00 PM

TESTIMONY FOR HTH/PSM 2/4/2010 1:15:00 PM SB2141

CONFERENCE ROOM: 229
TESTIFIER POSITION: SUPPORT
TESTIFIER WILL BE PRESENT: NO
SUBMITTED BY: JENNIFER POLICH
ORGANIZATION: INDIVIDUAL
ADDRESS:
PHONE:
E-MAIL: [REDACTED]
SUBMITTED ON: 2/3/2010

Senate Committee on Public Safety and Military Affairs
Senate Committee on Health
Hearing: Thursday February 4, 2010 at 1:15pm, Room 229
SB 2141 Relating to Medical Cannabis

STRONGLY SUPPORT

My name is Andrea Tischler. I am a medical cannabis patient residing on the Big Island and chairperson of Americans for Safe Access. ASA, Big Island Chapter strongly supports the passage of SB2141. The Big Island has more than 2500 certified medical cannabis patients.

Increasing the patient to caregiver ratio will greatly help the patients who have difficulty in finding a caregiver. Patients are either too ill, live in rental housing including public housing that prohibits them from growing their own medicine. Many homes are located in densely populated areas where it is dangerous to grow because of the threat of theft. These circumstances force most patients to buy their medicines on the black market which is dangerous and where the quality of the medicine is not guaranteed. Increasing the ratio will allow one caregiver to provide for four patients. In fact we recommend that the ratio be increased to one to five in the absence of the legislature establishing a distribution system.

Another beneficial aspect of this bill is that it will improve a patient's confidentiality because the place that the medicine is grown will not appear on the registration card. If a patient's wallet is either stolen or lost, it leads the finder or thief directly to where the plants are grown.

Still another good part of the bill is that it increases medical confidentiality of the patient by prohibiting the physician from naming the patient's illness or debilitating condition which is submitted to Public Safety.

Increasing the amount of cannabis plants to 10 and 5 ounces of cannabis at any given time will improve an adequate and consistent supply so that the patient will not run out of medicine before the next harvest.

This is a good and reasonable bill and long long past due. The only criticism of the bill is that it does not change registration to the Department of Public Health. But it should be passed.

Mahalo to the introducers of this bill and to Mr. Takamine our representative from Hilo.

Respectfully yours,

Andrea Tischler

Chair, Americans for Safe Access, Big Island Chapter
564 Hoaka Road
Hilo, HI. 96720
(808) 959-8091

Sent: Wednesday, February 03, 2010 12:48 PM
To: PSM Testimony
Subject: SUPPORT SB2141
Importance: High

Thursday, February 4, 2009

1:15 PM

Hawaii State Capitol, Conference Room 229

Committee on Public Safety and Military Affairs
Senator Will Espero, Chair
Senator Robert Bunda Vice Chair
and
Committee on Health
Senator David Ige, Chair
Senator Josh Green, Vice Chair

Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229
Support to SB2141

HB2141

Increases the amount on cannabis that constitutes an adequate amount by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. Makes identification of the site where cannabis is grown confidential. Prohibits the department of public safety from requiring that a certifying physician be the patients primary caregiver. Increases the patient to caregiver ratio to 1:4.

Mr. Matt Flach
Caregiver/Horticultural Expert

Aloha,

As a grower/care provider I am in support of SB2141 but feel it does address the issue of an adequate supply of Cannabis for a given patient affliction. To indicate a general amount of Cannabis of 5 ounces and 10 plants does not address the issue of which variety and amount of Cannabis is required for what patient affliction/condition (such as Aids, MS, General Pain as examples).

Different varieties of Cannabis have different growing rates and produce different amounts. In addition growing indoors vice outdoors or hydroponically vice organically in soil will also produce different size plants and quantities using the same variety of Cannabis in each scenario. Further different patient afflictions/conditions may require different varieties and quantities of Cannabis.

Another issue is the gender of the 10 plants allowed. It should be added

to the proposed bill that the ten plants allowed be all female in gender since the female provides the medication for the patients. The only item the male provides is pollen for a future generation of seeds. In 99% of all plants grown all have been propagated (or "cloned" as commonly referred to) from a cutting from a desirable variety of Cannabis (or "Mother" plant as commonly referred to). Growing Cannabis from seed does not guarantee that the grower will produce the same variety of Cannabis from which the seed was harvested due to genetic variables.

How the Cannabis is grown is the final concern. Whether grown indoors, outdoors, hydroponically or in a soil medium, any use of a non-organic fertilizer or use of a pesticide for control of weed, insect, fungal or other disease infestations should be prohibited or the dried final consumable product should be tested by a reputable laboratory to ensure that dispensaries/growing co-ops are providing pesticide free/synthetic free (chemically free) product to patients.

Thank you for listening,

Matt Flach

Committee on Public Safety and Military Affairs

Senator Will Espero, Chair

Senator Robert Bunda Vice Chair

and

Committee on Health

Senator David Ige, Chair

Senator Josh Green, Vice Chair

Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229

Support to SB2141

HB2141

Increases the amount on cannabis that constitutes an adequate amount by allowing a qualifying patient to possess 10 cannabis plants and 5 ounces of cannabis at any given time. Makes identification of the site where cannabis is grown confidential. Prohibits the department of public safety from requiring that a certifying physician be the patients primary caregiver.

Increases the patient to caregiver ratio to 1:4.

Teri Heede

92-994 Kanehoa Loop

Kapolei, Hawaii 96707

Aloha!

This testimony is submitted in support of SB2141.

Walk a mile in my slippers:

I have had Multiple Sclerosis (MS) for 18 years and counting...because there is no cure for MS. MS is an immune system disorder and that means that my body thinks there is something inside that has to be destroyed...only it happens to be the myelin sheath that surrounds the nerves. Think of it like an electrical cord like the ones in your home, and imagine that the cover on the electrical cord just starts to dissolve, leaving the copper inside exposed. That is MS. The destruction creates lesions in the brain and on the spinal column and eventually the lesions on the brain become black holes. There is no cure and my symptoms include (but are by no means limited to) vision problems (chronic optical neuritis), mobility issues and incontinence.

I don't have time here to describe the years of treatment that I have endured trying to manage the severity of the symptoms of MS but, I let me share this with you:

There are the pills and suppositories; I have enough to fill a laundry basket. As a direct result of indigestion of pharmaceuticals I developed something called "watermelon stomach". That means when they take a camera and look into my stomach, the walls have strange striations that resemble a watermelon because the pills ate the lining away and my stomach is permanently damaged. The damage extends up the esophagus and they have removed pre-cancerous cells so now I also have what is called Barrett's Esophagus Syndrome and have regularly dates with my gastroenterologist.

A few years ago, and in absolute desperation, my neurologist tried the newest "approved" medication for MS. Injectable interferon was prescribed. Needles. When you have to deal with stuff like this it is truly a "suck it up and act like an adult" moment. This was especially hard to suck up because there is NO SCIENTIFIC EVIDENCE to support taking interferon will delay or improve the symptoms of MS, but they THINK it MIGHT help. I took them three times a week subcutaneously until the side effects from the shots became so severe, that I changed to a once a week intramuscular injection. Bigger needles. My side effects became even more severe (sight reactions at the injection site, rigors, fatigue and flu-like symptoms) and more deadly. My liver has now been damaged by the interferon. Remember that I have an auto-immune disorder so; this is not a good thing.

Now, let's talk cannabis because that is the whole point of this testimony. I remember the first time I discussed the use of cannabis with a doctor. . **I had not been able to walk for a year.** This doctor had served for a time as a doctor in a hospital that specialized in MS patients. My symptoms were progressively worsening and I literally had fallen down and was not getting back up. Sitting with my grocery bag full of pills and watching him fill out another prescription, I closed my medical record and looked him right in the eye and said, "Let's talk about marijuana". He folded his hands on top of my medical record and said, "Let's talk." **I was walking again without any devices within six months.**

This doctor and no other doctor since have been able to write me a prescription for medicinal use.

The state of Hawai'i implemented legislation that by its very nature was meant to be compassionate and with a heart turned toward providing patients a safe environment for medicinal use. Implementation has fallen short and we need to

modify the program to accommodate the sick, the elderly and the dying so that they can get a safe, quality and LEGAL supply of medication.

SB2141, the bill before you today would address a cosmetic change to the verbiage of the existing bill that changes marijuana to cannabis . I personally couldn't care less except apparently some people feel it would make the legislation more palatable. Please implement that change immediately and without further discussion, especially if that is true. We must reduce the hysteria surrounding this issue as much as possible.

SB2141 also increases the patient to caregiver ratio. This could be implemented without any additional cost and would be of great benefit to patients. There are NOT enough qualified caregivers for legitimate patients. In the short term, this is the best, easiest and most cost effective way to help patients.

SB2141 would insure that personal, private patient information is not listed on their registration cards. The information on the card puts patients at great personal risk and serves no useful purpose being listed on the card. We don't want the bad guys to know where we live.

SB2141 would further clear up some confidential issues on the form, and would stop requiring the certifying physician to be your Primary Care Physician. For example in my case I see a team of doctors that include a neurologist, gastroenterologist, general internist, ob-gyn and orthopedic. The doctor that currently certifies me is a pain specialist and is a necessary and valuable member of my medical professional team. At any given time I expect ANY of those doctors to act as "primary care" physician. There is no valid argument for continuing the practice of the PCP being the only doctor with the ability to certify patients.

I would lastly but definitely not least like to discuss SB2141's amendment change to the amount of allowable plants providing patient's with an adequate supply of medicine. I am supporting the 10 plants/5 oz because it increases the amount. I want you to consider the fact that this increase still does not guarantee an adequate supply for patients. Growing a crop of cannabis takes weeks. Even then, by legislation the patient can only keep a few ounces. It is not possible to grow a crop in the time it takes to consume the allowable amount of cannabis. In short there is no accommodation in this bill for the complexity of horticulture and its vagaries. Just imagine if you could only eat the tomatoes that you grow in your garden, and even then, you can only eat what you harvest in a day. You can't save any for next month.

Please read the report provided to you by the Medical Cannabis Working Group and read more about how patients struggle with this issue and at the very least increase the amount of plants and cannabis a patient can control. I believe that the problem we are having here is an irrational fear and arguments that patients will somehow allow redirection of cannabis for black market purposes. This logic is ill conceived, ill advised and just plain wrong. Patients who use medicinally are law abiding citizens that are registering for the program. We are parents, grandparents, brothers and sisters living and worshipping in your community. We are not criminals and we should not be continually treated as such.

As a patient I would like to see the following issues resolved as soon as possible:

1. Transfer management of the medicinal Cannabis program from Public Safety to Department of Health.
2. Enact legislation for the operation of dispensaries where patients can obtain safe, quality Cannabis in a supportive secure environment.
3. Patients require presumptive eligibility which would insure they do not have to wait to obtain medicine while paperwork for a card is being processed.
4. Protect renters by enacting legislation that would allow patients who do not own their own homes to legally use and grow Cannabis. Patients in rental units, public housing, adult homes, nursing homes and hospice facilities that follow all prescribed laws should be able to process, use and grow medicinal Cannabis without fear of eviction from their home or facilities.
5. Improve the certification process at little or no cost by posting current medicinal Cannabis regulation and law information on an existing government web site. This would include the capability to download all the required forms for the patient/physician and review the most current rules and regulations associated with the program.
6. Change the current regulation to accurately define an “adequate supply”. The regulation does not distinguish or correlate what is the correct “adequate supply” required for each affliction based on the variety of Cannabis species that will provide the optimum affect for a specific affliction. Further, there is no discussion in the regulation regarding plant gender. Since female plants produce the required medicine and that it is very difficult to determine the

difference between a male and female plant during the foliage production stage of growth (vegetative state), NED representatives do not have the educational background or knowledge in horticulture to distinguish a male from a female plant. Finally, the regulation does not discuss short term and long term plant quantities. For those patients or caregivers that grow plants from seed or vegetative cuttings, additional plants will be required. Thus there will be a quantity of female plants required to produce the medical Cannabis and a quantity of female and male plants to produce seed or vegetative cuttings to continue the supply of plants.

7. Doctors should be able to prescribe medical Cannabis just as they do any other controlled substance. Healthcare providers have the knowledge and qualifications to recommend medical Cannabis and prescribe the appropriate protocol for consumption based on each patient's unique needs and ailments.
8. Approve functional production and distribution models that would capitalize on the existing network of local growers who would supply local distributors with a sustainable supply of quality Cannabis.
9. Allow private patient collectives/cooperatives, in which several patients grow their medicine collectively at a private location, to grow without regulation. Private gardens should not be required to follow the same restrictions that are placed on retail dispensaries, since they are a different type of operation. If a collective/cooperative supplies medicine to a dispensary, it would then be subject to the regulations applied to any supplier to the dispensary.
10. Enact legislation to make the workplace "friendly" for family members/caregivers and patients who are concerned about second hand exposure causing a positive on their employment related drug tests. Current workplace urinalysis for Cannabis use is inaccurate. The tests do not accurately determine whether the person uses 10 minutes or 30 days before the test, much less if it was second hand exposure.
11. Approve of clinical trials to ascertain which Cannabis varieties are more effective for treating specific ailments.

Submitted with the kindest Regard and Faith in your Compassion,

Teri Heede

Sent: Wednesday, February 03, 2010 3:48 PM
To: PSM Testimony
Subject: Support to (SB2141, SB2212,)

Committee on Public Safety and Military Affairs

Senator Will Espero, Chair

Senator Robert Bunda Vice Chair

and

Committee on Health

Senator David Ige, Chair

Senator Josh Green, Vice Chair

Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229

Support to (SB2141 or SB2212)

Brian Shaughnessy, JD, MFA
1326 Keeaumoku St. #301
Honolulu, HI 96814
808-277-5917

Attybrian@gmail.com

CANNABIS BILL TESTIMONY

In 1983 I awoke from surgery paralyzed – never having been warned of the possibility. Within a few days of that unending, waking nightmare, I began to experience muscle spasms that would begin in my hip and shoot BOTH down my leg AND up to my chest. These spasms wracked my body and knock the breath out of me. Twenty-seven years later, these continue and, in bed, my leg will convulse until someone comes to stop it.

Dr.s gave me drugs that either didn't work, made me anxious or put me to sleep.

The rehabilitation nurses – perhaps more caring, concerned, connected and compassionate perhaps than their superiors – hinted that cannabis helped some.

They didn't call it that, but I will because it deserves the respect of a drug that alleviates the bit of hell I just described, alleviates pain, makes the cancer patient not just comfortable but hungry and grows out of the ground. Or in water.

I am an attorney and a papered and credentialed artist. Did pot make me go back to school, earn my masters, start a theatre company for performers with disabilities, graduate law school, get married, write a book and have a son? It made it possible without having to endure the unending spasms certainly didn't **stop** me. It **did not** suck motivation out of me.

Did this medicine lead me cocaine, heroine or crystal- meth? Never.

So, let's dismiss all that fiction right now because I'm telling you, it just ain't so.

In the last year I've devoted a lot of time to learning the laws nationally regarding cannabis law, production, systems of provision and the various strains and concentrates and been certified... in the field

I'm ready to turn my attentions to providing what has yet to be provided to Hawaii's suffering. I support this bill. Please allow an on-line collective that will deliver the medicine to Hawaii's most desperate patients and be aware the glut of dispensaries in California.

--

PS -- See "me" on David Letterman and get my book at www.squeakywheelbook.com

Brian Shaughnessy, Esq.

author of

THE SQUEAKY WHEEL --

An Unauthorized Autobiography

808-277-5917

www.squeakywheelbook.com

Committee on Public Safety and Military Affairs
Senator Will Espero, Chair
Senator Robert Bunda Vice Chair

- and -

Committee on Health
Senator David Ige, Chair
Senator Josh Green, Vice Chair
Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229

I am writing to voice my support for SB2141. Cannabinoids have proven anti-tumor and medicinal value. The people of Hawaii have voted to make medical cannabis available to those patients who need it.

We need to make sure that patients have a safe and legal way to obtain their medicine. Patients should not be limited by legislation in regards to the amount of medicinal cannabis that they can possess and cultivate. Patients with chronic or terminal conditions must have safe access to an adequate supply of their medicinal cannabis.

Patients should not be restricted to obtaining a prescription from their Primary Care Physician. The specialist treating the patient for the condition would be the most appropriate physician. Some physicians may not be familiar with prescribing cannabis, so the patient should have the option of consulting with a secondary physician who is experienced in the benefits, types and dosages.

Most caregivers provide care for more than one patient. Thus, the caregiver ratio should be increased. In addition, many severely ill patients are not able to care for themselves, much less cultivate and maintain a garden. Many people in Hawaii live in apartments, condos and planned communities that do not allow for a garden.

I feel that the most important issue is dispensaries. Patients must have a place to obtain the correct amount and type of cannabis in a safe and legal environment.

On a personal note, I saw the benefits of medical cannabis for my terminally ill friend. She died in May of 2009, but if it weren't for medicinal cannabis, her death would have been much sooner due to wasting.

Respectfully,

Nedra "Nedi" McKnight

Makakilo, HI

SB2141

Dr. Myron Berney, ND L Ac
naturalcancerwellness.com

DATE: Thursday, February 04, 2010 @ 1:15 p.m.

PLACE: Conference Room 229

PSMTestimony@Capitol.hawaii.gov

#1 – I would request that you add Naturopathic Physicians to the list of physicians that can recommend or prescribe Cannabis in this Law. Many patients of Naturopathic Physicians have qualifying conditions and may require Medical Herbal Cannabis.

SB2141—In General I support passage of this bill. If you only want to seem to fix the problems, then this is a very good first step.

I would delete any and all registration with the Department of Public Safety. What good does it do for the patient or physician? What is the Department of Public Safety going to do with that information? It seems that the DPS maintains a file that they may then share with the local police. Maybe it's better and safer to just register with the local police since they are there to protect patients. Under current conditions and legislation, patients and care giver growers need police protection from home invasions and burglaries. If you don't want to tell the police to protect you and not arrest you then why tell DPS anyway? The only reason why DPS is involved is that Cannabis is wrongly scheduled by Law. The first fix needs to be appropriate and accurate scheduling of Cannabis.

I support the appropriate reclassification of Cannabis from a Schedule 1 Drug. Perhaps Cannabis should be reclassified in the Schedule somewhat equivalent to Tobacco since medically Cannabis is more beneficial than tobacco and much less addicting. Cannabis is not considered medically to be an addicting drug. [1924 Refer Madness mentality is totally off base.] Cannabis does not fit the legal definitions of a Schedule 1 drug.

The Department of Health has had since 2000 to review and reclassify the medical use of cannabis from Schedule 1. Since medical Cannabis has a medical use for many diseases, clearly it doesn't belong in the Schedule reserved for drugs with NO medical use. Schedule 1 is also reserved for drugs that can not be used safely even under medical supervision. Again, this doesn't apply to Cannabis that has been used relatively harmlessly without any medical supervision since 1924.

Currently, Physicians on Oahu refrain from recommending medical herbal Cannabis merely because they don't want to deal with controlled substances and the Department of Public Safety. They won't have anything to do with it period; and they question patients why would they want to register with the State anyway?

I support the deletion of Cannabis from all Criminal Codes and/or the lowest level of law enforcement as approved by Ballot measure #1 in the last county election. Ballot measure #1 provided for the adult personal use and growing up to 24 plants. The Big Island also voted for State and Federal Legislature to follow suit. [This would reduce or eliminate almost all Cannabis related crimes.]

The current law does not adequately provide for the medical use of cannabis. The State is responsible

for State Laws including commerce and other affairs entirely within the State of Hawaii. The Obama Administration fully supports the Medical use of Cannabis. No more Federal pressure on States or State physicians. The Federal Government has given The State a green light to move forward with making medical herbal Cannabis available within the State.

For 5,000 years prior to 1924 there was none to minimal crime associated with Cannabis. Cannabis was widely used commercially and medicinally. After 1924 to the current, Drug Lords, Black Markets, Crime and Punishment stain the Noble God-Given Natural Medicine, Cannabis.

When the Founders of the Constitution looked out their window what did they see? They saw acres and acres of Cannabis. Regulation of interstate commerce doesn't mean creating black markets, drug lords, and gang land crime.

Clearly the social and medical effect of the Law, the War on Pakalolo, is worse than the medicinal effects of the herb. No crime or total crime: regulation or criminalization. Once you put down the Refer Madness idiocy, sanity and logic will move you towards regulation which will bring more control and less crime.

I would consider "boiler plating" the California Marijuana Laws on Cannabis and rules for use in Hawaii as a good first start to get the ball rolling based upon past experience in other states.

Dr. Myron Berney, ND L Ac.
naturalcancerwellness.com

SB2141 Relating to Medical Cannabis SUPPORT
Committee on Public Safety and Military Affairs
Senator Will Espero, Chair
Senator Robert Bunda Vice Chair
and
Committee on Health
Senator David Ige, Chair
Senator Josh Green, Vice Chair
Hearing: Thursday, February 4, 2010, 1:15 p.m., Room 229

Dear Friends,

Let me be clear. Increasing the limit of plants to 10 and increasing the supply to 5 ounces is a good start. Being that we are without a dispensary, from my personal experience, even this increase in no way assures an adequate supply. I have lost my entire crop to disease and have been faced with the bad options to obtain cannabis with no dispensary to fall back upon. And then there is no way to obtain seeds or cuttings to start over. Even with cuttings a new crop will take up to 3 months before there is any return.

I also need to make my supply into tincture for better effect and that conversion uses up my supply very quickly. And as you know there is no good way to supplement in order to maintain an adequate amount without a dispensary.

Now imagine the folks who are too sick to grow or don't have a safe place to do so. The law says they can legally obtain cannabis yet there is no dispensary. IMO, this is just plain cruel.

I currently am a caregiver for someone in terrible pain. I would like to and have the ability to take on up to 5 patients as their caregiver. Friends who are patients beg me to grow for them but I cannot. With no dispensary, we need this increase. Even if there is a dispensary, some people just can't afford the cost of cannabis, so growing for them is important.

The time for this and other changes is long overdue. Please make this bill a reality, there are real people suffering needlessly and you can help.

Mahalo and Aloha,
Will Navran

FROM: MARKSHEEHAN8@GMAIL.COM [MAILTO:MARKSHEEHAN8@GMAIL.COM] ON BEHALF
OF MARK SHEEHAN
SENT: WEDNESDAY, FEBRUARY 03, 2010 10:32 PM
TO: PSM TESTIMONY
SUBJECT: SUPPORT BILL SB2141

COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS
SENATOR WILL ESPERO, CHAIR
SENATOR ROBERT BUNDA VIC CHAIR
AND
COMMITTEE ON HEALTH
SENATOR JOSH GREEN, VICE CHAIR
HEARING: THURSDAY, FEB. 4, 2010, 1:15 P.M. ROOM 229

HONORABLE SENATORS:

I WRITE TO SUPPORT PASSAGE OF THIS BILL. AS A SENIOR CITIZEN WHO HAS
ENDURED DAILY BACK PAIN FOR 40 YEARS, I HAVE FOUND ALL PHARMACEUTICALS
TO HAVE HARMFUL SIDE EFFECTS.
AS I ALSO HAVE WEAK LUNGS, SMOKING MARIJUANA IS ENDURABLE BUT DIFFICULT.

I WRITE TO ASK THAT THIS BILL BE PASSED SO THAT A REASONABLE AMOUNT OF
CANNABIS CAN BE ACQUIRED BY A PATIENT TO MAKE PROPER MEDICINE
AVAILABLE.
THE NUMBER OF PLANTS A PATIENTS OR CAREGIVER IS ALLOWED TO HAVE SHOULD
BE INCREASED FROM 7 TO 10 AND THE MARIJUANA FROM 3 OUNCES TO 5 OUNCES.
VAPORIZERS REDUCE LUNG CONTAMINATION BUT REQUIRE MORE MARIJUANA. IT
IS CLEAR TO ME FROM MY EXPERIENCE AND OTHER PATIENTS THAT 24 PLANTS IS
A
REASONABLE NUMBER (AS IN OREGON)

GROWING SITES SHOULD BE CONFIDENTIAL TO PREVENT RIPOFFS AND THE NUMBER
OF PATIENTS A CAREGIVER CAN TEND SHOULD BE INCREASED TO A 1;5 RATIO.
I KNOW HOW TO GROW MY OWN VEGIES AND TREE CROPS, BUT MEDICAL MARIJUANA
IS A SPECIAL PLANT THAT REQUIRES MORE SKILL THAN I HAVE.
AND THE DEPT. OF PUBLIC SAFETY SHOULD NOT REQUIRE INFORMATION THAT THE
MMJ STATUTE REQUIRES. CERTAINLY THE QUALIFYING PHYSICIAN SHOULD NEVER
BE REQUIRED TO BE THE PRIMARY CAREGIVER!

I CERTAINLY HOPE THAT THE LEGISLATURE WILL ALLOW FOR DISPENSARIES AS
MANY PATIENTS I KNOW WHO DON'T HAVE GREEN THUMBS ARE FORCED TO FIND
THEIR
MEDICINE ON THE STREETS—ALWAYS A RISKY BUSINESS, AND DISTASTEFUL.
(IF WE TAKE THE CRIME OUT OF SALES, WE CAN DO AWAY WITH THE SHADY
CHARACTERS WHO
DEAL.)

CERTAINLY ADDRESSES SHOULD BE KEPT CONFIDENTIAL AND NEVER RELEASED TO
POLICE DEPARTMENTS. PATIENTS NAMES MUST ALSO BE KEPT CONFIDENTIAL.

THE CURRENT "MATURE" AND "IMMATURE" PLANT DISTINCTIONS/LIMITATIONS ARE
ALSO CONFUSING AND SHOULD BE ELIMINATED. POLICE OFFICERS ARE NOT
HORTICULTURALISTS!

UNFORTUNATELY I CAN NOT COME TO SPEAK AT YOUR HEARING BUT I WANT YOU TO KNOW THAT THIS BILL IS IMPORTANT TO THOUSANDS OF PATIENTS ACROSS HAWAII.

THANK YOU FOR SUPPORTING THIS BILL.

ALOHA,

-

MARK SHEEHAN |
DIRECT: 808-283-2158
HOME: 808-573-0111
MARK@MARKSHEEHAN.COM

From: MJ Bono [mailto:mioibono@gmail.com]
Sent: Tuesday, December 15, 2009 5:37 PM
To: Mark Nelson
Subject: letter

To whom it may concern:

I'd like to take a moment to address the issue of the current state of Medical Cannabis as it affects me on a highly personal level, first, a little about me. I've been a State and National Champion in drug tested bodybuilding in the late 80's and early 90's. I never took any performance enhancing products, and one of the conditions of holding a state or national title as a "Natural" bodybuilder was allowing out-of-contest drug testing - urine or hair - anytime and anyplace. I welcomed this rule as I never had any reason to worry and took it as a compliment. Years passed and I now hold multiple National Championships in Master's Track Cycling and a National Record. As a semi-pro athlete, I am responsible for adhering to all the regulations concerning the UCI (Union Cycliste Internationale) prohibited substances. Using any of the banned products, including marijuana can result in a lifetime ban from cycling.

In 2005, I was "discovered" by ex USA Olympics coach Eddie B on his vacation to Hawaii. Fast forward through many National titles to the summer of 2007, where I was on track to break multiple World Records and bring a World Championship to the United States. I juggled my athletic passion with my business, volunteering for Special Olympics, and life in Hawaii. I guess you could say I was living right, and had been in the "right place at the right time". Then I had a little stomach ache and was diagnosed with a malignant tumor on my pancreas. I had to undergo chemotherapy to first shrink the tumor enough to allow surgery. During the chemotherapy, I was prescribed pharmaceutical products for anti-nausea. The only pill that made a dent in my overall ill feeling cost \$50, and you had to take it every 6 hours. If you don't take the antiemetic exactly on time, it won't work and you are left with the possibility of vomiting and nausea for hours. On top of that, heartburn and gastric reflex were constant. Needless to say, the expensive pill didn't even work on me, and I was left with no recourse but to live with suffering until Medical Cannabis was introduced to me through a caregiver/grower. I had to learn how to use the product as I was completely naive of marijuana use, but within a few minutes of use, I was nausea free.

This brings me to the state of current affairs. First, I admit I would fail any UCI test now for marijuana use. For me to obtain any product, my caregiver/grower and I have to illegally transport, grow, and store marijuana. I would have to resort to the black market, per se, in order to obtain any Medical Cannabis if my caregiver wasn't willing to break the law. It is abhorrent to me that the people I vote into office would allow their constituents to suffer, be in pain, or put themselves in harm's way. I would ask that medical marijuana be made available to those in need through some sort of dispensary, means of delivery, or some other method to protect both parties. I don't want to be in the "wrong place at the wrong time". I wish to experience the remainder of my life in joy, performing acts of kindness, coming from my heart, and giving back to the community that gave so much to me. Please do your part in allaying pain and suffering for those in need by legalizing the means for availability, access, delivery, and distribution. I am available for any questions or discussion on this topic as I am passionate about allaying pain and suffering for those in need. Of course, please keep in mind the immediacy of this issue; I've been given less than a year to put my affairs in order. This email put me in tears. All that I wish to accomplish in my lifetime is to make the world a more tolerant, cooperative, and kind environment in which to live...or die. Once again, I am available to assist you in any way

possible. I'm incredibly pleased that the letter made it over to you, However, the journalist in me sees many areas that could've been stronger....must be that competitive nature in me. I will stress again that if my physical presence (still under 100lbs) could make an impact, hurry to set that up. In actuality, my letter should've stated I was given less than 6 weeks. Hey, what do the docs know? Shiiiiitt....

My love to both of you - I remain in gratitude and with love

Michelle

Fiddler on the Roof; crack me up!

Thank you,
Michelle Bono