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(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

To Sen. Jon Erpenbach
and members of the Senate and Assembly Health Committees
C/O Kelly Johnson

December 2, 2009

As a 42 year old psychiatrist who was diagnosed with Crohn's Disease last year, I appreciate the opportunity to express an opinion about legalization of medical marijuana.

During my career, I have worked with many patients who have addictive disorders and I am very aware of the possibility of addiction and/or inappropriate use of medical marijuana. I consider marijuana to be similar to alcohol in this regard and to have a lower risk of addiction than narcotic pain medications.

Because of Crohn's disease, I live with daily abdominal pain, joint pain, poor appetite, nausea, and the threat of bowel incontinence in public places. I have not returned to work because my illness has responded minimally to prescription medications. Crohn's Disease is a chronic, progressive condition and standard treatments have limited benefits and serious side effects. I have been interested in trying medical marijuana--if legalized and approved by my doctor--because of a lack of alternatives. A few studies have suggested that marijuana can reduce gut inflammation (a primary problem in Crohn's disease), improve appetite, reduce pain, and reduce nausea and diarrhea.

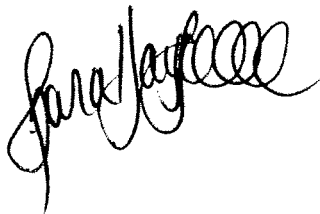
I believe it is possible to use medical marijuana responsibly to improve quality of life in certain chronic illnesses (such as Crohn's) that do not respond to standard therapy. In these situations, doctors need to inform patients about the risks and potential benefits of marijuana use. Like certain sedatives, marijuana can remain in the body for extended periods and patients would need to be aware of this. As with alcohol, patients would not be able to drive if impaired and would need to use extra caution during a period of initial use. Physicians could recommend a conservative dose and timing to avoid impairment.

Similar to narcotic pain medications, patients should be responsible for keeping their personal supply secure. For example, I have three young children and, if I were to try legal medical marijuana, I would never leave my supply in a place where it was accessible to them. They understand that I have Crohn's Disease and I take medications that would be dangerous for them.

Thank you for your time and your willingness to consider the legalization of medical marijuana. If I can be of any assistance, please feel free to contact me.

Sincerely,

Kara Hayford MD
Sheboygan, WI
920-287-7491
benkara@att.net



Note: also sent by email but
not sure it worked.
If you received both,
please ignore one

Thanks
Kara



SB
368**Becker, Kelly**

From: Bob Lasher [steph0212@yahoo.com]
Sent: Wednesday, December 02, 2009 2:36 PM
To: Becker, Kelly
Subject: legalization of marijuana testimonial

hello.

I would like to keep my personal information confidential due to the matter at hand, but i felt i should speak out for others like myself.

I feel it would be a very good idea to legalize marijuana for the people who really need it. My mother smoked it while dealing with breast cancer and it was the only thing that kept her around as long as she lasted. she was placed on chemotherapy and all it did was make her sicker than she started. her tongue would turn black, and she couldnt hold ANY food down. I was basically watching her die. when she started smoking she could eat and hold the food down which gave her more energy to enjoy the little bit of time she had left with me and my two sisters. It also helps me because i have anxiety issues and i need it to relax, and it also helps me to be able to deal with the things in my past that otherwise would leave me very scarred. I dont use it just to use it. I could easily go to a dr. and get prescribed all these medications, but the side effects are worse than what my problem was in the first place. i hope you will take this into consideration and see that not all of us are jus pot heads or druggies. i work everyday to provide for my family and i am in no way lazy. i am very smart, top in my class and in college currently pursuing a degree in criminal justice. Marijuana is just the only thing i have found to help me, and if it were legal it would be safer for me to get it legalll than illigally.



LB
368**Becker, Kelly**

From: Lena Riederer [lenariederer@yahoo.com]
Sent: Wednesday, December 02, 2009 4:59 PM
To: Becker, Kelly
Subject: Medical marijuana

To whom this may concern,

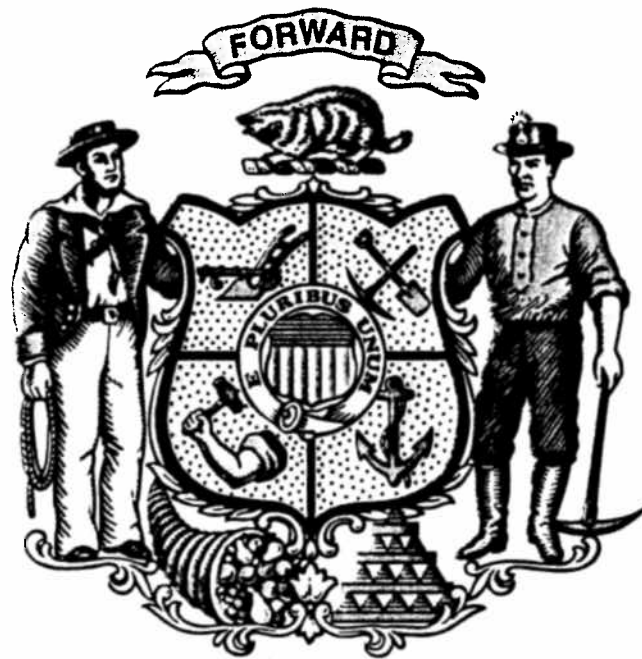
I recently read an article in the Fond du Lac Reporter about the legalization of medical marijuana. I am not a person who has a chronic illness and does not need the help of any medication. However, after reading the article and hearing the story of how medicinal marijuana helped two individuals cope with their pain and suffering, I felt a strong need to give another opinion from a different point of view.

A few years ago my sister-in-law was diagnosed with a rare form of cancer that strikes only 1 out of 1.7 million people. She was only 23 years old at the time and pregnant with my nephew. She had surgery to remove the cancer while pregnant and months later delivered a healthy baby boy. After going back for a check up we found out that the cancer had returned. The medicine she was on was only experimental and had many harsh side effects. If the medicine was only experimental why not experience the use of medical marijuana? And that is what she did. I witnessed the benefits of using medical marijuana. It helped the pain, nausea, it helped her ability to eat and made her feel the slightest bit normal again. Unfortunately after about three very hard years, she passed away at the age of 25.

I would like for every person who is against this issue to imagine in your mind someone very close to you, now imagine that person in pain and suffering. Imagine watching that special person struggle every day with an illness that isn't going to go away. Now wouldn't you and that person feel a tiny bit better if the use of medical marijuana helped them feel less pain, made their days (some of whom their last) more enjoyable? Or will something tragic like this have to happen to all of the people who are against this issue to make them see the truth? I sure hope not. Please take the time to put yourself in someone else's shoes and think about it.

Thank you for listening and your time.

Sincerely,
Lena Riederer



SB 368

Andrew W. Kane & Associates, S.C.
Clinical, Consulting & Forensic Psychology
2815 North Summit Avenue
Milwaukee, Wisconsin 53211-3439

December 3, 2009

Via e-mail and U.S. mail

Senator Jon Erpenbach
Representative Mark Pocan

Re: SB 358/AB 554

Dear Senator Erpenbach and Representative Pocan,

By way of context, I have been providing drug abuse prevention, intervention and treatment services since 1970. I founded The Counseling Center of Milwaukee in 1970, in part to improve access of young people to prevention, intervention and treatment services. I was appointed by two different governors to serve on the Wisconsin Citizens Council on Alcohol and Other Drug Abuse, 1976-83. I served on the committee that drafted the State Plan for AODA from 1978-83. I was also appointed to the State Habilitation and Maintenance Committee, which reviewed all state plans for AODA and Mental Health, 1980-85. I am also a current member of several professional and scientific groups addressing AODA issues and have also personally treated several hundred people for problems related to alcohol or other drug abuse.

I have had a number of patients in the past 40 years who have had a variety of medical conditions for which they were prescribed a variety of pharmaceutical medications that provided little or no help, or which had serious and negative side effects – but who found that marijuana provided them with significant relief with few or no side effects, and no serious side effects. It is unconscionable that the State made these people obtain the medication they needed illegally. Your bills would make it possible for thousands of Wisconsin citizens to get legal access to a medication that has proven to help thousands of individuals with a variety of medical problems. I have heard from many patients with Posttraumatic Stress Disorder how helpful marijuana has been for them.

Contrary to what people opposed to this humanitarian legislation have stated, there is a large body of scientific evidence that marijuana does help people with a wide variety of medical problems. For example:

The **American Medical Association** recently called for marijuana to be reclassified from Schedule I to at least Schedule II of the Controlled Substances Act, to facilitate research into the medical uses of this drug.

The **American College of Physicians**, similarly, called for legal changes to permit active research on the acknowledged help that marijuana gives to people with pain and other medical problems:

Supporting Research into the Therapeutic Role of Marijuana

Marijuana has been smoked for its medicinal properties for centuries. Preclinical, clinical, and anecdotal reports suggest numerous potential medical uses for marijuana. Although the indications for some conditions have been well documented, less information is available about other potential medical uses.

Additional research is needed to further clarify the therapeutic value of cannabinoids and determine optimal routes of administration. Unfortunately, research expansion has been hindered by a complicated federal approval process, limited availability of research-grade marijuana, and the debate over legalization.

The complete American College of Physicians report is available at http://www.acponline.org/advocacy/where_we_stand/other_issues/medmarijuana.pdf.

The **Institute of Medicine of the National Academy of Sciences** published its report on Marijuana and Medicine: Assessing the Science Base in 1999. Among its conclusions:

"Cannabinoids likely have a natural role in pain modulation, control of movement, and memory."

"The accumulated data indicate a potential therapeutic value for cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation."

"The psychological effects of cannabinoids, such as anxiety reduction, sedation, and euphoria can influence their potential therapeutic value."

[I.e., for some patients those effects will be benefits, while for others they may be impediments.]

"There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.... [T]here is a broad social concern that sanctioning the medical use of marijuana

might increase its use among the general population. At this point there are no convincing data to support this concern."

"Because of the health risks associated with smoking, smoked marijuana should generally not be recommended for long-term medical use. Nonetheless, for certain patients, such as the terminally ill or those with debilitating symptoms the long-term risks are not of great concern. Further, despite the legal, social and health problems associated with smoking marijuana, it is widely used by certain patient groups."

The complete Institute of Medicine report can be accessed at http://www.nap.edu/catalog.php?record_id=6376#toc

The [Canadian] Senate Special Committee on Illegal Drugs published its report on Cannabis: Our Position for a Canadian Public Policy, in September, 2002. Among its conclusions (mostly from Chapter 9: "Use of Marijuana for Therapeutic Purposes."):

"Cannabis presents almost no toxicity and cannot lead to an overdose."

"[C]annabinoids can be beneficial in a number of situations that involve pain, but not pain alone. The following are foremost among them: Emesis.... Cachexia (progressive anorexia coupled with weight loss).... Glaucoma.... Spasms and convulsions.... Pain."

"The Committee is of the opinion that the potential therapeutic uses of marijuana have been **sufficiently documented to permit its use for therapeutic purposes**. [Emphasis in the original]"

"There are clear, though non-definitive, indications of the therapeutic benefits of marijuana in the following conditions: analgesic for chronic

pain, antispasm for multiple sclerosis, anticonvulsive for epilepsy, antiemetic for chemotherapy and appetite stimulant for cachexia.”

“There are less clear indications regarding the effect of marijuana on glaucoma and other medical conditions.”

“Generally, the effects of smoked marijuana are more specific and occur faster than the effects of synthetic compounds.”

“People who smoke marijuana for therapeutic purposes self-regulate their use depending on their physical condition and do not really seek the psychoactive effect.”

The complete report of the Senate Special Committee can be accessed at www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=37&Ses=1&comm_id=85.

For the history of marijuana prohibition in the United States, the best resource is hard to get: the Consumer Reports book, Licit and Illicit Drugs, by Edward Brecher and the Editors of Consumer Reports (1972). (It is also an excellent reference regarding nearly any abusable drug.) In brief, marijuana became illegal for political reasons (e.g., used primarily by Hispanic and Black populations), not for any medical or scientific reason. This book is available online: <http://www.druglibrary.org/schaffer/LIBRARY/studies/cu/cumenu.htm>. See especially chapters 55 and 56.

The best single book I’ve seen on marijuana and medicine is Marihuana: The Forbidden Medicine, Revised Edition by Lester Grinspoon, M.D. and James Bakalar (Yale University Press, 1997). It documents both common and uncommon uses of marijuana for medical purposes. Dr. Grinspoon, a psychiatrist at Harvard Medical School, has a web site that updates the information in his book, www.rxmarihuana.com.

Other web sites with valid and reliable information about marijuana and medicine are:

<http://www.mpp.org>

www.norml.org

www.erowid.org

<http://www.marijuana-uses.com/>

You will note that I have not included the National Institute on Drug Abuse (NIDA), nor the Substance Abuse and Mental Health Services Administration (SAMHSA). While the scientific quality of government publications has improved very significantly in the past 30 years, too many still have conclusions based on political goals rather than scientific/medical data.

Alternatives to "medical marijuana"

While the official government position is that synthetic THC (dronabinol, marketed under the brand name Marinol) is sufficient to meet the needs of those individuals who need marijuana for medical purposes, that is absolutely false. Research over the past 25 years has consistently indicated that many people who benefit from medical marijuana get little or no benefit from dronabinol, and that many people who use dronabinol find it difficult to establish the correct therapeutic dosage because of its relatively slow onset (typically 30-90 minutes). It is also outright cruelty to force someone who needs marijuana to deal with the often violent nausea and vomiting that usually accompany chemotherapy or radiotherapy for cancer to try to swallow a pill. Many patients report that the nausea and vomiting start a day or more in advance of the chemotherapy or radiotherapy, making dronabinol nearly useless to them.

In contrast, marijuana can be smoked, leading to a rapid onset of a therapeutic dosage and easy titration of dosage to achieve the necessary reduction in adverse symptoms caused by the medical treatments. There are also "vaporizers" on the market that allegedly remove many of the harsh ingredients of smoked marijuana while permitting the therapeutic ingredients to pass into the lungs. I have not seen tests of these devices, but they appear to offer an improved system of delivery for medical marijuana. Finally, keep in mind that, as the Canadian Special Committee found, people needing marijuana for medical purposes seldom seek its intoxicating effects. This is a direct parallel of the situation with narcotics prescribed for pain control, wherein few people take more than the prescribed dosage or become dependent on the narcotics. Further, unlike pharmaceutical drugs, there is no amount of marijuana that constitutes a

lethal overdose – it is safer from overdosing than is aspirin or any other pharmaceutical I know of.

The “anti-pot” lobby

Leading the opposition to medical marijuana are the pharmaceutical companies that produce medicines that address various of the therapeutic uses of marijuana. Synthetic THC (dronabinol, Marinol), for example, retails at over \$10 per capsule, with most patients requiring one to four capsules per day (\$300 to \$1,200 per month). Since dronabinol is on Schedule III of the Controlled Substances Act, health insurance, including Title XIX (Medicaid) cover it – but at a very high cost. In contrast, the “cannabis collectives” in California typically charge \$10-50 per month for a medication that is much more effective, with fewer adverse effects.

Others on the “anti-pot” list include those who believe that making marijuana legal for medical use will lead to widespread availability of “medical marijuana” on the streets. There is no evidence whatsoever that this is likely, and substantial evidence that it does not occur – just as the person prescribed narcotics for pain relief rarely sells or gives away those medications. There is also no evidence that children are more likely to obtain marijuana if it is available for therapeutic use. The DEA and other law enforcement organizations, of course, would prefer to pursue sick people and their physicians, who, unlike sellers of dangerous drugs, rarely shoot back. There is no credible anti-medical marijuana lobby, while many private and governmental groups support it.

Facilitating access to “medical marijuana”

The research on how to run a “compassionate medical marijuana” program has essentially been done in the states that legalized such use of marijuana. In addition, on July 30, 2001, Canada amended its laws with the Marihuana Medical Access Regulations that established access to marijuana for people who need it for medical purposes. While Canada’s program is more conservative than it ought to be, depriving some sick people of access to this medication, it is working well from the reports I’ve read. Information related to the Canadian program can be reviewed at <http://www.hc-sc.gc.ca/dhp-mps/marihuana/how-comment/medpract/infoprof/index-eng.php>. Information is also available on various web sites on the 13 states that have already legalized patient access to medical marijuana.

I urge your Committee and the Legislature to pass this critically important legislation as soon as possible, to provide thousands of Wisconsin citizens with a medication that they **need** to address pain, nausea related to cancer chemotherapy, and numerous other medical problems.

Please let me know if you have any questions.

Thank you.

Sincerely yours,

A handwritten signature in black ink that reads "Andrew Kane Ph.D." The signature is written in a cursive, flowing style.

Andrew W. Kane, Ph.D., ABAP, ABMPP
Licensed Psychologist
Board-Certified Assessment Psychologist
Board-Certified Medical Psychotherapist and
Psychodiagnostician
Professor, Wisconsin School of Professional Psychology
Adjunct Clinical Professor, Department of Psychology,
University of Wisconsin-Milwaukee
Associate Clinical Professor, Department of Psychiatry and
Behavioral Medicine, Medical College of Wisconsin



5B
368**Becker, Kelly**

From: David Clark [megalithmusic@yahoo.com]
Sent: Sunday, December 06, 2009 9:56 PM
To: Becker, Kelly
Subject: Medical Marijuana testimony

Dear Representatives,

We need medical marijuana right here in Wisconsin!

My wife, Shannon, has Tourette's syndrome and would benefit greatly from this medicine. The daily/nightly ticks she has are not alleviated by all the medications her doctors put her on. Those made her unable to function at all in fact and only made her life worse.

Her ticks often get out of control because it starts to hurt from all the muscle spasms. Medical marijuana can help her manage her ticks and also relax the muscles in her face. The many compounds in marijuana help with this. Not just THC, but also all the other cannabinoid compounds involved in the plant.

(source: <http://www.druglibrary.org/SCHAFFER/hemp/medical/mjtouret.htm>)
(case study: http://norml.org/index.cfm?Group_ID=3954)

If she had medical marijuana, she could vaporize it or even eat it at home, rather than smoke it. It's healthier that way and completely natural.

Please, help me get my wife the medicine she needs. Her doctors don't have anything else they can do for her. This is her last hope.

Please vote YES for the Jacki Rickert Medical Marijuana Act.

Sincerely,

David R. Clark
Edgerton, WI.



SB
368

Becker, Kelly

From: Laundrie, Julie
Sent: Monday, December 07, 2009 8:24 AM
To: Becker, Kelly; Esser, Bridget
Subject: FW: Comments on medical hemp under consideration.

-----Original Message-----

From: brujodale@coslink.net [mailto:brujodale@coslink.net]
Sent: Sunday, December 06, 2009 7:50 PM
To: Sen.Erpenbach
Subject: Comments on medical hemp under consideration.

Hello Senator Erpenbach, I appreciate the opportunity to give you my views on the possibility of a medical hemp law in Wisconsin.

My wife is 56 and has suffered with MS since 1996 and continues to fight this disease. One of her many problems with MS is the problem of tremors and shakes. It is hard to express the feelings you have when you are holding your wife in bed as the tremors run through her whole body.

When we lived in Washington State, she was allowed to use medical hemp in relieving the tremors and shakes. It was more effective than any prescription that was prescribed to her.

I hope the health committee looks favorable in supporting this bill.

Thank you

Dale Hartmann
Eagle River, WI 54521



SB
368**Becker, Kelly**

From: Katie Fitzmier [fitzmka@gmail.com]
Sent: Monday, December 07, 2009 10:53 PM
To: Becker, Kelly
Cc: fitzmka@gmail.com
Subject: Medical Marijuana Bill

Kelly: I'm unable to attend Wednesday's hearing and would appreciate you passing along my thoughts. I'm a young woman living with Multiple Sclerosis. My body often hurts, but through the course of my disease as of yet, I am grateful not to have lived in constant agony. Unfortunately, many Wisconsinites who suffer from MS and other chronic diseases are not as lucky as I.

I have no pretension that my relief period will last, and appreciate every minute not spent in pain.

Like many other people, I choose not to use the large numbers of over-the-counter pain relievers it takes to combat my discomfort. I also purposely avoid the stronger, opiate-based medications my doctor has recommended for pain. The necessary quantities and lasting side effects of these drugs are not worth their impact on my ability to spend time with my family, work, and live a full life.

Marijuana combats pain and allows me and others to live a successful, fulfilling life. I have hope that in the future, if and as we need it, legal marijuana will be available.

Wisconsin should take seriously the possibility of passing the Jacki Rickert Act. When there is doubt in making a decision, please look to the citizens who are able to speak up in the name of relief from pain.

We should be able to stand proud as the 14th state to make medical marijuana legal.

Thank you for your time. -Kathryn Fitzmier



Becker, Kelly

From: Kevin & Chris [kech919@hotmail.com]
Sent: Monday, December 07, 2009 12:55 PM
To: Becker, Kelly
Subject: AB554/SB368, The Jacki Rickert Medical Marijuana Act (JRMMA),

I wish I would have heard about this earlier, so I could have had more time to write and get others who have or who are trying to help me with my health care get involved.

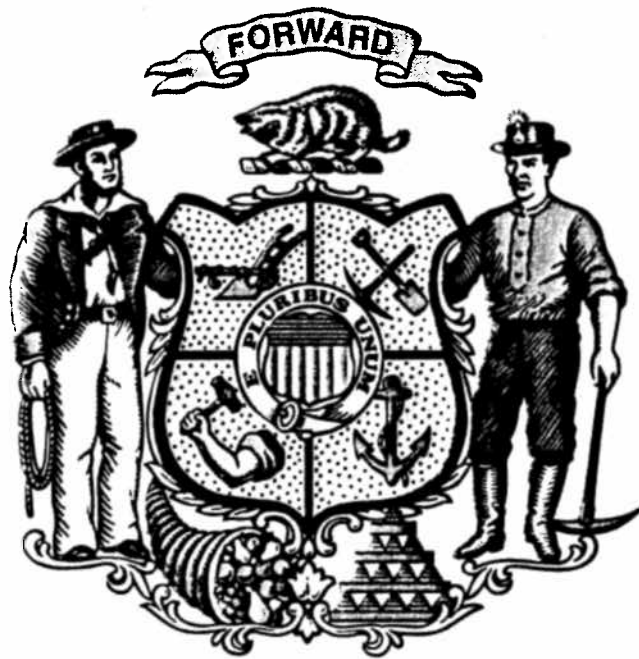
I'm a 46 year old female. My pain problems started when I was 14 years old and I've been physically disabled since 1990, receiving Social Security Disability benefits. Thankfully, I do have health insurance through Medicare and my husbands employer, we do have an extremely high deductible and no prescription coverage. I have a husband, one adult daughter and 3 adult step-sons. Diagnosed with Type II and or III of Ehlers Danlos/MASS phenotype Marfan Syndrome (both are connective tissue disorders) , Fibromyalgia, Ventricular Tachycardia, Mitral Valve Prolapse, both knees replaced left one replace in 1998, Right replaced in 2002 and again in 2008 with 20+ prior surgeries, enlarged lungs, shoulder surgery, c-section, degenerative disc disease in all 3 regions of my spine - all leading to chronic pain and fatigue. I was also born premature at 7 months. I take muscle relaxers and until recently Hydrocodone for pain. I use a hot tub (not in the winter) and also a tens unit for my back - the problem now: I was tested through a blood test (in 2007 by Mayo Clinic through my genetics Dr. in Marshfield) it was determined that I am an ultra rapid metabolizer CYP2D6*2, which explains years of medications not "responding" as needed. I was called a drug seeker because of my high tolerance and I am now facing a very painful future because of the lack of medications I can take. Either I metabolize the medications too quickly and they are less effective or they could be dangerous because of how quickly my body absorbs them.

I've been to multiple doctors, probably tried dozens of forms of pain medications and I've only had minimal relief, but severe side-effects. I've been told my a couple of my doctors and other health care work providers that I could possibly benefit from Medical Marijuana. I'm not sure, but at 46 years old and hopefully 40 more to go, I want to be able to legally try. I am in bed about 20 hours most days, very inactive which leads to more pain. It's a vicious circle, the more I do, the more I hurt, the more I hurt, the less I do. I have always believed that with more exercise I could build more muscle strength and put less stress on my joints. I have never had enough pain mgt. to try this.

It's probably too late to try to make arrangements to come to Madison before or on the 15th. But, if there is somehow my story could be told I would really appreciate it. Please contact me if you have any questions or if there is anything I can do.

Sincerely,
Christine M. Hietpas
W5940 Sweet Clover Dr.
Appleton, WI 54915
920-734-2222

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SB
368**Becker, Kelly**

From: Tammer Yousef Fadel [tammerfadel@uwalumni.com]
Sent: Monday, December 07, 2009 7:34 AM
To: Becker, Kelly
Cc: Tammer Yousef Fadel
Subject: [Possible SPAM] medical marijuana legislation
Importance: Low

It is a sad day for me. My state of Wisconsin, where I was born and raised. Where I graduated from High School (Arrowhead H.S) and successfully obtained my B.A. in both English and History from the University of Wisconsin - Madison. I am doing everything in my power to leave this state because of the failure of the Wisconsin State Senate to realistically assess the value behind having a more tolerant stance with regards to the medical marijuana debate. I live in fear; harassed by the police and constantly being told I am not going to be given the trust necessary for a job because I have had problems with a law that so whole heartedly seeks to destroy the lives of citizens by denying a medicine given to men/women by a higher power. These laws make it possible for my best friend to blindly kill himself from morphine provided by the state to curb his addiction to heroine while his salvation could have come via a more progressive stance on Medicinal Marijuana. My mother is destroying herself with opiates like Lorazepam and Zanax given to her by your own Waukesha County's Health and Human Services. Far from justice she lies, unable to go to the bathroom by herself, or make coherent sentences. How is it that these people are allowed to incivility slowly kill themselves while the major medicine companies thrive? I have been diagnosed with bipolar and attention deficit disorder. Marijuana helps me to deny the addictions I have incurred because of cigarettes and doctor prescriptions. I will never stop smoking marijuana and for that I must seek refuge in more progressive states such as California. This unsuccessful and vicious cycle waged by our government's irresponsible lawmakers has caused very little but a heartache in the homes of many, and a headache for our tax payers. I have recently found myself regretting the foundations of a flawed American system, as opposed to loving a country founded in principles of equality and understanding to all. These ideas were noted as progressive in July of 1776. We must enthusiastically support a progressive view of equality and understanding to those that suffer from ailments that find little remedy other than Marijuana. I have voted for a Democrat in every state, local, and major election since I turned 18 in 1999. I am a proponent of the principles of our system because I believe change is possible in our Country and it should start where our great Wisconsin Senators started this freight train. Please accept my humble plead to please be allowed access to Medicinal Marijuana as to avoid being a constant target for Police Officers and Legislator. I treat this earth with as much respect as she truly deserves, and believe in Islam as a proper guide by which to develop my personal life as well as the lives of my future children (Allah Willing). Therefore, our officers will never find me drinking or using any controlled substance. They will never find me in the state in which I see a thousand young Wisconsin youth heading. A "prescription" for a Nightmare written by the very doctors who represent the state on all levels. The people of Oconomowoc have a magnified understanding of the destruction prescription medicine has had on the poor victims of Dr. Benson's ill thought remedy for his psychological horrors. Let's see if we can help these people and the youth by providing sustainable ways of dealing with one of the only negative (con)

stants of American Domestic Diplomacy: our addiction to drugs such as opiates/opiate based prescriptions, cocaine, and amphetamines. Marijuana has been tolerated in European countries only to find huge success with the Tactic. As a citizen I beg for your help in seizing the benefits of medical marijuana because equality has no shape, color, or creed just well-founded beliefs that an individual be given proper cure for what ailments they endure within a day's struggles.

The law enforcement community of Minnesota needs to recognize that the twin cities are a haven for illicit drug use. This is the result of America's ever-failing drug war. The shared border responsibility has undoubtedly created the same wealthy "Canadian/Californian traffic-minded" individuals because the state does not take a more progressive stance on Marijuana. Prohibition breeds black market economics that are neither taxed or ethical. A country that is founded upon the great ideals of equality and prosperity have lost their willingness to appreciate morality, reason, and logic above the hypocritical and ignorant Moral-Minority. The American Government has made the illicit drug trade the most-popular line of work in some Canadian provinces and all of Mexico. Why would this country not want to bridge the gap between the classes by acknowledging that a non-threatening open door is better than a gun to the nose? We really could effectively start to lessen the burden PHARMACEUTICAL PILLS have upon this country if we address every individual on a more personal and understanding basis. I want the sickly to be able to help themselves whenever possible because this gives every individual the willingness to keep fighting. I want the sickly, as individuals, to be able to alleviate their pains in ways that their doctors and their own morality feel are appropriate for dealing with THEIR STRESS AND PAIN, without the fear of police and DEA threats of 10 years in prison for a small amount of marijuana. How do we continually elect leaders that allow extremely addictive opiates like OXYCOTON, ZANAX, and LORAZAPAM to infiltrate HIGH SCHOOLS, HOMES and HEALTHCARE FACILITIES while these OPIATES destroy the lives of countless people unable to find respite with their governments PURITANICAL APPROACH to democracy in 2009. The amount of bleach emptied into the GREAT LAKES on account of bleached cotton could be 1/8 with the farming of the resourceful HEMP plants (NO THC- An all MALE WORLD). Canadian provinces are doing their finest while we waste away on account of hypocritical, ignorant, and anti-empirical philosophies held by the waning droves of robots that make up much of MORAL MINORITY. We have lost priceless lives and countless money on account of the the aforementioned theocracy's puritanical absurdities. Lets wake up and face tomorrow with the hope that the WAR ON DRUGS will shirk the fiscally and energy-costly foolish unconstitutional antics employed by our DEA. Rather align our great people's masses by acknowledging that a pothead is much more beneficial for society than an OXY-COTON HEAD, let alone in no way shape of form like/as a crackhead. May we as a nation gain a new ally, and an extremely successful companion in the fight to keep CARTELS from taking over Mexico and our BORDERS. People only turn to desperate antics when they are forced by their GOVERNMENT's inability to perceive the boredom and desperation created by Prohibition. Government Regulation in regards to Medicinal Marijuana will indeed create a more sustainable code of laws and behavior for AMERICANS.

It really is a sad day when circuit court judges are able to make their bid for the Wisconsin Supreme Court with claims of 'judicial conservative.' 'Conservatives,' suggest that their should be a fiscal responsibility in the spending of States Money. How does Koshnick consider himself a Judicial Conservative when he wants to send every criminal to prison in order to gain

re-election, while allowing the State's Deficit to keep these Over-populated and Extremely Expensive Wisconsin Prison systems to receive prisoners by the bus-loads. These prisoners receive no rehabilitation when they are but surrounded by a system of degradation and criminality that makes men into animals. Koschnik suggests he would take a hard line on criminals however he makes no reference to the means of funding his Judicially Conservative courtship. I think that my fellow constituents within the State of Wisconsin are somewhat confused about how the rehabilitation process actually happens. Lets think outside of the box. Conservatives seemingly spend more money on creating bigger problems. The INVERSE equation is fundamental to progress, yet these Conservatives are a compound equation. Conservative claims are idle threats to minority populations throughout the state, while trying to take advantage of the Eurocentric appeal and AARP benefit members.

Tammer Yousef Fadel

tammerfadel@uwalumni.com

262-751-2979



A handwritten note in a circle containing the text "SB 368".**Becker, Kelly**

From: Mike Achtmann [buzzzd2001@yahoo.com]
Sent: Monday, December 07, 2009 10:09 AM
To: Becker, Kelly
Subject: Medical Marijuana

Dear Sen. Erpenbach.

After considering the pros and cons of submitting testimony at the upcoming hearing on December 15th, 2009 on the JRMMA medical marijuana bill, I decided that I'd like to submit my own testimony.


In May, 2007 I was diagnosed with A.L.L. leukemia, rare for a gentleman of my age group. Upon diagnoses I had over 80% of leukemia cells and have endured over 8 months of chemotherapy treatments and so far over 2 years of maintenance therapy. The chemo kills my nerves, making my hands and feet feel as if they are in sand, with virtually no feeling my walking is getting increased in difficulty and pain.

On a daily basis, I consume about 10 - 15 different medications. Even got me some pain medications to, but they do not help very much, they make me feel more sick and nauseated. I've seen many doctors, pain specialists, cancer doctors, physical therapists, pulmonary docs.... and the one thing they have agreed on in my treatment is the fact that medical marijuana helps a lot. I mean, does it really make sense to take a pill to feel sick only to have to take another pill to feel better??? If I consume a small amount of cannabis it eases my pain and completely stops my nausea and vomiting. Now, currently under Wisconsin law it is illegal to consume cannabis medically, but that needs to change. Should the citizens of the great state of Wisconsin be forced to relocate to a state that recognizes that there are really sick people out there that can benefit from medical marijuana? All I can state is the fact, I may be really sick, most likely even die from my illness or become incapacitated, but I'm not giving up so Wisconsin shouldn't either.

Please pass this bill for the great people in Wisconsin trying to live a more normal pain-free life. Fear of prosecution is as bad as persecution.

Thank you



A handwritten note consisting of the letters 'SB' stacked above the number '368', both enclosed within a hand-drawn circle.**Becker, Kelly**

From: tim thompson [thekid3477@yahoo.com]
Sent: Monday, December 07, 2009 10:30 AM
To: Becker, Kelly
Subject: JRMMA testimony

Hi. My name is Tim Thompson. I am a 32 year old single father of two. I drank ignorantly for about 13 years and unfortunately was arrested about 13 times for various alcohol related violations. In 2005 I stopped drinking. I had always smoked marijuana. Not on a regular basis as alcohol was my drug of choice. When I eliminated alcohol from my life in 2005 I started smoking pot a little more frequently. I understand the conventional 'wisdom' that I was merely replacing vices. Pot gave me incredible insight into my life, who I was, and what I needed to do to be a better father, person, citizen. There has been research done as to the legitimacy of using cannabis instead of alcohol. I realize I will not qualify for a medical marijuana card as the bill is written, but my hope is that as we as a state see the benefits of medical marijuana more ailments will be added to the list. Science has proven there are indeed medical benefits to ingesting THC in its natural state. To deny tax paying citizens of the united states the right to a better quality of life as they die, or in my case, as they live, IS inhumane and should be criminal...not the possession of the medicine in question. We need to take medical marijuana out of the politicians hands and put it into the doctors hands...where it belongs. Thank you for listening....

Tim Thompson
thekid3477@yahoo.com
608.314.6847





Philip M. Kober, JD, MD, PhD

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December 9, 2009

Testimony Against Wisconsin Legislature Bills AB554 and SB 368 Regarding "Medical" Marijuana

Philip M. Kober, JD, MD, PhD
(Wisconsin Atty. No. 1035837)

Both assembly bill AB554 and SB368 address the issue of the "medical use of marijuana" in the State of Wisconsin. I cannot be at the public hearings on these bills on December 19th, and I, therefore, ask that these remarks be distributed to the entire membership of the two committees involved. I will not address the specifics of either of these bills as I believe that the underlying premise that there is a legitimate "medical use" of marijuana that can be legalized in this manner is inherently flawed. The following remarks will solely address the issue of the legitimate "medical use" of smoked marijuana — that simply does not exist. There is simply no approved medical use of smoked marijuana that requires legitimization by the passage of "Medical Marijuana" laws at the present time. There are ongoing studies of the cannabinoids, one of which (Dronabinol) has been approved and is marketed for limited use in the United States (the FDA has actually approved two such drugs, but one of those has never been marketed here). These studies have been approved by the federal government and have federal funding as well in some cases. There is no problem with state or federal laws in conducting such studies. The notion that there is a legitimate medical use for smoked marijuana that the federal government is stubbornly refusing to approve is simply nonsense. The states that have already passed such laws are simply in error, and it would simply be the height of folly for Wisconsin to join those other states in that mistaken view. Both AB554 and SB368 propose a medical necessity defense for the possession and use of marijuana and for other infractions of substance abuse law as related to marijuana use as a pharmaceutical in cases of "debilitating medical condition or treatment" in "qualifying patients." The bills also propose that the DHS promulgate administrative rules and procedures governing such use of marijuana and other related laws. However, all of that presupposes that there is a medical/scientific basis for such use. There *is not* and the following remarks are intended to convince legislators of that fact. There simply cannot be a claim of "medical necessity" in the case of marijuana and all of this simply becomes an excuse for engaging in substance abuse. Wisconsin simply should not join the other states which have allowed this.

The touted clinical "efficaciousness" of marijuana or lack thereof should not be based on anecdotal data, popular opinion, dint of authority or any other such non-scientific views. Rather this issue should be resolved on the basis of good clinical and scientific studies based solely on

the weight of the evidence, not mere opinion or authority. The flaw in the use of anecdotal data, opinion, and dint of authority in these matters is amply illustrated in the recent activities of Tommy Chong and Cheech Marin, two well-known celebrity marijuana abusers, who are currently engaged in a national campaign for legalization of marijuana under the guise of legitimate medical use. The two of them are not legitimate authorities on the subject, they are simply long-time pot users/abusers. The guise that there is somehow a use of marijuana or cannabinoids as drugs in a clinical setting for various diseases that ought to be lawful cannot stand up to closer scrutiny and will not and cannot change the fact that those who abuse marijuana are behind this effort. Marijuana, in fact, remains the number one drug of abuse and a worldwide public health problem [see A. Elkashef, et al., *Marijuana Neurobiology and Treatment*, SUBST ABUS. 29(3):17-29 (2008). See also A.L. McRae, et al., *Treatment of Marijuana Dependence: a Review of the Literature*, J SUBST ABUSE TREAT. 24:369-76 (2003); B.R. Nordstrom, F.R. Levin, *Treatment of Cannabis Use Disorders: a Review of the Literature*, AM J ADDICT. 16:331-42 (2007)].

The two bills define “debilitating medical condition or treatment” as cancer, glaucoma, AIDS, a positive HIV test, Crohn’s disease, a Hepatitis C virus infection, Alzheimer’s disease, Amyotrophic Lateral Sclerosis, nail patella syndrome, Ehlers-Danlos Syndrome, post-traumatic stress disorder, or the treatment of these conditions; or a chronic or debilitating disease or medical condition, or the treatment of such a disease or condition, that causes wasting away, severe pain, severe nausea, seizures, or severe and persistent muscle spasms. One can find numerous articles discussing connections between these various diseases and symptoms and the cannabinoids (drugs derived from marijuana), but that is an oversimplification. One does not, however, treat a disease or a symptom, but rather the patient. As an example, while the cannabinoids may affect the nausea and loss of appetite seen in AIDs or HIV infection, studies have shown that *removing* intoxicating substances from AIDs patients, including marijuana, improves the patient’s quality of life [See P. T. Korthuis, et al., *Health Related Quality of Life in HIV-Infected Patients: the Role of Substance Use*, 22 AIDS PATIENT CARE STDS 859–867 (2008)]. Moreover, marijuana smoke contains numerous carcinogens [Per the DEA there are over 400 chemical impurities in the raw marijuana leaves. See C. Brambilla and M. Colonna, *Cannabis: the next Villain on the Lung Cancer Battlefield?*, 31 EUR RESPIR J 227–228 (2008), S. Aldington, , et al., *Cannabis Use and Risk of Lung Cancer: a Case-control Study*, 31 EUR RESPIR J 280–286 (2008), R. Mehra, , et al., *The Association Between Marijuana Smoking and Lung Cancer*, 166 ARCH INTERN MED 1359-1367 (2006), A.S. Reece, *Cannabis as a Cause of Giant Cystic Lung Disease*, 101 Q J MED 503 (2008)] and other detrimental impurities. There are also reports of marijuana use leading to myocardial infarction, often in unusual circumstances [A. Menyar, *Drug-Induced Myocardial Infarction Secondary to Coronary Artery Spasm in Teenagers and Young Adults*, 52 J POSTGRAD MED 51-56 (2006), G. Kocabay, , et al., *Acute Inferior Myocardial Infarction Due to Cannabis Smoking in a Young Man*, 10 J CARDIOVASC MED 669-70 (2009), *Marijuana and Heart Attacks*, WASHINGTON POST, March 3, 2000]. There are a number of other reports of adverse effects [P. Robson, *Therapeutic Aspects of Cannabis and Cannabinoids*, 178 BR J PSYCHIAT 107-115 (2007), T. Wang, , et al., *Adverse Effects of Medical Cannabinoids: a Systematic Review*, 178 CMAJ 1669-78 (2008), L. Degenhardt and W. D. Hall, *the Adverse Effects of Cannabinoids: Implications for Use of Medical Marijuana*, 178 CMAJ 1685-86 (2008), I. B. Adams and B.R. Martin, *Cannabis: Pharmacology and Toxicology*

in Animals and Humans, 91 ADDICTION 1585-1614 (1996), National Institute of Drug Abuse, *Smoking Any Substance Raises Risk of Lung Infections*, 12 NIDA Notes, January/February 1997], and in some cases even the putative beneficial effects must be questioned [B. Kraft, et al., *Lack of Analgesia by Oral Standardized Cannabis Extract on Acute Inflammatory Pain and Hyperalgesia in Volunteers*, 109 ANESTHESIOLOGY 101-10 (2008)]. Much of the reported positive effects of marijuana is based on word-of-mouth, anecdotal reports. Such reports are not proof of efficaciousness or safety.

“After” never implies causation. Moreover, any intoxicating substance, such as marijuana, impairs the user’s judgment, making it even less likely that the anecdotal reports are accurate. Controlled clinical trials are required to prove efficaciousness and safety. To date, only Dronabinol has been approved by the FDA and marketed in the U.S. after appropriate trials as a cannabinoid for limited use as an antiemetic, antinausea drug in the setting of cancer chemotherapy. There is currently no approved use of marijuana administered by smoking. Smoking marijuana introduces numerous impurities (including the aforementioned carcinogens and other poisons) and does not allow precise control of dosage. No drug currently on the market is given by “smoking” it, and no one with any sense would think that such a method of administration was appropriate. Use of the raw marijuana leaves administered by smoking will always raise questions of strength, potency, shelf life, dosing, toxicity, and the presence of numerous potentially detrimental impurities. Yet AB554 and SB368 are designed to approve just exactly that. In that light, these bills make no sense. Wisconsin should use greater wisdom. Furthermore, such laws as proposed here approving smoked marijuana actually make it more difficult to perform proper studies of potentially useful cannabinoids administered by more appropriate means than smoking in controlled clinical trials. As a result, AB554 and SB368, along with similar provisions in other jurisdictions, are counterproductive. Such laws only encourage substance abuse and prevent proper treatment under the care of qualified health care providers.

Despite reported beneficial effects, smoked marijuana has numerous short-term detrimental effects including memory loss, distorted perception, trouble with thinking and problem solving, loss of motor skills, decrease in muscle strength, increased heart rate, and anxiety. There are also several long-term adverse effects including cancer, other lung diseases which result from smoking and impurities, and myocardial infarction. It is one thing to support continued research into the potential pharmaceutical uses of cannabinoids, it is another to approve of the use of smoked marijuana without proof of safety and efficacy. Moreover, there is no potential use for marijuana that is introduced by smoking the impure crushed raw leaves. It is strongly urged that these bills be voted down in the legislature by overwhelming majority.

Philip M. Kober, JD, MD, PhD
(Wisconsin Atty. No. 1035837)



SB
368

Becker, Kelly

From: Derek [hadesnuggz@yahoo.com]
Sent: Wednesday, December 09, 2009 12:06 PM
To: Becker, Kelly
Subject: Concerning the Medical Marijuana bill being proposed in the 15th.

Hello...

My name is Derek Pangallo Jr.

I'm writing you in concern that you gain the knowledge needed to help make an adequate decision about the Medical Cannabis Bill being proposed for Wisconsin on the 15th.

The medical usage of cannabis should be looked at positively for numerous reasons...

In today's day and age, there are plenty of disorders and medical conditions that are being treated with prescription drugs that have more negative side-effects than positive effects, that just simply could be medicated with several methods of cannabis related treatments.

Marijuana helps many people with different type of cancers and diseases sooth symptoms of nausea and vomiting, and also increases appetite for individuals that simply cannot eat. Which is also a reason it could be used to help individuals suffering from anorexia and bulimia. Not to mention the calming and relaxing effects it produces for those individuals suffering from the constant stress that has to be dealt with in those situations.

Individuals with depression and anxiety are helped with cannabis treatments as well for some of the same reasons.

I myself was diagnosed with depression and an irritability/anxiety disorder when I was a teen and was prescribed medications. The two medications I was prescribed didn't help and actually were proved to have a side-effect of causing people to more likely commit suicide while on the drug. I stopped using those medications over 5 years ago and haven't went a day without using cannabis since. It helps me deal with my depression and helps keep me from having anxiety attacks. I no longer get anxious all the time and am able to actually sit and think about the decisions at hand.

If the bill was passed to help legalize cannabis for medical usage it would help in a step to change the way treatments for certain disorders are carried out and will also save people from taking unnecessary medications, while helping improve peoples way of life.

I would like you to take time and gather as much information as possible so that you can help make the best decision on the 15th. Also, make sure you listen to the people of Wisconsin and let them tell you what they think

Thank you for your time, it is very much appreciated.

-Derek Pangallo Jr.

12/14/2009



December 10, 2009

SB
368

Dear Health Committee members:

I have had back issues since I was 16 due to a car accident. I discovered that cannabis relieved the pain better than any prescription drug. I recently had to stop using my medicine due to a legal situation.

Since my accident, chronic pain has always been a problem for me, but since I have been forced to quit I had never realized how much cannabis was doing for me. At 18, almost 19, years of age my chronic back pain has left me feeling like I'm 80, and since I've been forced to stop; I'm struggling more than ever. The valium and muscle relaxers I am prescribed to ease my pain do not work as well as medical marijuana does and make me sleepy. When I was able to use cannabis, the pain was almost unnoticeable. Without cannabis, my pain is debilitating. I feel like my youth is being taken from me.

PATIENTS NEED THEIR MEDICINE, AND THEY NEED IT NOW!!!

Sincerely, Kasey Strait

Kasey D. Strait
(608)770-4852
straitkasey@yahoo.com
3567 Schutte Drive
McFarland, WI 53558

Hello my name is Jason Loiacano, I graduated High School early in January 2003 to become a United States Infantry Marine after the September 11 attacks. On June 5, 2005 I was deployed to Camp Blessing in Afghanistan for seven months. While I was stationed at Camp Blessing I was involved in Motor, Rocket, RPG, and small arms attacks while inside and outside the base on a weekly bases. Most of the attacks on the base happened while we were sleeping at night or eating. Once, when I was driving in a convoy heading to another base we came under attack with a road side bomb, that bomb tore my Sergeants leg off. When the Corpsman and I started to provide medical attention we noticed the only thing holding his leg to his body was about an inch of skin below his knee cap. He ended up losing his leg and the other 3 Marines in the Humvee had both their legs broken. As the deployment went on we lost 3 more Marines in ambushes and a few were wounded. I had a childhood friend that I went to Elementary School with that was in my Squad, he committed suicide. After the investigation of the suicide was over we were ordered to clean up his blood. While at Camp Blessing some of our daily duties were to fortify the base by filling sand bags. While we were digging inside the base to fill sand bags we found rib cages, skulls and torsos. After finding the remains when we found out that the base we were station at was an AID'S camp before the Taliban came in and killed them. Their remains were handed over to the local's of the town and they were buried. In January 2006 my deployment to Afghanistan was over and I headed back to the States. I was transferred out of my Infantry unit and placed in the Military Police unit for the remainder of my enlistment. Within a couple months of being in the Military Police I was called to a Suicide, it brought back memories of my childhood friend that committed suicide. Since then I have developed P.T.S.D., with my P.T.S.D. I am no longer able to enjoy the everyday things we as American's take for granted. I am no longer able to go to festivals, weddings, watching the fire works on the 4th of July, or go shopping for food or cloths without my P.T.S.D. heavily affecting me. When I am sleeping I wake up in the middle of the night in a cold sweat due to the dreams I have. Since being Honorably Discharged from the Marine Corps I have enrolled in the Veterans Administration. I have talked to Consolers and Doctors that deal with my case for almost three years now. After talking to the Consolers and Doctors they have diagnose me with P.T.S.D. My Doctors have told me that there is a great percentage that my P.T.S.D. will stay with me for life. My Doctors have put me on Trazodone for sleeping and Clonazepam and Lonazepam for my P.T.S.D. all of which help very little. I have been highly warned by my Doctors that all three that have been prescribed are highly addictive. The side effects also take a large toll on my body. The sleeping pills make me fell hung over in the morning if I don't get 10 hours of sleep and I have to take Tylenol to

get rid of the headaches. When I take Clonazepan or Lonazepan I feel like a Zombie and accomplish nothing. My Consoler that works for the Veterans Administration said he would recommend Medical Cannabis for me if it was legal. But since it isn't he said I'll have to continue my prescribed medication until it is. I have tried Cannabis for my P.T.S.D. and it has helped me cope with my everyday tasks. I have been able to enjoy life better and accomplish everyday tasks in public with Cannabis vs. being on my highly addictive prescribed drugs through the V.A. When dealing with the V.A. I have to wait in long lines, sometimes waiting for hours for my medication creating large amounts of anxiety and reliving memories when seeing other Veterans with missing limbs and the scars of battle. Since being employed I have no longer try cannabis for my P.T.S.D. because I'm in fear of losing my job. Without Cannabis I have nothing that truly helps me with my P.T.S.D. The V.A. has told me recently I have to stop taking all my medication due to me having High Cholesterol. Once my Cholesterol is down to a normal level I then can take it again. But until then I have to suffer because I now have no medical treatment, but this could all change with your help. I'm asking the ladies and gentlemen that are listening to my testimony today to please pass this bill. By allowing this bill to pass you are greatly helping fellow service men and women that suffer from P.T.S.D. There may be a day when one of your family members answers the call and returns home with P.T.S.D. By passing this bill you're not only helping the present Veterans of Wisconsin but also the future Veterans of Wisconsin. We answered the call when our county ask for brave men and women to possibly sacrifice their life to preserve our freedom. I am asking you now to please answer our call, by passing this bill.

Thank you,

Jason Loiacano
4333 S. 78 Street
Greenfield WI, 53220



SB
368**Becker, Kelly**

From: jolson5922@netzero.net
Sent: Thursday, December 10, 2009 12:02 PM
To: Becker, Kelly
Subject: medical marijuana

Kelly.Johnson@legis.wisconsin.gov

I am a 47 year old disabled veteran. I have a service connected injury from my stint in the army. Due to my injury, chronic pain and the progressive nature of my impairment I am no longer able to work. I have exhausted all surgical options, as well as effective medications for relief from pain. I no longer take opiates such as morphine and oxycotin, after 17 years the amounts required posed significant side effects to my liver and kidneys. My physical disability and the mainstream medicines used to ease my suffering have reduced the quality of my life to the point that I am no longer a contributing member of my community.

I have been through the process of injury, repeated surgery and rehabilitations only to be left permanently disabled. I have faced the years of further de-humanizing process filing claims for Social Security Disability and Veterans Disability. Once able to live my life, my life has become a daily battle just surviving physically, mentally, and spiritually.

I know that medical marijuana will not make me well; nevertheless I have exhausted all conventional therapies. Thirteen other states and recently the Obama administration recognize the need of chronically disabled citizens to access non-traditional medical marijuana therapies.

I was once a capable, robust, and proud reprehensive in the service of our great state and nation on two continents. I believe in law and order. I cannot simply turn my back on the laws of Wisconsin because of desperation. I know that the opposition to what I believe to be a punitive law restricting my attempt to ease my pain has a proper method of redress and as such citizens "are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness. That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed." Additionally the constitution of the United States of America that I swore an oath to protect article IV, section 2, states. "The Citizens of each State shall be entitled to all Privileges and Immunities of Citizens in the several States." People once believed in the truth behind the words our government was founded upon, I still do.

I therefore petition the government of the state of Wisconsin to enact laws for the sensible possession, distribution, and use of medical marijuana by the citizens of Wisconsin.

Thank you for allowing me to add my voice to the record.

Mr. Joel Olson

2228 Sunset Lane

La Crosse Wisconsin

[608] 783-0030

12/14/2009



5B
368**Becker, Kelly**

From: Knutson, Tryg
Sent: Thursday, December 10, 2009 12:40 PM
To: Becker, Kelly
Subject: FW: End the prohibition on medical marijuana

From: Kevin & Chris [mailto:kech919@hotmail.com]
Sent: Tuesday, December 08, 2009 3:32 PM
To: Sen.Erpenbach
Subject: End the prohibition on medical marijuana

This is a copy of the letter I sent to Sen. Lasee concerning the above issue. I am unable to make the trip to Madison at this time, but if needed possibly I can try to make arrangements another time.

I'm a 46 year old female. My pain problems started when I was 14 years old and I've been physically disabled since 1990, receiving Social Security Disability benefits. Thankfully, I do have health insurance through Medicare and my husbands employer, we do have an extremely high deductible and no prescription coverage. I have a husband, one adult daughter and 3 adult step-sons. Diagnosed with Type II and or III of Ehlers Danlos/MASS phenotype Marfan Syndrome (both are connective tissue disorders) , Fibromyalgia, Ventricular Tachycardia, Mitral Valve Prolapse, both knees replaced left one replace in 1998, Right replaced in 2002 and again in 2008 with 20+ prior surgeries, enlarged lungs, shoulder surgery, c-section, degenerative disc disease in all 3 regions of my spine - all leading to chronic pain and fatigue. I was also born premature at 7 months. I take muscle relaxers and until recently Hydrocodone for pain. I use a hot tub (not in the winter) and also a tens unit for my back - the problem now: I was tested through a blood test (in 2007 by Mayo Clinic through my genetics Dr. in Marshfield) it was determined that I am an ultra rapid metabolizer CYP2D6*2, which explains years of medications not "responding" as needed. I was called a drug seeker because of my high tolerance and I am now facing a very painful future because of the lack of medications I can take. Either I metabolize the medications too quickly and they are less effective or they could be dangerous because of how quickly my body absorbs them.

I've been to multiple doctors, probably tried dozens of forms of pain medications and I've only had minimal relief, but severe side-effects. I've been told by a couple of my doctors and other health care work providers that I could possibly benefit from Medical Marijuana. I'm not sure, but at 46 years old and hopefully 40 more to go, I want to be able to legally try. I am in bed about 20 hours most days, very inactive which leads to more pain. It's a vicious circle, the more I do, the more I hurt, the more I hurt, the less I do. I have always believed that with more exercise I could build more muscle strength and put less stress on my joints. I have never had enough pain mgt. to try this.

It's probably too late to try to make arrangements to come to Madison before or on the 15th. But, if there is some way my story could be told I would really appreciate it. Please contact me if you have any questions or if there is anything I can do.

Sincerely,
Christine M. Hietpas
W5940 Sweet Clover Dr.
Appleton, WI 54915
920-734-2222

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SB
368**Becker, Kelly**

From: Steven & Julie [sja@maqs.net]
Sent: Friday, December 11, 2009 8:53 PM
To: Becker, Kelly
Subject: jrmmma

My name is Bryan Tierney I am a 31 year old male. Due to an accident several years ago I lost a kidney. At that time they found out I had a tumor in the kidney that was removed, reasons are unknown. Sense that surgery I have experienced pain and blood in my urine . I have had numerous tests done including x-rays & ct scans, the doctors are unsure what is causing the pain. Cannabis helps me with pain I have on a regular basis. It also helps me sleep when the pain is too great. I have been prescribed pain medicine by doctors, but these drugs make me feel lousy. Cannabis controls my pain much better and relaxes me. I hope that Jacki Rickert myself and others get the compassion that we are hoping for. thank you Bryan



Becker, Kelly

From: Jon Schommer [druminfected@gmail.com]
Sent: Friday, December 11, 2009 6:37 PM
To: Becker, Kelly
Subject: Written Testimony for Assembly Bill 554, Senate Bill 368

Hello members of the Committee,

First of thanks for taking the time to read my testimony, it is not forced that you read this so I appreciate you doing so. My name is Jon Schommer and I have a form of Muscular Dystrophy called Spinal Muscular Atrophy Type 2. Some of my symptoms and problems are 24/7 chronic pain of back, shoulders, hips, muscle overuse, muscle tension, muscle stiffness, finger tremors as well as other symptoms. Lifespan of my condition may go until the 20s or 30s; and I am now 30 years of age, but with the right medicines, I think I could prove the doctors wrong again.

When I was 19 years of age, my SMA type 2 started showing signs of chronic pain all the time, in my back and my shoulders. I started calling up my doctors seeing what is the best thing to do. After doctors suggested I try therapy first, we found that didn't work, and the doctors recommended we move to pills. I don't like to take any pills unless I absolutely have to, especially anything that is addictive and dependant, but we went through more than a dozen pill prescriptions. Everything from Morphine to Vioxx also known as Rofecoxib and was one of the most widely used drugs ever to be withdrawn from the market.

All of these pills that I have taken, have had severe side effects when I took them and outweighed the benefits of them. Right now I am on Methadone for my chronic pain I have 24 hours, 7 days a week. that has many side effects, which include severe itching all the time, mood swings, as well as nausea and more. Right now it's the only legal thing I can take at the moment that helps somewhat. Methadone has so many side effects, and most of all it's addictive, so right now I am dependant on a drug, living my life month to month to get refills.

That's why I urge you to please vote for this bill. I have benefited greatly from cannabis, the times I have tried the medicine. Cannabis diminished my pain dramatically and most of all, it had no side effects. How could something so beneficial to me be illegal like this? I have a medicine that finally works for me, searching for years, and I'm a looked as a criminal if I use it for my chronic pain. If I had legal access to medical cannabis, I could cut my methadone intake in half and perhaps completely eliminate my methadone medication. With the right medical cannabis strains, I could treat my form of MD and not just anything that is out on the streets, because some strains are way more beneficial for certain illnesses than others.

Legal access would mean more ways to take it without smoking, like tinctures, capsules, or edibles. Mostly, instead of smoking medical marijuana, you can also vaporize marijuana, and the main benefit of using our vaporizers is of course to protect your lungs from harmful carcinogenic smoke. With your vaporizer you get zero or near zero smoke and carcinogens because nothing actually burns. That is just a couple examples of different ways to benefit from cannabis. A lot of people are unaware that there are hundreds of strains of cannabis, and some strains have great medical benefits for certain illnesses than others. Thanks for putting yourself in my shoes while reading this letter, I just want to live a live with dignity and not be known as a criminal, just because the medicine that helps me is illegal.

Sincerely,
Jon Schommer